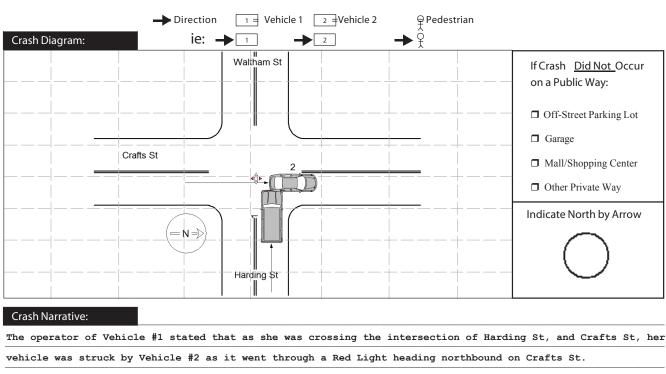
	Poli	ice Use Only		Commonwe	ealth	of Mass	ach	uset	ts		RM	V Docu	ıment Nu	mber	
	Date of Crash 05/16/2022	Time of Crash 14:45 24HR	City/To NEWTON	MIOLO		nicle Cra Report	ash	Numb Vehic 2		ired La	peed Lim atitude _ ongitude		State F Local MBTA Other:	Police Police X Police C	i
			SECTION:	<	LOCA		>		N				CTION	V:	_
	WES	T HARDI	NG ST												2
$egin{pmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc			Roadway/Street		Route# Direct	ion A	ddress #		1	Name of I	Roadway	y/Street		2
_	At NORTH WALTHAM ST					Feet N S E W of or									-
	Route# Direc	etion N	Vame of Intersection	ng Roadway/Street			viole		Mi	le Marke	er		Exit N	umber	-
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street									1
² 1	Route# Direc		Feet NSEW of									3			
3				Landmark											
	Vehicle1	1_#Occupants		_ 1 Cas	se Numbe	r	2	2000410)						4
	License#	18 1	St_N	DOB/Age		HCZ3736							g State NO	20	
	Sex_F Lic.	Class D	Lic. Restriction			Year_2017		h Make	HYUNI	DAI		_Veh C	onfig.	2	
⁴ 3	Operator KEI	Last	ABIGAIL	Middle		Owner (Same as operator) Last First Middle									1
		BERLIN RD (ap		NC 25		ess									
	City RALEIG			ate_NCZip_27605		CityStateZip									
5	1	pany PROGRES	_	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 23 4											
1				oonding to Emergency? N		i bequence 1	2:					\mathcal{I}	10 U	ndercarriag	e
	`	ssued)		2: Ch Sec		Harmful Event r Contributing C		1 24	24	•	. 9		5 11 T	otaled	
⁶ 1	1			4: Ch Sec		rride/Override	25	I	wed N	0	7		6		
			ator and all occu		Onde	That, o verriae		26 Seat Saf		29 Airbag Ej	9 30 31 32 33 ag Eject Trap Injury Transp.				
	Name (Last First Middle) Address Operator See Above					Age/DOB		Pos. \$ys	tem Status	Switch C	ode Code	status (Code Med	ical Facility ONE	1
	1								-	1 0			_		-
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7							17		45			\sqcup			
2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> # Occupan	ts Non-Motorist A	Гуре	Action Action	Loc	eation	16 C	ondition	17	Пн	lit/Run	Moped	L
	License#		St M	A DOB/Age	Reg#	Reg # 2ZSG14 Reg Type PAN						Reg State MA			1
	Sex_M Lic.	Class D 18 1	8 Lic. Restriction	19	_	Veh Year 2008 Veh Make FORD						Veh Config. 1			
⁸ 2	Operator LAI	AZARIAN	LUKE	Endorsment	Owne	Owner (Same as operator)									
	Address 17 VI	LLA ST	_ Addr	Last First Middle Address											
	City WALTH	_ City_	City State Zip												
	Insurance Com	_ Vehic	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)												
	Vehicle Travel	Direction:	S E W Re	sponding to Emergency?N	Event Sequence 22 22 22 22 0 0 10 Undervertise										
		ssued) T1271204	Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 3 24 24 7 6								9			
	Violatio	n 1: Ch <u>^{89/9}</u> Se	Drive												
		n 3: ChSe	Unde	Underride/Override Towed N							_				
	Pl Name (Last Fi		operator and al	occupants involved Address		Age/DOB	Sex	26 Seat Safe Pos. Sy	27 28 ety Airbag stem Status	Airbag Ej Switch C	30 31 Code Code		ransp. Code Me	dical Facility	_
	Operator/	Non-Motorist		See Above				1	4	4 0	0	10	1 NON	ΙE	_
															1



Crash Narrative:												
The operator of Vehicle #1 stated that as she was crossing the intersection of Harding St, and Crafts St, her												
vehicle was struck by Vehicle #2 as it went through a Red Light heading northbound on Crafts St.												
The operator of Vehicle #2 also stated that he went through the red light while travelling northbound on												
Crafts St. I asked him how that happened and he replied by saying, "I stopped for the red light, but then I												
just went".												
Both parties declined medical attention when it was offered.												
W itnesses: Name (Last, First, Middle)		Addres	c					Phone #		Statement		
Name (Last, First, Middle)		Addres						1 Hone #	Statement			
Property Damage:												
Owner (Last, First, Middle)	Owner (Last, First, Middle) Address			Phone # 34-Type C				escription of Damaged Property				
Truck and Bus Information:	Registration #			(Fror	n Vehicle S	Section)						
Carrier Name							(Carrier Issu	ing Authority Cod	e 35		
Address				City				St	Zip			
US DOT #:	State Number			Issuing State		_ICC #:_			_ Interstate	36		
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38										
Trailer Reg #:	Reg Type	Reg	State	Reg Y	ear	Tra	ailer Length	39				
Hazmat Information:			_				- 3					
Placard 40 Material 1 digit :	# 41 Material Na	me			M	aterial 4	digit#		Release code	42		

DECLAN G HEALY			NEWTON POLICE DEPARTM					
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date			