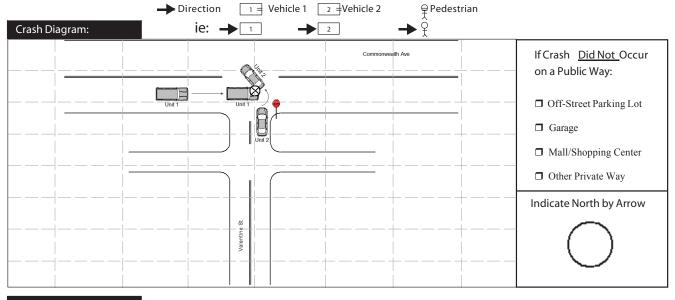
	Poli	ice Use Only		Commonwe	ealth (	of Mass	sach	use	etts			RMV	V Doci	umen	t Number	
	Date of Crash 04/11/2022	Time of Crash 16:05 24HR	City/To NEWTON	MIOLO		icle Cr Report	ash			Number Injured	Latit	d Limi ude gitude_		St Lo M	tate Police ocal Police IBTA Police ther:	N N
			SECTION:	<	LOCA		>			NOT						┥
	30 WES	т сомм	ONWEALTH A	VF												2
$egin{pmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc			f Roadway/Street		Route# Direc	tion 1	Address	s #		Nar	ne of F	Roadwa	ay/Stre	eet	2
1	NORTH VALENTINE ST					Feet NSEW of or									$ \frac{2}{}$	
	Route# Direc			ng Roadway/Street						Mile M					xit Number	_
			Also at Inte	rsection with		Feet NSEW of Route#						ntersecting Roadway/Street				
2 <b>1</b>	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of									<b>3</b> <sup>11</sup>	
	Route# Direc		Landmark										$\dashv$			
3	XVehicle1	2_#Occupants	Hit/Run	Moped Cas	se Number			220003	300							
	License#		St M	A DOB/Age	Reg#	AAC1				Reg Ty	<sub>oe</sub> PAV	7	Re	g State	e MA	
	Sex_F Lic.	Class D 18 1	8 Lic. Restrictio		Veh Y	Reg # AAC1         Reg Type PAV         Reg State MA           Veh Year 2017         Veh Make MERCEDEZ         Veh Config.         2										
4	Operator SOI	LARI	KAREN	M Endorsment Middle		r ADVANCE				First			VC-1			- <b>1</b>
2	Address 45 AI		First	Middle		320 WATE				rirst			Mide	uie		. 🕂
	City_NEWTO	N	S	rate MA Zip 02465	_ City_	City NEWTON State MA Zip 02458										
	Insurance Com	pany COMMER	CE		_ Vehic	le Action Prior	to Cras	h	1 21	D	amageo	d Area	Code:	(Circl	le Up to Thre	e)
5 <b>1</b>	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency? N	_ Event	Sequence 1	22	22	22	22 2		3	$\overline{}$	4		
	Citation # (If I	ssued)			Most	Harmful Event	1	23	•	_ (I)	_	9	$\left  \cdot \right $	- 1	10 Undercarri 11 Totaled	age
-	Violation	1: ChSec	Violatio	n 2: ChSec	Driver	r Contributing	Code	1 2	4	24			<u>\</u>		TT TOMICO	
<sup>6</sup> <b>1</b>	Violation	3: ChSec	Violatio	n 4: ChSec	Under	ride/Override										
	Please t		ator and all occi	ipants involved  Address		Age/DOB	Sex	26 Seat Pos.	27 Safety Ai System S	28 29 irbag Airba tatus Switc	g Eject h Code	31 Trap Code	32 Injury Status	33 Fransp. Code	Medical Facilit	v 1:
	Operator	,		See Above					1 4		0	0		1		
	SOLARI, STE	PHEN		ADELLA AVE EWTON, MA 02465			M	3	1 4	4	0	0	10	1		
											+					-
<sup>7</sup> <b>3</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupar	nts Non-Motorist A T	Гуре	14 Action	15 Lo	ocation	16	Condi	tion	17		Hit/Ru	ın Mope	ed
	License#		St_M	IA DOB/Age	Reg # 3KH957 Reg Type PAN Reg Sta						eg State	tate_MA				
	Sex F Lic. Class D Lic. Restrictions B CDL												20			
<sup>8</sup> <b>1</b>	Operator SCI		NYANDAI	Endorsment	Owne	wner SCHAEFER STEPHEN								_		
1	Address 56 CRAWFORD ST (apt. 3)					Address 56 (apt. 3) CRAWFORD ST										
	City DORCHESTER State MA Zip 02121				City DORCHESTER State MA Zip 02121											
	Insurance Company GOVERNMENT EMPLOYEE				_ Vehic	Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								e)		
	Vehicle Travel Direction: X S E W Responding to Emergency? N				Event	Event Sequence 1 22 22 22 2 3 4										
	Citation # (If Issued) T2080936				Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								age		
	Violation 1: Ch 89/9 Sec Violation 2: Ch Sec         Violation 3: Ch Sec Violation 4: Ch Sec					Driver Contributing Code 4 24 24										
						Underride/Override 25 Towed Y 8 7										
	Pl Name (Last Fi		operator and al	l occupants involved		Age/DOB	Sex		27 Safety Ai System	28 29 irbag Airba Status Swit	g Eject	31 Trap Code	32 Injury Status	33 Fransp. Code	Medical Facili	ity
		Non-Motorist		See Above		Age/DOB			1 4		0	0		1	medicai Facili	
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## Crash Narrative:

