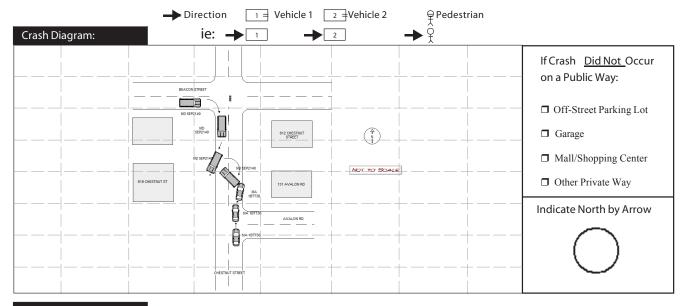
	Poli	ice Use Only		Commonw	vealth	of Mass	ach	use	etts		I	RMV D	ocumei	nt Number	
	Date of Crash 04/21/2022	Time of Crash 08:05	City/T NEWTON	17100		hicle Cra	ash	Vel	hicles	Number Injured	Latitud	Limit <u>25</u> le	5 S L N	State Police Local Police MBTA Police	XI C
		24HR		<		Report	>	2		0 NOT	Longit			Other:	
		ALINIE	RSECTION:		LUCA	I	_			NOT	AIII	VIER	SECI	ION:	- 2
1						SOUTI		19		CHESTN					
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street									
						Feet NSEW of or								\vdash	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Mile Marker Exit Number Feet N S E W of									-
			Also at Inte	rsection with				_	-	Route#	Inte	ersecting	Roadwa	ay/Street	3
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									_ 3
Route# Direction Name of Intersecting Roadway/Str					Landmark								\dashv		
	X Vehicle 1	_1_#Occupants	Hit/Run	Moped	Case Numbe	r		220003	326						
	License#		StSt		Reg#	5EP2140			:	Reg Type	PAN		Reg Sta		
	Sex M Lic Class D Lic Restrictions J CDL				Veh	Year 2021	V	eh Ma	ke_HYU	INDAI		Ve	h Config	g. 20	
4	Operator NU	NEZ	RALPHIE	Endorsment ANTHONY	Owne	er HERTZ		V	EHICLI	ELLC					3
1	Address 10 TA	AFFRAIL RD	First	Middle		Address (apt. 8612) BWI AIRPORT PO BOX								L	
	City QUINCY		S	tate MA Zip 02169		City BALTIMORE State MB Zip 21240									
	Insurance Com		TZ CORPORAT			cle Action Prior	o Cras	h [1 21	Da	maged A	Area Coo	de: (Circ	cle Up to Three	e)
5		Direction: N		ponding to Emergency? I	N _{Even}	t Sequence 22	22 1	22		22 O		3	4		
	Citation # (If I			1 8 8 7 _		Harmful Event		23				4/		10 Undercarria	ige
	`	·	ec Violatio	n 2: ChSec		er Contributing (99 2	24 22	24 1	-	9	5	11 Totaled	
5 1				n 4: Ch Sec		erride/Override	l	25]	Towed_	Y		7	0)	
	Please fill out for operator and all occupants involved					Seat Safety Airbag Airbag Eject Trap Injury Transp.								+	
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex		System St	atus Switch	Couc	ouc statt	is Code	Medical Facility	2
	Орегатог			See Above					1 99	9 4	0	0 10	1		_
7 1	Please Select C of the Followi	IX Vehicle	e2 <u>1</u> #Occupa	nts Non-Motorist A	Туре	14 Action	15 Lo	ocation	16	Conditi	on	17	Hit/R	un Mope	d
	License# St MA DOB/Age DOB/Age				Reg#	Reg # 1BTT36 Reg Type PAN Reg State MA									
	Sex_M_ Lic.	Class D 18	Lic. Restriction			Year 2014	V	eh Ma	ke_HON	NDA		Ve	h Config	g. 20	
1	Operator MII	LER	MICHAEL	A Endorsment	Owne	er JOHNSON		D	ENISE			A			
1	Last First Middle Address 418 WEBSTER ST					Address 30 SUMNER ST									
	City NEEDHAM State MA Zip 02464				City	City GLOUCESTER State MA Zip 01930									
	Insurance Company COMMERCE INSURANCE				Vehic	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									e)
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 1 22 22 22 22 2 3 4									
	Citation # (If Issued)					Most Harmful Event 1 23								ige	
		Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24 5 11 Totaled									
	Violation 3: Ch Sec Violation 4: Ch Sec				_	Underride/Override 25 Towed Y 6									
				l occupants involved		ac, override				28 29 bag Airbag	30 Figor	31 32 rap Injur	2 33 Transn		\dashv
	Name (Last Fi	rst Middle)	1	Address		Age/DOB	Sex		System S	Status Switch	n Code	Code Stat	tus Code		У
	Operator/	Non-Motorist		See Above			+		1 99	9 4	0	0 10	1		\dashv
							_								
							+						+		



