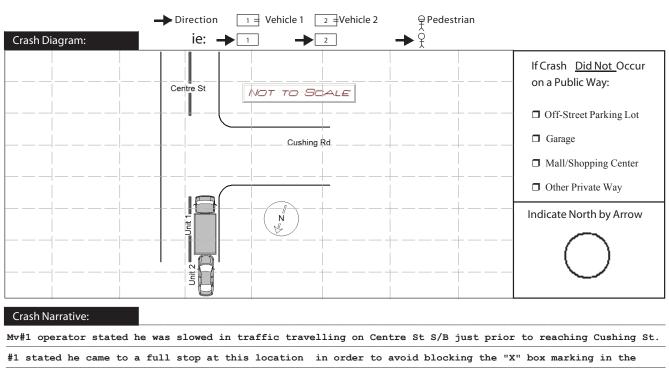
	Poli	ce Use Only		Commonwe	alth c	of Mas	sach	iuse	etts			RM	V Doc	umen	t Number		
	Date of Crash 05/07/2022	Time of Crash 14:27	City/T NEWTON	MIOTOI		icle Cr		Vel	mber hicles	Numl Injur	ed La	eed Lim titude _			tate Police ocal Police IBTA Police	N N	
		24HR				Report		2		2		ngitude.		0	ther:	\exists	
		ATINTER	RSECTION:	<	LOCA	HON	>			NC	T AT	INT	ERSI	ECT	ION:		
	sou	TH CENTR	E ST														
$\begin{array}{ c c } 1 \\ 1 \end{array}$	Route# Direc	tion	Name o	f Roadway/Street		Route# Direc	ction	Addres	s #		N	lame of l	Roadwa	ay/Stre	eet	_ 2 ¹	
	At WEST CUSHING ST					Feet NSEW of • or											
	Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Numb								xıt Number	_			
		Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street									. 1	
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of											
3	_					Landmark										\dashv	
	XVehicle1	2_#Occupants	Number			22000	380										
	License#		St_R		Reg#	V62315				_Reg]	Гуре_С	ON	Re	eg Stat	е МА	.	
	Sex_M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL				Veh Year 2020 Veh Make HINO Veh Config. 13												
4		Operator CORTEZ VICTOR J Endorsment					Owner TRUCK RENTAL RYDER										
1		Address 23 VILLAGE COURT				Address 329 JEFFERSON RD											
	City W. WARWICK State RI Zip 02893 Insurance Company ACE AMERICAN				City ROCHESTER State NY Zip 14623												
					Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)											e)	
5	Vehicle Travel	Direction: N	X E W Res	ponding to Emergency? N	Event Sequence 1 22 22 22 2 3 4												
	Citation # (If I	ssued)			Most	∟ Harmful Even	1	23					$\langle $) _	10 Undercarri	age	
	Violation	1: ChSec	Violatio	n 2: ChSec	Driver	Contributing	Code	1 2	24	24					11 Totaled		
⁶ 1	Violation	3: ChSec	Violatio	n 4: ChSec	Under	ride/Override		25	Towe	N	3	7		6			
	Please fill out for operator and all occupants involved							26 Seat	27 Safety	28 Airbag A	29 Eje	30 31	32 Injury	33 Transp.		v 1	
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos.	System	Status Sv	vitch Co	de Code 0	\$tatus 9	Code 1	Medical Facilit	y 1	
	TOPPES ELVIN 23 PARADIS AVE (apt 2)					М	3			9 0	0	10	1				
	TORRES, EE V		N N	OONSOCKET, RI 02895						T .			10	-			
3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> # Occupa	Non-Motorist A Ty	/ре	Action Action	15 L	ocation		Co ₁	ndition	17		Hit/Ru	ın Mope	ed	
	License#		St_M		9 19 CDL Veh Year 2013 Veh Make TOYOTA Veh					eg Stat	e MA	.					
	Sex_F_ Lic.	Class D 18 1	Lic. Restriction	ns 9 CDL							Veh Config. 20						
8 1	Operator VAI	Last	MARIA	First Middle Last First							Middle						
_	Address 179 OLD FERRY DRIVE					SS											
	City METHUEN State MA Zip 01844													.			
	Insurance Com	pany_ALLSTAT	E		Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								e)				
	Vehicle Travel Direction: NXEW Responding to Emergency?N					Event Sequence 1 22 22 22 22 23 4											
	Citation # (If I							Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 24								\bigvee	J"							
	Violatio	Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed Y 6										
		Please fill out for operator and all occupants involved				26 27 28 29 30 Seat Safety Airbag Airbag Eject				30 31 Trap	31 32 33 Trap Injury Transp.						
	Name (Last Fi Operator/	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos.	System		witch Co	ode Code 0	Status 9	Code 1	Medical Facili	ity	
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roadway signaling vehicles to not block the intersection. Mv#2 operator stated she was travelling on Centre St S/B behind #1. #2 stated she didn't realize #1 was stopping and she rear ended #1. Both operators stated they may have some back discomfort but both refused evaluation. #1 passenger was not injured. Mv#1 sustained possible minor damage to rear liftgate steps, while Mv#2 sustained significant front end damage and was inoperable. #2 towed by Tody's. Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage:

Owner (Last, First, Middle) 34-Type Description of Damaged Property Truck and Bus Information: Registration #_____(From Vehicle Section) 35 Carrier Name _ ____ Carrier Issuing Authority Code Address___ US DOT #: ____ State Number _____ Issuing State _____ ICC #:____ Cargo Body Type Code Gross Vehicle Weight Reg Type____ Reg State ____ Reg Year___ Trailer Length Trailer Reg #: Hazmat Information: Material Name_____ Material 4 digit # _____ Release code Placard Material 1 digit #

Phone #

Address

ADAM D GABRIEL		25117	NEWTON POLICE DEPARTA	05/09/2022			
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date		
CDD1 11 -24-00							