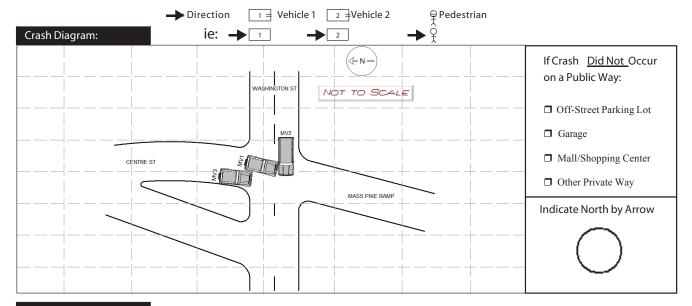
	Poli	ice Use Only		Commonwe	alth c	of Massa	achu	isetts	8		RM	V Docun	nent Number		
	Date of Crash 05/12/2022	Time of Crash 16:07	City/To	wn Motor	r Veh	icle Cra	sh	Number			eed Lim		State Police Local Police MBTA Police	N X	
	03/12/2022	24HR				Report		3	0		ngitude_		Other:		
		AT INTER	RSECTION:	<	LOCA	ΓΙΟΝ	>		N(	)T AT	INT	ERSE	CTION:	2	
	SOU	TH CENTR	RE ST											4	
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion		Roadway/Street At		Route# Direction	on Ad	dress #		N	ame of I	Roadway	Street	2	
	WES	T WASHI	Feet NSEW of • or									_  -			
	Route# Direc	Mile Marker Exit Numbe								Exit Number	_				
		Feet N S E W of Route# Intersecting Roadway/Str								dway/Street	- 1				
2 1	Route# Direc	tion	Feet N S E W of												
3				ting Roadway/Street	Landmark										
	X Vehicle 1	#Occupants	Hit/Run	Moped Case	e Number		22	000391							
	License#		St MA		_ Reg#_	225YBS			Reg	Туре_РА	AN	Reg		_	
	Sex_F Lic.	Class D 18 1	Lic. Restriction	S 1 19 CDL	Veh Y	ear_2017	Veh	Make_J	EEP			_Veh Co	nfig. 2 20		
<sup>4</sup> 3	Operator SW	EENEY Last	MARILYN	Endorsment	Owner	(Same as open	rator)		First			Middle		- <b>1</b>	
3	Address 36 H	AMPDEN DRIV	'E		Owner (Same as operator)  Last First Middle  Address										
	City NORWO	OOD	Sta	te_MA Zip_02062											
	Insurance Com	Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)													
5 <b>1</b>	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency? N	Event	Sequence 1	22 22		22	<b>D</b>	3		4		
	Citation # (If I	ssued)			Most I	Harmful Event	1 23		(	1) 🗲	9	$\left\{ \right\}$	10 Undercarr 5 11 Totaled	riage	
(	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co		99 24	24						
<sup>6</sup> 1	Violation	3: ChSec	Violation	4: ChSec	Under	ride/Override	25	Tow	ed <u>r</u>	<b></b>			6		
	Please to Name (Last Fir		ator and all occu	pants involved  Address		Age/DOB	Sex S	26 27 Seat Safety Oos. System	28 Airbag A Status S	29 Eje witch Co	30 31 Trap de Code	32 Injury Tra Status Co	33 ansp. ode Medical Facili	ity 1	
	Operator			See Above				99	4	99 0	0	10 1			
									$\vdash$	+					
7	Please Select C	)ne		<u> </u>		4 1	15		16		17				
2	of the Followin	IX Vehicle	2 1_#Occupant	Non-Motorist A Ty	уре	Action	Loca	ition	Co	ndition		Hi	t/Run Mop	oed	
	License# St MA DOB/Age				Reg#	Reg# 1SZR19 R					_ Reg Type_PAN Reg Sta			_ ]	
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2020 Veh Make NISSAN						Veh Config. 20			
8 <b>4</b>	Operator POI	Operator PORDER-SCHOCHE AMI  Last First Middle					Owner SCHOCHET MICHAEL  Last First Middle								
_	Address 2303	Address 2303 THOMPSON FARM					Address 2303 THOMPSON FARM								
	City BEDFOR	City BEDFORD State MA Zip 01730								Zip <u>01730</u>	_				
	Insurance Com	pany_PROGRES	SSIVE DIRECT IN	IS CO	Vehicle	e Action Prior to	Crash	1	21	Damag	_	,	Circle Up to Thr	ree)	
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	Violatio	n 3: ChSe	ec Violatio	Underride/Override Towed N							6				
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB	Sex	26 27 Seat Safety Pos. Syste	28 Airbag A	29 3 irbag Eje Switch Co	0 31 Trap ode Code	Injury Tra	33 Insp. dode Medical Faci	ility	
		Non-Motorist		See Above		Age/DOB		99		99 0	0	10 1			

