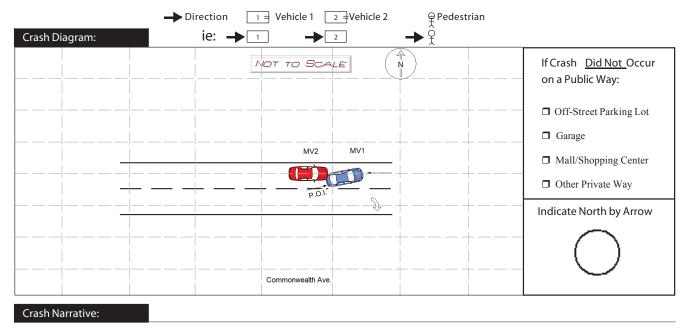
	Poli	ce Use Only		Commonwea	alth o	of Mass	achu	setts	3		RM	V Docui	ment Number	
	Date of Crash 05/11/2022	Time of Crash 20:21	City/Tov NEWTON	wn Motor	Veh	icle Cra	sh [Number			eed Lim		State Police Local Police MBTA Police	NA NA
	03/11/2022	20.21 24HR				Report		2	0		ngitude_		Other:	
		AT INTER	RSECTION:	<]	LOCA	ΓΙΟΝ	>		N()T A T	INT	ERSE	CTION:	
	NOR	TH CENTR	E ST											2
4	Route# Direct	tion		Roadway/Street		Route# Direction	on Ad	dress #		N	lame of I	Roadway	/Street	2 ¹
	Route# Direction				Feet N S E W of or									
					Mile Marker Exit I Feet N S E W of					Exit Number	r			
			Also at Inters	ection with	-			_	Rou	te#	Intersec	ting Roa	ndway/Street	- 1
2 1	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of								2	
3	,					Landmark								
	X Vehicle1	#Occupants	X Hit/Run	Moped Case	Number		22	000388						
	License#		St MA		Reg#	2GLL54			Reg	Туре_Р	AN	Reg		_
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Year 2012 Veh Make TOYOTA Veh Config. 20									
⁴ 3	Operator SUAREZ MARCOS Endorsment Last First Middle				Owner	(Same as ope	rator)		First			Middle	e	$ 1^1$
_3	Address 30 FAIRVIEW AVE				Address									_
	City NATICK State MA Zip 01760				City_						State	:	Zip	_
	Insurance Company_THE COMMERCE				Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three)								ree)	
5 1	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency?_N	Event	Sequence 1	22 22		22	2	3		4	
	Citation # (If Is	ssued)			Most I	Harmful Event	1 23			1 4	9	$\left\{ \right\}$	10 Undercar 5 11 Totaled	rriage
(Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing C		9 24	10 24					
⁶ 1	Violation	lation 3: ChSecViolation 4: ChSec				Underride/Override 25 Towed N 8 O								
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex S	26 27 eat Safety os. Systen	28 Airbag A Status S	29 irbag Eje witch Co	30 31 Ect Trap de Code	32 Injury Tr Status C	ansp. ode Medical Faci	lity 1
	Operator			See Above				1	4	1 0	0	10 1	L	
7	Please Select C)no		1	1	4 1	15		16		17		<u> </u>	
2	of the Followi	IX Vehicle	2 1_#Occupant	Non-Motorist A Ty	pe	Action	Loca	tion	Co	ndition	17	ХН	it/Run Mo	ped
	License# St MA DOB/Age				Reg# 2CBM65				Reg Type PAN Reg S			State_MA		
	Sex M Lic. Class D 18 M Lic. Restrictions 1 19 CDL				Veh Y							onfig.		
⁸ 1	Operator GOMES LUIS Endorsment				Owner (Same as operator)								_	
1	Address 408 T	ECHNOLOGY (First CENTER DR5313	Middle	Addres	SS	st		First			Middle	e	_
	City STOUGHTON State MA Zip 02072				StateZip								_	
	Insurance Company_GOVERNMENT EMPLOYEES				Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ree)	
	Vehicle Travel Direction: NSWW Responding to Emergency?N				Event Sequence 1 22 22 22 2 3 4									
	Citation # (If Is	ssued)	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									rriage		
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24													
	Violation	n 3: ChSe	Underride/Override Z5 Towed N 8 7 6											
	Plo Name (Last Fi		operator and all	occupants involved		Age/DOB		26 27 leat Safety Pos. Syste	28 Airbag A m Status	29 3 irbag Eje	30 Trap ode Code		33 ansp. Code Medical Fac	sility
		Non-Motorist		See Above		Age/DOB		0		1 0	0	Status 0		July



On 5/11/22 I responded to Commonwealth Ave. and Center St. for a 2 car accident.

Upon arrival I spoke with the operator of MV1 who stated he was at fault for the accident. He stated that he was on the center lane of Comm. Ave. heading w/b when he noticed that he had to take a right turn. He stated that he checked his mirror and reversed to merge onto the right lane, and that is when he hit MV2 which was behind him.

The operator of MV2 stated that he was driving e/b on the center lane when MV1 backed up and hit him causing moderate damage to the right front of the vehicle.

Both parties stated they had no injuries and denied medical attention. Both parties were given the report number and gieven information on how to get a copy of the report.

Witnesses:											
Name (Last, First, Middle)	Address		Phone	Phone #							
Property Damage:					,						
Owner (Last, First, Middle)		Phone # 34-Type Des			scription of Damaged Property						
Truck and Bus Information: Registration #(From Vehicle Section)											
Carrier Name Carrier Issuing Authority Code											
Address		City		St	St Zip						
US DOT #:	State Number	_ Issuing State	ICC #:_		Interstate	36					
Cargo Body Type Code Gross Vehicle Weight 38											
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length											
Hazmat Information:						_					
Placard 40 Material 1 digit #	me		Release code	42							