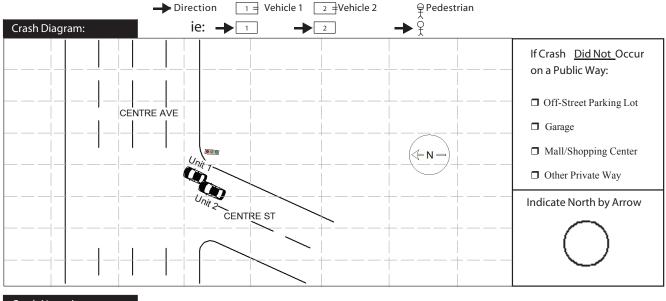
	Poli	ice Use Only		Commonwea	alth o	of Mass	achu	setts	}		RM	V Docu	ment Number	
	Date of Crash 04/08/2022	Time of Crash 07:07	NEWTON	MIOTOI		icle Cra	sh	Number Vehicles	Injur	ed Lat	ed Limi		State Police Local Police MBTA Police	, M
		24HR	RSECTION:		LOCA'	Report	>	2	0 NC		ngitude_		Other: CTION:	—
		ATINIEN	SECTION:		LUCA	HON			NC	I AI	11/11	LKSL	CHON:	
1	NOR													
1	Route# Direct	tion		Roadway/Street At	l	Route# Direction	on Ado	dress #		N:	ame of I	Roadway	//Street	2
	EAST	CENTR	RE AVE			Feet	N S E	W of	—— — Mile	Marker	• —	or	Exit Number	-
	Route# Direc	etion N	Name of Intersecting Also at Inter	·		Feet	N S E	W of						_
2			Tilso at litter	section with		Feet [N S E	w of	Rout	e#	Intersec	ting Roa	adway/Street	- L
² 3	Route# Direct	tion	Name of Interse	cting Roadway/Street	[. ~ ~				La	ndmark		2
3	X Vehicle 1	#Occupants	☐ Hit/Run	Moped Case										7
	ZZ Veinere i	roccupants			Number			000284						4
	License#	18 1	St M.	19		2FGD71							20	
	Sex_F_ Lic. (Lic. Restriction	CDL V Endorsment		ear_2020		Make_H	ONDA			_Veh Co	onfig. 1	<u> </u>
4 4	Operator TOI		SHARON First	V Middle		(Same as ope						Middl	e	$ 1^1$
		NDEPENDENC		264	Address								- [
	City CHESTN			nte_MA Zip_02467									Zip	
5	1	pany_LIBERTY				e Action Prior to		2 22		Damag 2	ea Area 3	Code: ((Circle Up to Th	ree)
		Direction: N		onding to Emergency? N		Sequence 1	23	22	22		$\overline{\bigcap}$	$\overline{\mathcal{A}}$	10 Undercar	rriage
	`	ssued)				Harmful Event	1	24	24	—	9		5 11 Totaled	nage
⁶ 2	1			2: ChSec		Contributing C	ode 1			3	7		6	
2	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N							1	
	Name (Last Fir		ator and an occu	Address		Age/DOB	Sex Po	os. \$ystem	Airbag A Status Sv	rbag Ejec vitch Cod	t Trap e Code	32 Injury Tr Status C	ransp. Code Medical Faci	1
	Operator			See Above				1	4 9	9 0	0	10 1	1	
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupan	Non-Motorist A Ty	pe 1	Action 1	15 Loca	tion	16 Cor	ndition	17	Пн	lit/Run Mo	ped
	License#St MA DOB/Age				Reg # 5TN334 Reg Type PAN Reg State					State MA	_]			
	Sex_F_ Lic. 0	Class D 18 1	Lic. Restriction		Veh Y	ear_2016	Veh	Make_M	ERCEL	ES		_Veh Co	onfig. 20	
8 4	Operator BEL	LO	JANISI First	S Endorsment S Middle	Owner	(Same as ope	rator)		First			Middl	P	_
_	Address 486 HUNTINGTON AVE (apt. A)					Last First Middle Address								_
	City HYDE PARK State MA Zip 02136				CityStateZip								_	
	Insurance Company PROGRESSIVE DIRECT				Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)								ree)	
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$				Event Sequence 1 22 22 22 22 3 4									
	Citation # (If Issued)				Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								rriage	
	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec					Driver Contributing Code 5 24 24								
						Underride/Override 25 Towed N 8 7 6								
	Plo Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 eat Safety Pos. Syster	28 Airbag A n Status S	29 Siper rbag Ejec witch Co	0 31 Trap de Code		ransp. Code Medical Fac	cility
		Non-Motorist		See Above				1		9 0	0	10 1		



Crash Narrative:

On April 8th, 2022 at approximately 07:07 hours while assigned to N491 I responded to a report of a MV crash at the intersection of Centre St @ Centre Ave.

On my arrival to the scene I located both involved vehicles on Centre Ave just east of Centre St.

Vehicle #1 was a black 2020 Honda Civic, Ma. plate2FGD71, operated by Sharon V. Torres. She stated she was stopped at the intersection of Centre St @ Centre Ave when she was rear ended by vehicle #2.

Vehicle #2 was a black 2016 Mercedes sedan, Ma. plate 5TN334, operated by Jenasi s Bello. She stated she was stopped behind vehicle #1 N/B on Centre St @ Centre Ave. She further stated vehicle #1 began to proceed out onto Centre Ave so she began to follow behind, simultaneously looking to her left for oncoming traffic coming E/B on Centre Ave. She then struck vehicle #1 who had stopped again in front of her.

Witnesses:										
Name (Last, First, Middle)	Address		Phone	Phone #						
Property Damage:										
Owner (Last, First, Middle)		Phone #	34-Type	Description of Dama	cription of Damaged Property					
Truck and Bus Information: Registration #(From Vehicle Section) 35										
Carrier Name					Carrier Iss	suing Authority Coc	le			
Address			City		St	Zip				
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code Gros	s Vehicle Weight	38			39					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr						
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42			

THOMAS J MCCARTHY		NEWTON POLICE DEPARTM	04/08/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date