Date of Crash	Time of Crash		Common					Number	Speed L		Sta	Number ate Police	_	
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	24HR				Report		3	0	Longitud			her:		
	ATINTER	RSECTION:	<	LOCA	ATION	>		NOT	AT IN	TERSI	ECII	ON:		
ļ														
Route# Dire	ction	Name of Ro	padway/Street		Route# Direction	on Addre	ess#		Name o	of Roadwa	ay/Stree	et		
1			Feet NSEW of or Exit Number											
Route# Dire	ection N		Mile Marker Exit Number  Feet NSEW of											
1		Also at Intersec		Route# Intersecting Roadway/Street Feet N S E W of										
Route# Dire	ction													
[V]vz.i.t.i.	3 1 #0		D.V 1		Landmark									
venicies	3 1 #Occupants		Moped	Case Numbe		2200								
License#	18 1	St MA	DOB/Age		# 583DX8							20	_	
Sex_F Lic.	Class D	Lic. Restrictions	/	ent	Year_2008		lake	P 		Veh (	Config.	2		
Operator ST	OUT	JEANINE First	Middle		er (Same as ope	rator)		First		Mid	ldle		_	
1	BOYLSTON ST				ress								_	
City EAST W	ATERTOWN	State	MA Zip 02472	City	CityStateZip									
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Violatio:	n 1: ChSec	C Violation 2:	ChSec	Driv	er Contributing Co	ode 99	24	24		$\frac{1}{7}$				
		C Violation 4:		Unde	erride/Override	25	Towed				6			
Please Name (Last Fi		ator and all occupa	nts involved  Address		Age/DOB	Sex Pos.	Safety Ai System S	28 29 irbag Airbag status Switch	30 Eject Tra Code Co	31 32 p Injury de \$tatus	Transp. Code	Medical Facili	iity	
Operator	:		See Above	e					0 0	10	1			
Please Select	One —				14 1	5	16	6		7		T		
of the Follow		e# Occupants	Non-Motorist	A Type	Action	Locatio	n	Conditi	ion		Hit/Rur	n <u> </u>	ed	
License#		St	DOB/Age	Reg	Reg Type_				e	Reg State				
Sex Lic.	Class 18 1	Lic. Restrictions	19 CDL		Year	Veh M	lake			Veh (	Config.	20		
Operator	Last	First	Endorsme		er	t		Firet		Mid	Idle		_	
1	Last		Middle		ress					·			_	
City		State	Zip	City					St	ate	_Zip_		_	
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		operator and all o	*			26 Seat	Safety Ai	28 29 irbag Airbag	30 Eject Tra		33 Transp.	Mar In I	:1:-	
Name (Last 1 Operator	/Non-Motorist		Address See Above		Age/DOB	Sex Pos	. System	Status Switc	h Code Co	ode Status	Code	Medical Facil	iity	
1						-	$\rightarrow$		+	_	$\vdash$			



## Crash Narrative:

The operator of MV1 (MA Reg 225YBS - SWEENEY, Marilyn) stated she was at the red light on Centre St.

Southbound, when the light turned green and she proceeded straight across Washington St. She stated she then struck MV2 (MA Reg 1SZR19 - PORDER SCHOCHET, AMI) in the passenger side door. MV2 was traveling

Westbound on Washington St. through the intersection. MV3 (MA Reg 583DX8 - SCOTT, Jeanine) was behind

MV1 on Centre St. and struck MV1 in the rear right side passenger door.

All parties involved exchanged information prior to my arrival on scene and were uninjured. MV1 was the remainder on scene with moderate front end damage and was towed by Todys. SWEENEY reported MV2 and MV3 sustained minor damage. At this time I am unable to get in touch with the other parties involved. SWEENEY stated that she and MV3 had a green light, and was unsure what occurred with MV2.

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	ption of Damag	jed Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				25
Carrier Name						Carrier Issui	ing Authority Cod	e 35
Address			City			St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Ler			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#_		Release code	42