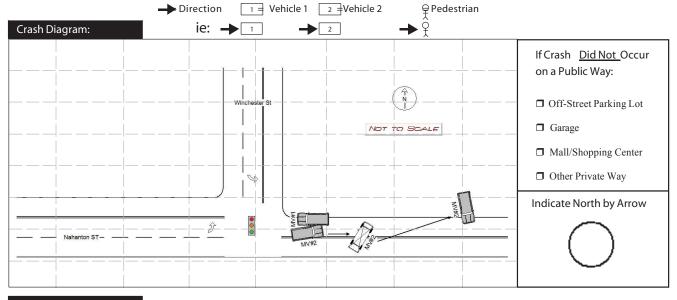
	Poli	ice Use Only		Commonwea	alth o	of Mass	ach	use	tts			RM	V Doc	umen	nt Number	
	Date of Crash 04/07/2022	Time of Crash 21:13 24HR	City/To NEWTON	MIOTOI		icle Cra Report	ash		nber icles	Numb Injure	d Lati	ed Limitude _		S L N O	tate Police ocal Police ABTA Police Other:	XI D
			SECTION:		LOCA'		>							ECT	ION:	\lnot
	WES [*]	T NAHAN	NTON ST													2
4	Route# Direc			Roadway/Street		Route# Direct	ion A	ddress	; #		Na	ame of I	Roadw	ay/Stre	eet	$ 2^1$
4	NOR	TH WINCH	IESTER ST	At	Feet NSEW of or								$ \frac{2}{}$			
	Route# Direc			ng Roadway/Street				_			Marker				Exit Number	_
			Also at Inte	rsection with		Feet	N S I	E W 0	f	Route	#	Intersec	ting R	oadwa	ıy/Street	.
² 5	Route# Direc	tion	Name of Interse	ecting Roadway/Street		Feet	N S I	E W o	f							3
3			I	 	Landmark										┥	
	XVehicle1	2_#Occupants	Hit/Run	Moped Case	Number		:	220002	283							
	License#		St M		Reg#	8DB146				Reg T	ype_PA	N	R	eg Stat	te MA	.]
	Sex_F Lic.	Class D 18 1	Lic. Restriction	CDL	Veh Y	ear_2021	V	eh Mal	ke_CH	EVY			_Veh (Config	g. 20	
⁴ 3	Operator SMI	ITH Last	SUSAN	Endorsment		SMITH		EF	RICK	First			Mic	ldle		- 1
3	Address 38 SC					SS 38 SOPER A	VE									. 🗀
	City WEYMO			ate_MA Zip_02188	City WEYMOUTH State MA Zip 02188											
5	Insurance Com	pany COMMER	CE		Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									e)		
5 1	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency? N	Event Sequence 1 22 22 22 22 2 2 3 4 10 Undercarriage								age			
	Citation # (If I	·				Harmful Event	1	2.	4	24	←	9		5	11 Totaled	age
⁶ 2	1			1 2: ChSec		Contributing C		1				<u> </u>)	⁾ ഉ)	
2		fill out for opera		n 4: ChSec	Under	ride/Override			Γowed 27 Safety		29 30		32 Injury	33 Transp.		1
	Name (Last Fir	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Fa						Medical Facilit	1 1							
	Operator See Above SMITH, COLE 38 SOPER AVE WEYMOUTH, MA 02188									-	0	0	10	1		
							M	3	99	3 1	0	0	10	1		
3	Please Select C of the Followi		2 <u>1</u> #Occupan	ts Non-Motorist A Ty	ype 1	Action Action	15 Lo	cation	1	Cone	dition	17		Hit/Ru	un Mope	ed
	License#	18 1	St M	A DOB/Age	Reg # 6PK244 Reg Type PAN Reg State M						te MA					
	Sex_F_ Lic.	Class D	Lic. Restriction		Veh Year 2017 Veh Make JEEP Veh Config. 2											
8 1	Operator LOV	Last	TARYN First	Middle	Owner (Same as operator) Last First Middle								-			
		RAILSIDE DR		Address												
	City WALPOI			ate MA Zip 02081	City_				21	1		State		_Zip		-
		npany COMMER				e Action Prior			21 1			ed Area 3	Code	: (Circ 4	ele Up to Thre	e)
	Vehicle Travel		178	sponding to Emergency?N		Event Sequence 42 22 22 22 22 3 4 10 Undercarriage								age		
Citation # (If issued) 12071001 Most Harmful Event 1 9 5 ① Totaled																
						Contributing C		9	19			7	<u> </u>	ر 6		
			operator and al	on 4: ChSec							\dashv					
	Name (Last Fi	irst Middle)	operator and ar	Address		Age/DOB	Sex	Pos.	System	Status Sv	ritch Co	de Code	Status	Transp. Code	Medical Facili	
	Operator/	Non-Motorist		See Above					99	3 1	0	2	8	2	BRIGHAM AND WO	OMEN
							-									



