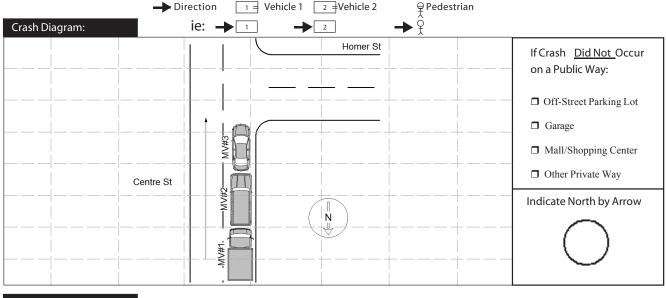
	Poli	ice Use Only		Commo	nweal	th o	f Mass	sach	use	etts			RM	V Docu	ıment	Number	
	Date of Crash 05/09/2022	Time of Crash 07:31	City/To	wn N	Iotor \	Vehi	icle Cr	ash		mber hicles	Numbe		ed Limi itude _		Sta	ate Police cal Police BTA Police	N N
	03/03/2022	24HR					Report		3		1		ngitude_		Otl	her:	
		AT INTER	RSECTION:	•	< L(OCAT	TON	>			NO	ΓΑΤ	INTI	ERSE	CTI	ON:	7
	SOU	TH CENTR	RE ST														- 1
1	Route# Direct	tion		Roadway/Street		R	Route# Direct	tion A	Addres	s #		N	ame of F	Roadwa	y/Stree	et	
	WES	т номе		At		Feet NSEW of or or								_			
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	Also at Intersection with						Route# Intersecting Roadway/Street										- -
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									_ [
3	Route# Direction Name of intersecting Roadway/Street						Landmark									\dashv	
	X Vehicle 1	#Occupants	☐ Hit/Run	Moped	Case Nu	ımber			220003	381							
	License#		St_M			Reg#_	241002				_Reg Ty	pe_CC	ON	Re	g State		
	Sex_M Lic. 0	$_{\text{Class}}$ D 18 1	Lic. Restriction	ns 19 CDL		Veh Ye	ar_1999	V	eh Ma	ke_CH	EVY			Veh C	onfig.	13 20	
4	Operator STU	JRTEVANT	BRYAN	Endors FRANCI	sment S	Owner	(Same as op	erator)						Midd			_
1	Address 2 REI	PTON CIR (apt.	2201)	Midd		Address	S							Midd	ie		_
	City WATERT	ΓOWN	St	ate_MA_Zip_0247											_Zip		
	Insurance Com	pany MERCHA	NTS MUTUAL			Vehicle	Action Prior	to Cras	h	1 21] [Damag	ed Area	Code:	(Circle	e Up to Thr	ee)
5	Vehicle Travel	Direction: N	X E W Resp	onding to Emerger	ncy?_N	Event S	Sequence 1	22 1		22	22 2		3	\rightarrow	4		
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				2: ChSec		Driver	Contributing (22 2	24	24 0	•			ا ق	1 Totaled	
⁶ 1	Violation	3: ChSec	c Violatior	4: Ch Sec		Underri	ide/Override		25 ,	Towed	N 8		7		6		
			ator and all occu					Т			28 2 Airbag Airb Status Swi	29 3 pag Ejec	0 31 et Trap le Code	32 Injury T	33 ransp.		-
	Name (Last Fire Operator	st Middle)		Addr See Ab			Age/DOB	Sex	Pos.	1 1	Status Swi	tch Cod	e Code	Status (Code 1	Medical Facil	ity
	- F))	1 1			10	-		
⁷ 3	Please Select C of the Followi		2 <u>1</u> #Occupan	ts Non-Moto	rist A Type	14	Action	15 Lo	ocation	1	6 Conc	lition	17	□⊦	lit/Rur	Мор	ed
	License#		St_M			Reg#1	NWH96				_Reg Ty	pe_PA	.N	Re	g State	MA	_]
	Sex_F Lic. 0	Class D 18 1	Lic. Restriction			Veh Ye	ar 2016	V	eh Ma	ke_LE	xus			Veh C	onfig.	2	
⁸ 2	Operator COI	HEN	LAURA First	Endors ELIZABI	ETH	Owner	(Same as op	erator)			First			Midd	1.		_
	Address 25 M	IDDLESEX RD	(apt. 3)	Midd		Address	S				FIFSI			Midd			
	City WALTH	AM	St	ate MA Zip 0245	52	City							State		_Zip		_
	Insurance Com	pany COMMER	CE			Vehicle	Action Prior	to Cras	h [1 21] [Damag	ed Area	Code:	(Circle	e Up to Thr	ee)
	Vehicle Travel Direction: NXEW Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec						Sequence 1	22	22	22	22 2		3	\rightarrow	4		
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	Ple	ease fill out for		occupants involv	red				26 Seat	27 Safety		29 30 Dag Ejec	0 31 Trap	32 Injury T	33 ransp.		\neg
	Name (Last Fi	rst Middle) Non-Motorist		Add See Ab			Age/DOB	Sex	Pos.	System	Status Sw 4 4	itch Co	de Code	Status	Code 1	Medical Faci	lity
	Орегают.	1.1011-14101011151		See Au				+		77	4	U	U	0	1		=
								+							-		