Crash Narrative:

Witnesses

On Thursday 4/21/22 at approximately 805 hours while assigned to marked unit n498 I was dispatched to the intersection of Beacon and Chestnut Streets for a report of a motor vehicle crash into a utility pole.

Upon arrival I observed two motor vehicles that had crashed in front of 619 Chestnut street and a utility pole also in front of 619 Chestnut Street with significant damage (pole# 85/75).

While on scene I interviewed the operator, NUNEZ Ralphie, of Motor Vehicle 1, (MD Reg 5EP2140), who states he just dropped his Girlfriend off at a house on Beacon Street and turned right from Beacon Street

states he just dropped his Girlfriend off at a house on Beacon Street and turned right from Beacon Street onto Chestnut Street and began travelling southbound on Chestnut Street. NUNEZ states as he was driving he felt the steering wheel lock up and the vehicle was heading straight for the Utility Pole. He states he struck the Utility Pole and the force from the crash pushed his vehicle into the Northbound lane of traffic.

(Continued on next page)

Addre	ess	Phone #	Statement	
			Y	
Address	Phone #	34-Type	Description of Damaged Property	
,		4	UTILITY POLE 85/75	
Registration #	(From Vehic	le Section)		35
			Carrier Issuing Authority C	Code
	City		St Zip	
State Number	Issuing State	ICC #:_	Interstate	36
Gross Vehicle Weight 38			30	
Reg Type Re	eg State Reg Year	Tr		
git # 41 Material Name		Material 4	digit # Release code	42
_	Address Registration # State Number Gross Vehicle Weight Reg Type Reg Atl	Registration #(From Vehic	Address	Address Phone # 34-Type Description of Damaged Property Address Phone # 4 UTILITY POLE 85/75 Registration #

→	Direction 1	Vehicle 1 2	Vehicle 2	Pedestri	an	
Crash Diagram:	ie: → 1	2	□ →	, Q		
					If Crash <u>Did Not (</u> on a Public Way:	Occur
		<u> </u>			Off-Street Parking	g Lot
					☐ Garage	
			į	İ	☐ Mall/Shopping Co	enter
				+	Other Private Way	
				+	Indicate North by A	rrow
		 	-			
Crash Narrative:						
After speaking with NUNEZ	I spoke with the	he operator,	MILLER Michael	, of Moto	or vehicle #2, (Ma reg	
1BTT36) who states he was	travelling Nor	thbound on Ch	estnut street	when he	observed Motor Vehicle#1	drive
into the utility pole caus	ing the vehicle	e to enter hi	s lane of trav	el. MILI	LER states he attempted to	veer to
the right of the road to	attempt to ave	oid the motor	vehicle, but	was unsuc	ccessful and struck Motor	
Vehicle#1.						
Also on scene was, PISANO	Christian, who	witnessed th	e crash. See	his attac	ched witness statement give	en to me
verbally on scene. 3 picts	ures were take	n of the dama	ge to the util	ity pole	and forwarded to IT to be	
attached this crash repor	t					
Witnesses:						
Name (Last, First, Middle)		Address		Phone #	Statement	
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
				7.		
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		35
Carrier Name					Carrier Issuing Authority Cod	e 33
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39	
Hazmat Information:					-	
Placard 40 Material 1 digit #	41 Material N	ame		Material 4 d	igit# Release code	42
ALAN IR RICHARD SOLOMAN			NEWTO	N POLICE DEPARTA	04/21/20	122

ID/Badge #

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)

Signature