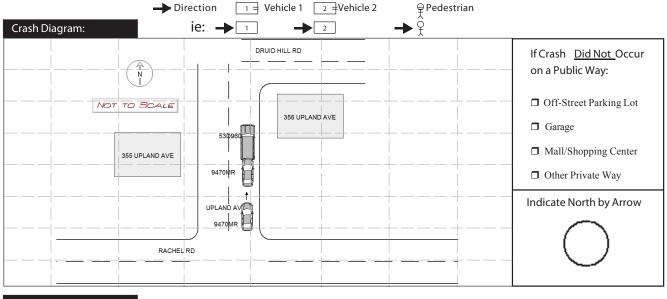
	Poli	ice Use Only		Commo	nwealth	of N	Iassa	ach	use	etts			RMY	V Doci	umen	t Number	
	Date of Crash 05/03/2022	Time of Crash 09:34	City/I NEWTON	own M	lotor V	ehicle	Cra	sh		mber nicles	Numb Injure		ed Limi		St	tate Police ocal Police IBTA Police	N X
	03/03/2022	24HR	NEWTON		Police	e Rep	ort		2		0		ngitude_		O	ther:	
		AT INTER	RSECTION:	<	LOC	CATION	:	>			NO	ГΑТ	INTI	ERSI	ECT	ION:	
							NORTH	35	5		UPLA	ND AV	Έ				ŀ
1	Route# Direc	tion	Name o	f Roadway/Street		Route#	Directio	on A	ddress	s #		N	ame of F	Roadwa	ay/Stre	eet	_
•				At			Feet N	NSE	w o	of _			•	or			_
	Route# Direc	ction N	Name of Intersect	ing Roadway/Street		-	_1 cct _1	, 5 2		,1	Mile	Marker		or	Ez	xit Number	_
				ersection with		_	_Feet _N	N S E	W o	of	Route	_# —	Intersec	ting Ra	nadwar	v/Street	-
2						_	_Feet	N S E	W o	of						,	
	Route# Direc	tion	Name of Inters	ecting Roadway/Stree	t								Laı	ndmark			_
	XVehicle1	#Occupants	Hit/Rur	Moped	Case Num	ber		2	20003	864							
	License#		St N	IA DOB/Age	Re	g # 53D960					Reg T	vne PA	N	Re	eg State	e_MA	
	Sex_F Lic.	18 19		19		eh Year_200'		Ve	eh Mal					Veh C		20	
		NA CARDOZO		R		vner WAC					ск-со		В	-			F
1	Address 538 W	VAVERLEY ST (a	apt. B)	Middle	Ac	ldress 538 (apt. B) W	VAVEF	RLEY	ST	First			Mide	dle		_ -
	City FRAMIN			tate_MA Zip_01702		ty FRAMI							State	MA	Zip	01702	_
	Insurance Com	_{ipany} PERMANE				chicle Action	n Prior to	Crash		21					_ ^ -	le Up to Thr	ree)
				sponding to Emergence		ent Sequen					22 2		3		4		
		ssued) T2012916				ost Harmful	Event	1 2.	3			′ _	9			10 Undercarr	riage
				n 2: ChSec	Dı	iver Contril	uting Co	ode	1 2	4	24	_			၂ၑ	11 Totaled	
L	Violation	3: ChSec	Violatio	n 4: ChSec	Uı	nderride/Ov	erride	2.	5	⊐∟ Γowed	N 8		7		6		
			ator and all occ	upants involved					26 Seat		28 irbag Air Status Sw	29 3 bag Eje	0 31 ct Trap le Code	32 Injury	33 Fransp.		\neg
	Name (Last Fir Operator	st Middle)		Addre See Abo		Ag	e/DOB	Sex	Pos. S		Status Sw 4	tch Coc	le Code 0	Status	Code 1	Medical Facil	ity
													_				
1	Please Select C of the Followi		2 <u>1</u> #Occupa	nts Non-Motor	ist A Type	14 Acti		5 Loc	cation	10	6 Con	dition	17		Hit/Ru	ın Mop	oed
	License#		St N	IA DOB/Age	D.	eg # 9470M	₹				Reg T	PA	N	D.	- C4-4	e MA	
	Sex M Lic.	18 13		19		eh Year 201 0		Ve	h Mal						g Stati Config	20	-
	Operator LOU		WILLIAM	Endorsr KEVIN	nent	vner (Sam			ni iviai	KC				_ ven e	Johng		
L	Address 25 TF	Last	First	Middle	e	ldress	Las	t			First			Mide	dle		-
	City W BRID		<u> </u>	tate MA Zip 02379									State		Zip		-
	Insurance Company QUINCY MUTUAL FIRE					Damaged Area Code: (Circle IIn to Three)									ee)		
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 1 22 22 22 22 23 4											
	Citation # (If Issued)					Most Harmful Front 23 10 Undercarriage									riage		
	Violation 1: Ch Sec Violation 2: Ch Sec					Driver Contributing Code 5 24 24 5 11 Totaled											
			ec Violat			nderride/Ov	Г	2:	F1	owed_	N 8		7		6		
				Il occupants involve								29 3 bag Eje	0 31 ct Trap	32 Injury	33 Fransp.		\dashv
	Name (Last Fi		-	Addr See Abo	ess	A	ge/DOB	Sex	Pos.	System	Status Sv	ritch Co	de Code	Status	Code	Medical Faci	ility
	Operator/	TSTTOTOTOTIST		See Abo						1 4	4	0	0	10	1		\blacksquare
												+	-				