Crash Narrative:

MV#1 was traveling west on Nahanton St. MV#2 was traveling east on Nahanton St, crossing over the intersection at Winchester St. MV#2 struck MV#1 in the west bound lane, rolled over sliding 30 to 40 feet down the road. MV#2 then flipped back over onto the tires, and came to rest on the side of the road.

Operator of MV#1 stated that while she was traveling west on Nahanton St, she observed a motor vehicle coming at her. She stated that she attempted to swerve to the side of the street to avoid impact, but that the other vehicle struck her on the side, and rolled over on the roof.

Operator of MV#2 stated that she was traveling east on Nahanton St, and that someone had struck her causing her not to be able to steer. She stated that her windshield crashed in, and that she was not able to control her car. She stated that she then came to rest on the side of the street.

(Continued on next page)

Witnesses:										
Name (Last, First, Middle)	Address				Phone #		Statement			
NOTINGER , SPENCER,		13 HENRY ST BROOKLINE,N	/IA 02445					Y		
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	iption of Damag	ged Property			
Truck and Bus Information: Registration #(From Vehicle Section) 35										
Carrier Name						Carrier Issu	ing Authority Code			
Address		(City			St	Zip			
	Issuing State ICC #: 38					_ Interstate	36			
	s Vehicle Weight					39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Le	ength				
Hazmat Information:										
Placard 40 Material 1 digit #	ne		Material 4	digit#_		Release code	42			

_	▶ Direction 1	Vehicle 1	vehicle 2	Pedestr	ian		
Crash Diagram:	ie: 🕕 🛚 1	→	2 →	₽ Ŷ			
	_ 	 <u> </u>		<u> </u> 	I .	If Crash <u>Did Not</u> on a Public Way:	Occur
						☐ Off-Street Parkin	g Lot
						□ Garage	
			į	į		☐ Mall/Shopping C	Center
		+				☐ Other Private Wa	у
	 	+ 	+-			ndicate North by A	Arrow
			 -			\bigcirc	
Crash Narrative:							
There was a witness that w	was in a vehicle	e, behind MV#	2. That witne	ess state	d that MV#2	crossed over i	nto the
oncoming traffic lane, hea							
that she was going into	the wrong lane	until the las	st second. The	witness	stated that	he observed M	IV#2
attempt to make a last sec							
then rolled over onto its		liding a dist	ance down the	road, and	d then right	ing it self ba	ick up.
Both vehicles were towed a							
Operator and occupant of M							
Operator of MV#2 was trans							
Operator of MV#2 was maile		014884 (see i	ncident report	t #220124:	11). I am a	also charging	
(Continued of	on next page)						
W itnesses: Name (Last, First, Middle)		Address			Pho	one #	Statement
- Transe (2004) 1 100 magicy		7.00.033					Statement
Property Damage:	T		T				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	amaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			
Carrier Name					Carrier	Issuing Authority Co	de 35
Address			City		St	Zip	
US DOT #:	State Number_		Issuing State	ICC#:		Interstate	36
37	oss Vehicle Weight	38	_ 0				
Cargo Body Type Code	iss venicle vveight						
T:1 B!	D T	D C	n 37	ar.	ilan I a d	39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	39	
Trailer Reg #:	41		Reg Year				42

ID/Badge #

Department

Signature

Date

Precinct/Barracks

Police Officer Name (Please Print)

-	Direction 1	■ Vehicle 1 2	⊻ Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 1	→ [2		→ĝ		
					If Crash <u>Did Not</u> On a Public Way:	
					Off-Street Parking	g Lot
					Garage	
					Mall/Shopping Co	
		 			Other Private Way	
					Indicate North by A	rrow
Crash Narrative:						
Operator of MV#2 with Ch9	0 Sec24E (Operat	ting to Enda	nger) and Ch	189 Sec4A (mar	rked lanes	
violation).						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		-				
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	Vehicle Section)		
Carrier Name					Carrier Issuing Authority Cod	e 35
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material N	ame		Material 4 digit	# Release code	42
JOHN D BERGDORF			NI	EWTON POLICE DEPARTM	04/07/20	022
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Date	

CDP1 11 ·24·00