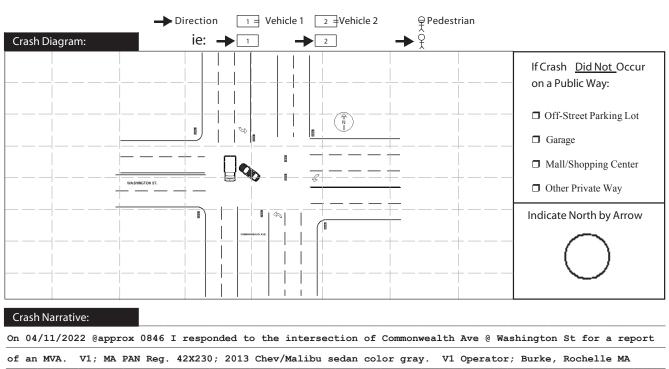
	Poli	ice Use Only		Commo	onweal	th o	f Mass	ach	use	etts			RM	V Doci	umen	t Number	
	Date of Crash 04/11/2022	Time of Crash 08:46	City/1	Town I	Motor	Vehi	icle Cra	ish		mber	Num Inju		eed Limi		St	ate Police ocal Police IBTA Police	N X
	04/11/2022	24HR	NEWTON				Report		2		0		ngitude_		O	ther:	
		AT INTER	RSECTION:		< L	OCAT	TION	>			N(T AT	INT	ERSI	ECT	ION:	
	30	COMM	ONWEALTH A	AVE													Ė
1 1	Route# Direc			of Roadway/Street		F	Route# Directi	on A	ddress	s #		N	ame of I	Roadwa	ıy/Stre	eet	
_	At 16 NORTH WASHINGTON ST						Feet NSEW of or										
Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number										_	
Also at Intersection with							Feet NSEW of Route# Intersecting Roadway/Street										-
2 1	1						Feet NSEW of										-
	Route# Direction Name of Intersecting Roadway/Street						Landmark										4
3	XVehicle1	_1_#Occupants	Hit/Ru	n Moped	Case N	umber		2	220002	299							
	License#		St ¹	MA DOB/Age		Reg#4	12X230				Reg '	Type PA	AN	Re	σ Stat	e MA	_
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4	Operator BUI	RKE	ROCHELLI	Endo	rsment	von roui von conng.										- - - :	
3	Operator BUI	Last LEXINGTON ST	First	Mid	ddle	Owner (Same as operator) Last First Middle										- L	
	City NEWTO			State MA Zip 024	466	Address State 7 in										-	
		npany_GOVT EM				Damaged Area Code: (Circle Un to Three)										_	
5	Vehicle Travel		venicle Action Phot to Clash 4														
1		ssued)		sponding to Emerge	ency:		Iarmful Event	2	3					Λ		10 Undercarr	iage
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1				upants involved		Undern	ide/Override	Τ				.293	30 31	32 Injury	_ 33		\dashv
	Name (Last Fir	rst Middle)	1	Ad	dress	Age/DOB Sex Pos. \$ystem Status \$witch Code Code \$tatus Code Medic						Medical Facili	ity [
	Operator			See A	bove					1	4	99 0	0	10	1		
⁷ 2	Please Select C of the Followi	IX Vehicle	2 <u>2</u> #Occupa	nts Non-Mot	orist A Type	14	4 Action	15 Loc	cation	1	6 Co	ndition	17		Hit/Ru	ın Mop	ed
	License#		St_ ^I	MA DOB/Age		Reg # SP100539 Reg Type SPN F						Re	Reg State MA				
	Sex_M Lic.	Class D 18 1	8 Lic. Restricti	ons 1 CDL		Veh Ye	FORD								Veh Config. 5		
8	Operator JAM	MES	ANDREW	G	rsment	Owner CONCORD SPEC ED									_		
2	Address 21 BF	ROOKS ST	First	Mi	ddle	Address 120 MERIAM RD											
	City MAYNARD State MA Zip 01754						City CONCORD State MA Zip 01742										
	Insurance Company SELF INSURED Vehicle Travel Direction: NXEW Responding to Emergency? N Citation # (If Issued)						Action Prior t	o Crash		21]	Damag	ed Area	Code:	(Circl	le Up to Thre	ee)
							Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Op to Three) Event Sequence 1 22 22 22 22 2 2 2 3 4										
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	Name (Last Fi	irst Middle) Non-Motorist	<u> </u>	See A	ddress bove		Age/DOB	Sex	Pos.	System	Status 5	Switch Co	ode Code	Status	Code	Medical Faci	lity
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	AFSAR, SABII	NA, HUQUE	I	ITTLETON, MA 01	460			F	97	2	5 9	99 0	0	10	1		



On 04/11/2022 @approx 0846 I responded to the intersection of Commonwealth Ave @ Washington St for a report of an MVA. V1; MA PAN Reg. 42X230; 2013 Chev/Malibu sedan color gray. V1 Operator; Burke, Rochelle MA
OLN#S92353933. V2; MA SPN reg. SP100539, 2012 Ford/Ecovan color white. V2 operator; James, Andrew MA
OLN#S90000630. V2 Passenger, Sabina Hoque Afsar, no injury reported. She did state some minor back discomfort. She did not want to be medically evaluated by EMS.

V1 operator stated she was turning left onto Washington St from Commonwealth Ave/northbound. She stated she had a green arrow/left turn at the intersection. She collided into V2. V2 operator stated he was traveling straight ahead on Commonwealth Ave/southbound and collided with V1. V1 operator stated he had a solid green light.

(Continued on next page)

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Witnesses:										
Name (Last, First, Middle)	Address			Phone #	Statement					
Property Damage:										
Owner (Last, First, Middle)	Address	Phone # 34-Type Desc				cription of Damaged Property				
Truck and Bus Information:	Registration #		(From Vehic	ele Section)						
Carrier Name				· ·		Carrier Issui	ing Authority Cod	35 le		
Address			City			St	Zip			
US DOT #:		_ Issuing State			Interstate	36				
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer L					
Hazmat Information:										
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release of							Release code	42		

 DANIEL S SULLIVAN
 NEWTON POLICE DEPARTA
 04/11/2022

 Police Officer Name (Please Print)
 Signature
 ID/Badge # Department
 Precinct/Barracks
 Date

From Valid Scripton of Damaged Property	-	Direction	1 = Vehicle 1	2 = Vehicle 2	₹ Pedestr	ian					
Flower (Last, First, Middle) Address	Crash Diagram:	ie: →_	1	2	P						
V1 had front bumper damage. V1 opted to have a private tow by AAA. V2 had driver's side damage, tow not required. Witnessee: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name Carrier Name Carrier Name Carrier State Address City St. Zip Carrier State Carrier State Carrier State Carrier State Carrier State Address City St. Zip Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Address Placat Address Address Release code 42	Crash Diagram:	_				If Crash Did No on a Public Way: Off-Street Park Garage Mall/Shopping Other Private W	ing Lot Center				
Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name Ca	Crash Narrative:										
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	Placard 40 Material 1 digit	# 41 Material	Name		_ Material 4 o	digit # Release code	42				
DANIEL C. CHILIWAN											
	DANIEL COLILIANOS						1/2022				

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)