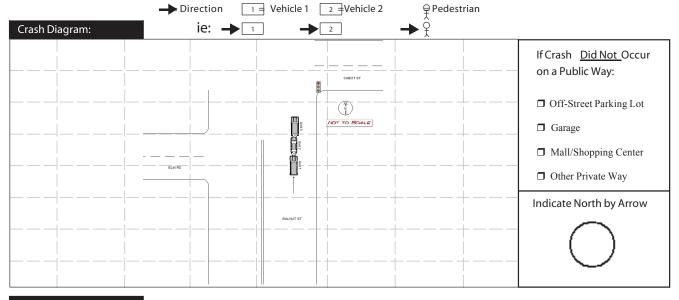
	Poli	ice Use Only		Commonwea	alth d	of Mass	achu	setts	5		RMV	V Docu	ment Nun	ıber	1
	Date of Crash 05/20/2022	Time of Crash 20:19	City/T	MIOTOI		icle Cra	ısh [Number Vehicles			ed Limi itude		State Po	olice Dice Nolice Police	
	337-37-3-2	24HR				Report		3	0		ngitude_		Other:		
		AT INTER	RSECTION:	<	LOCA	ΓΙΟΝ	>		N(T AT	INTI	ERSE	CTION:	:	2
	EAST	ELM RI	D												
$\begin{vmatrix} 1 \\ 4 \end{vmatrix}$	Route# Direc	tion	Name o	f Roadway/Street At		Route# Direction	on Add	ress #		N	ame of F	Roadway	y/Street		2 10
	NOR	TH WALNU	UT ST	A		Feet	N S E	V of		 e Marker		or	Exit Nu		
	Route# Direc	etion N		ng Roadway/Street		Feet [N S E V	W of	IVIII	e Marker			EXIT NUI	mber	1
			Also at Inte	rsection with				_	Rou	te#	Intersec	ting Ro	adway/Stree	et	11
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Route# Direc	tion	Name of Interse	ecting Roadway/Street		Feet	N S E	of of			T.o.	ndmark			2
3	[V]	1 #0		Dyna							Lai	namark			1
	Vehicle1	1_#Occupants		- 1 Case	Number		220	000430							
	License#	18 1	St M	DOB/Age		3740WO				Гуре РА		Reg	State MA	20	
	Sex_M_ Lic.	Class D 16	Lic. Restrictio	- ·	Veh Y	ear_2015						Veh C	onfig. 2		
⁴ 3	Operator NA	Lust	DUNCAN	Middle		NAYLOR Las	st	LAUR	A First		R	Middl	le		1 12
	Address 489 W					SS 489 WALNU	T ST								
	City NEWTO			tate MA Zip 02460	City N	NEWTON							Zip <u>02460</u>		
	Insurance Com	pany COMMER	CE		Vehicle	e Action Prior to		1	21	_		Code: ((Circle Up	to Three)	
5 1	Vehicle Travel	Direction:	S E W Res	ponding to Emergency? N	Event	Sequence 1	22 22	22	22	2	3		4		
	Citation # (If I	·			Most I	Harmful Event	1 23	24	24	1	9		5 11 Tot	dercarriage taled	
6	Violation	1: ChSec	Violatio	n 2: ChSec	Driver	Contributing C	ode 1			8	<u> </u>	Δ	6		
⁶ 1				n 4: ChSec	Under	ride/Override		Towe	d N		0 21	1 22 1			13
	Name (Last Fir		ator and all occi	apants involved Address		Age/DOB	Sex Se	26 27 Safety Safety System	28 Airbag A Status S	29 Sirbag Ejector	0 31 Trap le Code	32 Injury Tr Status C	33 ransp. Code Medic	al Facility	1 1 13
	Operator			See Above				1	4	4 0	0	10	1		
⁷ 3	Please Select C of the Followi	IX Vahicla	2 <u>2</u> #Occupar	Non-Motorist A Ty	rpe 1	14 Action	15 Locat	ion	16 Co	ndition	17	Пн	lit/Run	Moped	
	License#		St ^N	IA DOB/Age	Reg#	8 22 JJ9			Reg	Гуре РА	N	Reg	g State_MA		
	Sex_M_ Lic.	Class D 18 1	Lic. Restrictio		Veh Y	ear_2001	Veh	Make_H	ONDA			Veh C	onfig. 1	20	
8 1	Operator HA	GERTY	DANIEL First	Endorsment	Owner	(Same as ope	rator)		First			Middl			
-	Address 305 V	VALDEN ST (ap	t. 2)	Middle	Addres	ss						Wildu			
	City CAMBRI	IDGE	S	tate MA Zip 02138	City_						State		Zip		
	Insurance Com	Vehicle	e Action Prior to	o Crash	2	21	Damag	ed Area	Code: ((Circle Up	to Three)				
	Vehicle Travel	Event	Sequence 1	22 22	22	22	2	3		4					
	Citation # (If I	Most Harmful Event 1 23 10 Undercarriage 3 11 Totaled Driver Contributing Code 1 24 24 24 9 11 Totaled													
	Violatio														
	Violatio	n 3: ChSe	ec Violati	on 4: ChSec	Under	ride/Override	25	Towed	1_N_	8	7				
	Pl Name (Last Fi		operator and al	l occupants involved Address		Age/DOB		26 27 Safety Sos. System	28 Airbag A n Status	29 Switch Co	0 31 Trap de Code		33 ransp. Code Medi	cal Facility	
		Non-Motorist		See Above				1		4 0	0		1		
	KUN, JULIE		I	ROCKWOOD ST MAICA PLAIN, MA 02130			F 3	1	4	1 0	0	10 1	ı		
															-