Poli Date of Crash	Time of Crash		Commonwea Motor				Setts Number	Number		RMV Doc Limit <u>25</u>				
05/09/2022	07:31	NEWTON			icle Cra	sn	Vehicles	Injured	Latitud	le	Loca MB7	Police Date Police DA Police		
	24HR	RSECTION:		LOCAT	Report	>	3	1 NOT	Longit		Othe			
	ALINIE	RSECTION:		LUCAI	IUN -			NOI	AIII	NTERS	ECTIO	IN:		
] 			adway/Street							CD 1	10:			
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					Feet N	SEV	v of -	Mile M	• _ arker	or	Exit	Number		
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1	Route# Intersecting Roadway/Street Feet N S E W of													
Route# Direction Name of Intersecting Roadway/Street					Landmark									
X Vehicle 3	_1_#Occupants	Hit/Run	Moped Case N	Number		220	00381							
		St MA			EL CAA				DAN		~ 1			
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City WATER		Stata I	MA Zip 02472		S						7in			
Insurance Com		state_			Action Prior to		2					Up to Three		
٦	1 7	X E W Respond	ling to Emergency? N			2 22	22	22 2		3	4			
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`	/		ChSec		L Contributing Co		24	24	- /	9	911	Totaled		
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Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist A Typ	e l	Action 1	Locat	ion	Condi	ion	17	Hit/Run	Mopeo		
License#_		St_	DOB/Age_	Reg#_				Reg Typ	ie	R	eg State_			
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Operator	Lact	First	Endorsment	Owner	Last			First		Mic	Idle			
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City		State_	Zip	City						State	_Zip			
Insurance Com	pany	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)												
Vehicle Travel	Vehicle Travel Direction: NSEW Responding to Emergency?													
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			: ChSec	Underri	ide/Override	25	Towed		1 20 1	/				
Name (Last Fi		r operator and all oc	cupants involved Address		Age/DOB		26 27 at Safety os. System	28 29 Airbag Airba Status Swit	30 Eject T ch Code	31 32 Trap Injury Code Status	Transp. Code N	Medical Facility		
Operator/	Non-Motorist		See Above											



Crash Narrative:

The operator of MV#1 stated he was travelling southbound on Centre St when his brakes failed and could not stop in time, striking MV#2 which pushed MV#2 into MV#3. MV#1 sustained minor damage to its front bumper.

There were no reported injuries to the operator of MV#1. The operator of MV#1 did not have his license in his possession. He provided me with his information and an R.M.V query showed that he had a license status of suspended. While on scene I had the operator of MV#1 log on to his R.M.V account, pay off his balance owed and reinstate his driver's license (R.M.V confirmation #0-847-910-848). MV#1 was inspected and the brakes appeared to be in working order.

The operator of MV#2 stated she was travelling southbound on Centre St when she was struck from behind by MV#1 which pushed her vehicle into MV#3 in front of her. MV#2 sustained moderate damages to its rear and

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	of Damage	d Property	
Truck and Bus Information: Carrier Name	Registration #				Ca	arrier Issuin	g Authority Coo	35 le
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38			Γ	39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length			
Hazmat Information:								
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit #	I	Release code	42

→	Direction 1	Vehicle 1 2	Vehicle 2	Pedestri	an	
Crash Diagram:	ie: → 1	2	■ →	. ĝ		
					If Crash <u>Did Not C</u> on a Public Way:	Occur
					☐ Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Co	enter
				+	Other Private Way	
				İ	Indicate North by A	rrow
				+		
		 	_ — — —	+		
Crash Narrative:						
front bumpers. The operator	r of MV#2 susta	ained non-inc	apacitating in	jury to h	ner neck and refused medica	al
attention.						
The operator of MV#3 state	d she was trave	elling southb	ound on Centre	St when	she was struck from behin	nd by
MV#2. MV#3 sustained minor	damage to its	rear bumper.	There were no	reported	d injuries to the operator	of
MV#3.						
As of 05/12/2022, the lice	ense status of	the operator	of MV#1 is st	ill suspe	ended. I will mail MA unifo	orm
citation #T2012917 to the	operator of MV	‡1 for violat	ion of c90 s23	operatir	ng after suspended license	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Dua manife i Danisa na						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
owner (easy) msy madie)	7.444.633		Thomas is	3.1,500	zesempaon or zamagea rioperty	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		35
Carrier Name					Carrier Issuing Authority Cod	e
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material N	ame		Material 4 d	igit # Release code	42
CITA K SETIABUDI		25111	NEWTO	V BOVICE DEDANGE	05/09/20	122

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)