MV1 was traveling WESTBOUND on Commonwealth Ave when it collided with MV2 at the intersection of Valentine St. MV2 was traveling NORTHBOUND on Valentine St when it entered the intersection of Commonwealth Ave and collided with MV1. There was major damage to MV1 front bumper specifically the driver side front. There was major damage to MV2 driver's side rear wheel area. Tody's towed MV2 and MV1 used a private tow. No injuries and all parties signed a refusal.

A witness who was driving EASTBOUND on Commonwealth Ave watched MV2 "bomb the stop sign" on Valentine St entering Commonwealth Ave.

Another witness who was driving WESTBOUND directly behind MV1 saw MV2 roll through the stop sign, hesitate and then accelerated into the intersection.

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
PIERCE, MICHAEL,	76 BEACONWOOD RD NEWTON,MA 02464		N
FRIEND , CASEY,	,		N

## Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Description of Damaged Property

Truck and Bus Information:	Registration #	(From Vehic	le Section)		35		
Carrier Name			<del> </del>	_ Carrier Issuing Authority Code			
Address		City		St	Zip		
	State Number	Issuing State	ICC #:		_ Interstate 36		
Cargo Body Type Code Gross	s Vehicle Weight 38			39			
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng				
Hazmat Information:							
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42		

•	→ Direction	1 = Ve	hicle 1	2 =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →[	1	<b>→</b> □	2	<b>→</b> §			
					 		If Crash <u>Did Not (</u> on a Public Way:	Occur
							☐ Off-Street Parking	⊋ Lot
							☐ Garage	,
							☐ Mall/Shopping Co	enter
		_				- — — —	☐ Other Private Way	
	 			+	- — — <del> </del>		Indicate North by A	
							malcate North by A	
							( )	
			+			- — — —		
Curada Na washina								
Crash Narrative: MV2 operator was given in	n-hand, moneta:	ry cita	tion, T	2080936 for	Stop Sign,	Fail (c8	9/s9) (the stop	
sign on Valentine St befo						· · · · · · · · · · · · · · · · · · ·		
Witnesses:								
Name (Last, First, Middle)		Add	ress				Phone #	Statement
Property Damage:					2.4			
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	of Damaged Property	
Truck and Bus Information:	Registration #				Vehicle Section)	C	min Landa Authorita Cal	35
Carrier NameAddress							arrier Issuing Authority Cod	
AddressUS DOT #:								36
27	ross Vehicle Weight	38		issuing state_	ICC #:_		Interstate	
	. [	n	Peg State	D V	or T	ailer I anoth	39	
Trailer Reg #: Hazmat Information:	keg rype	К	ceg state	Keg Yea	u 17	anen Length		
Placard 40 Material 1 digi	it # 41 Materia	l Name			Material 4 o	digit #	Release code	42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)