Date of Crash 05/20/2022	Time of Crash 20:19 24HR AT INTER	NEWTON		Motor			abii	Numb Vehic			Speed Li Latitude			ocal Police	
	_		1	PAli	ice L	Report		3	'	1-	Longitud			State Police Local Police MBTA Police Other:	: X
	TEL HALLET	(SECTION:			OCAT	_	>	3	0 N		T IN				
									1.	J 1 11			201	20110	_
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			At								•				
Route# Dire	ection N	Name of Intersecti	ng Roadway/Stre	et	— <u> </u> -	Feet	N S I	E W of	M	ile Mark	ter	or	Е	Exit Number	_
Trouten Bire	-		rsection with		-	Feet	N S I	E W of	Ro	ute# _	Inters	ecting I	Roadwa	ay/Street	_
]					-	Feet	N S I	E W of	100	aton	mer	ceting i	coudwe	iy/Bireet	
Route# Dire	ction	Name of Inters	ecting Roadway/S	Street					_		I	andma	rk		_
X Vehicle	3 2_#Occupants	Hit/Run	Море	ed Case N	lumber			22000430)						
License#		St_M			Reg#8	RL637			Re	g Type_	PAN	F	Reg Sta	te MA	
Sex_M Lic.	Class D 18 1	Lic. Restrictio	ns 1 19 CI	DL	Veh Ye	ar_2015	V	eh Make	TOYOT	A		Veh	Config	g. 20	
	ARCHIFRAZIER			dorsment	Owner .	(Same as op	erator)		Fir	st		M	iddle		_
Address 65 H	IIGH ST (apt. A)				Address	3									_
City WALTH		S	tate_MA_Zip_C	02453	City										
Insurance Cor	npany COMMER	RCE			Vehicle	Action Prior			21		aged Ar	ea Code		cle Up to Thr	ree)
Vehicle Trave	l Direction:	S E W Res	ponding to Emer	rgency?_N	Event S	Sequence 1		22 22	22	2		3	4	10 Undercari	rio~-
`	Issued)				Most H	armful Event	1	24	24	1 4	-)	9	O	10 Undercari 11 Totaled	паде
Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 25 Towed N 8 7 6										
	ation 3: ChSecViolation 4: ChSecease fill out for operator and all occupants involved				Underri	de/Override		То		29	30 3 Eject Trap	31 32	33		_
Name (Last Fi	irst Middle)			Address		Age/DOB	Sex	Pos. \$ys	tem Status	Switch	code cod	Catatas	Code	Medical Facil	lity
Operator		65	See HIGH ST (apt A	Above			-	1	4		0 0	10	1		—
BARAHIM, F	RUFAIDA	W	ALTHAM, MA	02453			F	3 1	4	4	0 0	10	1		
Please Select of the Follow	Vehicle	e# Occupai	nts Non-Me	otorist A Type	14	Action	15 Lc	cation	16	onditio	n 1	7	Hit/R	un Mop	ped
License#		St	DOR/Age		Reg#				Re	y Tyne		R	Reg Sta	te	
Sex Lic.	18 1		19	DL	<i>-</i>	ar				, ,, <u> </u>			Config	20	_
Operator		_	Enc	dorsment		L		··· •,							_
Address	Last	First		Middle		S			Fir	st		M	iddle		_
City		S	tateZip_		City						Sta	ite	Zip		_
Insurance Cor	mpany				Vehicle	Action Prior	to Crasl	h	21	Dam	aged Ar	ea Code	e: (Circ	cle Up to Thr	ree)
Vehicle Trave	l Direction: N	S E W	esponding to Eme	ergency?	Event S	Sequence		22 22	22	2		3	4		
Citation # (If	Issued)				Most H	armful Event	2	23		,1	_ }	9	5	10 Undercari 11 Totaled	riage
Violatio	on 1: ChSe	ec Violati	on 2: ChS	Sec	Driver	Contributing (24	24	8		\sum_{7}			
	on 3: ChSe				Underri	de/Override		Tov			20 3	/			
P Name (Last 1	lease fill out for	operator and al	1	olved Address		Age/DOB	Sex	26 Seat Saf Pos. Sy	27 28 ety Airbag stem Statu	29 Airbag Switch	30 3 Eject Trap Code Co	1 32 Injury de Statu			ility
Operator	/Non-Motorist		See	Above											
									+						



Crash Narrative:

Operator of MV1 said he was stopped at the red light and when the light turned green he took his foot off the brake and hit the accelerator. Operator of MV1 said the vehicle in front of him hit it's brake's and he hit the accelerator instead of the brake and struck MV2. Operator of MV2 said he was stopped at the red light and when the light turned green he was struck from behind by MV1 which caused him to strike MV3. Operator of MV3 said he was stopped at the red light and when the light turned green he was struck from behind by MV2. Fallon Medics and Newton Fire responded and evaluated all parties involved. Both occupants inside of MV2 stated they had neck pains but signed a patient refusal. All vehicles were able to drive away from the scene. There was damage done to the front bumper of MV1. There was damage done to the rear bumper, rear driver taillight, and front bumper of MV2. There was damage done to the rear of MV3.

Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Carrier Name					Carrier Iss	suing Authority Coc	le
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42

PATRICK DALY		NEWTON POLICE DEPARTM	05/20/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date