Crash Narrative:

On Tuesday 5/3/22 at approximately 0934 hours while assigned to marked unit n498 I was dispatched to the area of Rachel Rd and Upland Ave for a report of a minor motor vehicle crash.

Upon arrival I spoke with the Operator, LUNA CARDOZO Ana Regina, of motor vehicle #1 (ma reg 53D960).

She states she was travelling northbound on Upland Ave when she stopped in front of 355 Upland Ave. to let someone cross the street. She states as she was stopped she was struck in the rear by motor vehicle #2.

Operator, LOUGHLIN William, of motor vehicle #2 (ma Reg 9470MR) states he was travelling behind motor vehicle #1 and mis judged the distance between the two vehicles and could not stop in time when motor vehicle

While interviewing both parties i obtained information that the operator of motor vehicle #1 did not have a

(Continued on next page)

#1 stopped to allow someone to cross the street.

Witnesses:								
Name (Last, First, Middle)		Address				Phone #	:	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	ption of Damag	ged Property	
Truck and Bus Information: Carrier Name	Registration #					Carrier Issui	ing Authority Cod	35 de
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	ICC#:			Interstate	36
37	s Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Ler			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#_		Release code	42

-	→ Direction	1 ■ Vehicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: →[1	2	→ Ŷ		
						rash <u>Did Not</u> Occur a Public Way:
			_			Off-Street Parking Lot
						Garage
		_ 				Mall/Shopping Center
		_				Other Private Way
		_				cate North by Arrow
		 _	 -++			
		_				
Crash Narrative:	-			'		
	ned LUNA CORDO	0ZO that she	was going to	be cited an	d issued Massa	chusetts Uniform
Citation T2012916 c90 s10	Operating Wit	hout a Driv	ersLicense. T	he vehicle	was parked leg	ally on Upland Ave
and LUNA CORDOZO's husband	d, EIDERICK-CO	STRA Wagner	, a licensed d	river, woul	d be coming la	ter in the day to
pick up the vehicle.						
Witnesses:		Address			Phone	# Statement
Name (Last, First, Middle)		Address			Phone	# Statement
Property Damage:		*			·	·
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	nged Property
Truck and Bus Information:	-			Vehicle Section)		35
Carrier Name						uing Authority Code
Address						36
US DOT #: Cargo Body Type Code 37 Gro	oss Vehicle Weight	38	issuing state _	ICC#:_		Interstate
Trailer Reg #:		Reg State	n Rag Var	ır Tw	ailer Length	
Hazmat Information:	Keg Type	Keg state	, Reg fea	u 113	moi Longiii	
Placard 40 Material 1 digit	# 41 Material	Name		Material 4 o	ligit #	_ Release code 42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)