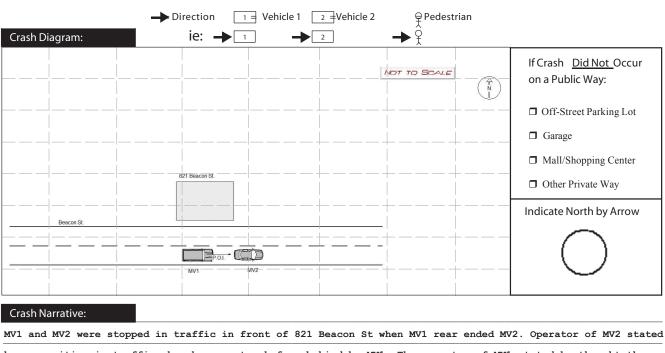
F		ce Use Only			onwealt											t Number	
	Date of Crash 04/28/2022	Time of Crash 15:42	City/ NEWTON	Town	Motor V			sh	Numb Vehicle				Limit de		- Sta	tate Police ocal Police IBTA Police	X
ļ	, ,	24HR	R				eport		2	1]	Longi	tude_		Ot	ther:	
		AT INTER	RSECTION	:	< LO	CATI	ON	>		N	OT A	T I	NTE	CRSE	CTI	ION:	
ı							EAST	821		BEA	CON	ST					
	Route# Direct	ion	Name	of Roadway/Street		Ror	oute# Direction	on Ad	dress #			Nam	e of R	oadwa	y/Stre	et	
1				At			Feet 1	N S E	W of			_ • .	(or			_
	Route# Direct	tion 1	Name of Intersec	cting Roadway/Street	:	$ \vdash$				M	ile Marl	ker			Ex	xit Number	
			Also at In	itersection with		_ -		N S E	_	Ro	ute#	In	tersect	ing Ro	adway	y/Street	_
	Route# Direct	<u> </u>	Name of Into	rsecting Roadway/Str		_ -	Feet [N S E	W of								
4	Route# Direct	ion	Name of Inter	secting Roadway/Str	eet								Lan	dmark			
	XVehicle1	1_#Occupants	Hit/Ru	ın Moped	Case Nun	mber		22	2000349								
ı	License#		St	MA DOB/Age	R	Reg# 5C	G111			Reg	g Type_	PAN		Re	g State	e_MA	_
	Sex_M_ Lic. C	Class D 18 1	Lic. Restrict		V	/eh Year	r 2011	Vel	Make_	гоүот	`A			Veh C	onfig	20	
	Operator WO	ODWARD	GUSTAVO)	orsment		WOODWAR	D	LAU					Midd			_
4	Address 26 LEV	WIS TER	First	Mic	A	Address _	26 LEWIS TE			Firs	t			Midd	1e		_
	City NEWTON	٧		State MA Zip 024	458 (City_NEV	WTON						State_	MA	_Zip_	02460	_
	Insurance Comp	pany GEICO			V	/ehicle A	Action Prior to	Crash	1	21	Dan	naged	Area	Code:	(Circl	le Up to Thre	ree)
	Vehicle Travel	Direction: N	S X W R	esponding to Emerge	ency?NF	Event Sec	equence 1	22 22	22	22	2		3	\rightarrow	4		
_	Citation # (If Is	sued)			Ν	√ost Har	rmful Event	1 23				_ `	9		- 1	10 Undercarri	riage
	Violation	1: ChSec	ecViolati	ion 2: ChSec_	Ε	Oriver Co	ontributing Co	ode 1	19 24	24		_	廾		J	11 Totaled	
	Violation		Underride/Override 25 Towed N 8 7 6														
T	Please fill out for operator and all occupants involved						4 (DOD		26 2 Seat Safe	7 28 y Airbag	29 Airbag Switch	30 Eject	31 Frap I Code	32 Injury T	ransp.	W.F. LE. T	٠,
ŀ	Name (Last Firs	t Middle)		See A	ldress Above		Age/DOB		os. \$yste	m Status		Code 0	0		Code 1	Medical Facili	ity
ŀ																	
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	Please Select O of the Followin		e2 <u>2</u> #Occup	ants Non-Mot	torist A Type	14	Action	Loca	ntion	16 C	onditio	n	17	□⊦	lit/Ru	ın Mop	oed
	License# St MA DOB/Age					Reg # 1ZDX97 Reg Type PAI					PAN	AN Reg State MA					
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2016 Veh Make HONDA Veh Config. 1								_			
-	Operator KOU		PAUL		orsment		(Same as ope							, 611 6	omig.		
4	-	Last IARLES ST (apt	First 5t. 29)	Mic	iddle		Las	st		Firs	t			Midd	le		_
	City WEYMOU			State MA Zip 021		_							State		Zip		_
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	Vehicle Travel 1		S W W 1	Responding to Emerg		Event Sec		22 22		22	2		3		4		
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ľ	Name (Last Fir		-	Ac	ddress		Age/DOB	Sex	Pos. Sys	em Statu:	Switch	Code	Code	Status	Code	Medical Facil	ility
	Onanata-A	Jon Motoriet	1														
	Operator/I	Non-Motorist	- 9	9 ROCKLEDGE RD				F 6	0	4		0	0		2	NEWTON WELLES	



MV1 and MV2 were stopped in traffic in front of 821 Beacon St when MV1 rear ended MV2. Operator of MV2 stated he was waiting in traffic when he was struck from behind by MV1. The operator of MV1 stated he thought the vehicle in front of him was moving forward and proceeded to accelerate and struck the vehicle in front of him. I asked him if he saw the brake lights of the vehicle in front of him which replied that he did not see the brake lights.

Both vehicles were operable and were able to leave the scene. The back seat passenger of MV2 sustained minor injuries, which she stated she had not been wearing her seat belt and stated she was having neck and head pain from striking her head off the front seat. Fallon Ambulance Service responded and transported the injured passenger to Newton Wellesley Hospital to be evaluated.

Witnesses:									
Name (Last, First, Middle)	Address			Phone #	Statement				
Property Damage:		-						1	
Owner (Last, First, Middle)	Phone # 34-Type Des				cription of Damaged Property				
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				35	
Carrier Name						Carrier Issui	ing Authority Coo	le	
Address			City			St	Zip		
US DOT #:	State Number		Issuing State	ICC #:_			_ Interstate	36	
Cargo Body Type Code 37 Gross	s Vehicle Weight	38							
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39			
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #		Release code	42	

JEREMY FAY		NEWTON POLICE DEPARTM	04/28/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date