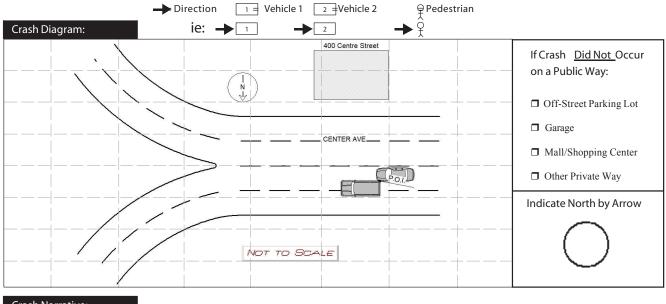
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts	}		RM	V Docu	ment Number	
	Date of Crash 05/24/2022	Time of Crash 17:36 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		red Lat	eed Lim titude _ ngitude		State Police Local Police MBTA Police Other:	X i
			RSECTION:		LOCAT		>		N(CTION:	
1							400		CEN	TRE ST				
1	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street									
	Route# Direc	<u></u>	Name of Intersecting	Doodsvay/Staget		Feet [N S E V	W of	—— Mil	e Marker	• —	or	Exit Number	
	Koute# Direc	tion 1	Also at Inters	, ,		Feet [N S E V	W of	Rou	te#	Intersec	rting Ros	adway/Street	_
2 1			N Clark	Since Development (Character)		Feet	N S E V	W of	rtou	ton	intersec	ing Rot	iaway/Bireet	4
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								\dashv
	XVehicle1	1_#Occupants			Number		220	000443						
	License#	18	St MA	DOB/Age		BC7929				Type_PA			State MA 20	_
4	Sex_M_ Lic.		Lic. Restrictions NATHAN	CDLEndorsment		ear 2001						_ Veh Co	onfig. 1	⁾
⁴	Operator VAI	Last ELMONT STR	First	Middle		(Same as open						Middl	e	_ 1
	City WHITM			e MA Zip 02382	Address									-
		pany COMMER			Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									
5 1	Vehicle Travel	Direction: N	S X W Respo	onding to Emergency? N	Event S	Sequence 1	22 22	22	22	2	3		4	
	Citation # (If I	ssued)			Most E	Iarmful Event [1 23		24	1 👉	9		10 Undercar 5 11 Totaled	rriage
⁶ 1]			2: ChSec		Contributing Co	ode 1		24	0	7		6	
1		Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N Towed N Seat Safety Airbag Airbag Eject Trap Injury Transp. Author Toop Seat Safety Airbag Eject Trap Injury Transp.							
	Name (Last Fir			Address See Above		Age/DOB	Sex Se	os. \$ystem	Status 8	witch Coo	ct Trap de Code	Status C	ode Medical Fac	ility 1
	Орегаю			See Above				0	4	99 0	0	10 1	L	
											+			
⁷ 7	Please Select C of the Followi		e2 1_#Occupants	Non-Motorist A Typ	pe 1	4 Action 1	Locat	tion	16 Co	ndition	17	П	it/Run Mo	ped
	License#		St MA	DOB/Age	Reg # 2ECX23 Reg Type PAN Reg						State MA			
	Sex_M Lic.	Class D 18	Lic. Restrictions			I ENTIC						h Config. 20		
8 4	Operator KERYAN SUREN Endorsment Last First Middle				Owner TAHA GRILL Last First Middle							_		
		HANNING RD				Address 2 WATERTOWN STREET								
	City BELMONT State MA Zip 02478				City WATERTOWN State MA Zip 02472								_	
	Insurance Company ARBELLA Vahiala Travel Direction: N. S. W. Pagnanding to Empression 2 N.					Vehicle Action Prior to Crash 5 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 3 4								ree)
Vehicle Travel Direction: N S W W Responding to Emergency? N Citation # (If Issued)					Most Hampful Front 23								rriage	
	Violatio	Most Harmful Event 1 9 5 11 Totaled Driver Contributing Code 1 24 24												
	Violatio	Underride/Override 25 Towed N 8 7 6												
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB	Sex F		28 Airbag	29 3 Airbag Eje Switch Co	30 31 Trap ode Code		33 cansp. Code Medical Fac	cility
		Non-Motorist		See Above		Age/DOB				99 0	0	10 1		



Crash Narrative:

Operator of MV1 (MA reg BC7929) stated he was traveling EB on Centre Ave across from 400 Centre St when a vehicle in the far left lane attempted to enter his lane. Operator of MV1 stated the other vehicle sped up and upon entering his lane struck the front driver's side panel with the rear passenger side quarter panel.

Operator of MV2 (MA reg 2ECX23) stated he was traveling EB on Centre Ave on the far left lane when attempted to enter in the lane to his immediate right. Operator of MV2 stated he noticed a space to safely enter the lane but when he attempted to enter the operator of MV1 sped up and struck his rear passenger side quarter panel.

Both vehicles had minor damage mostly paint exchange. Both driver's stated they were not injured and did not (Continued on next page)

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

MARK D HAGOPIAN			NEWTON POLICE DEPARTM		05/24/2022
Police Officer Name (Please Print)	Signature	ID/Badge#	Department	Precinct/Barracks	Date

	Direction	1 = Vehicle 1	2 = Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: →□	1 -	2	₽ Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	I .
					☐ Off-Street Park	ing Lot
					☐ Garage	mig Lot
		- + 	_ — — — + -	+	□ Mall/Shopping	Center
					Other Private W	
		 -				
			į	į	Indicate North by	Arrow
Crash Narrative:						
require medical attention	on. Both vehicles	s were safely	able to drive	away from	m the scene.	
W itnesses:		1				-1-
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	1					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #_		(From Vel	nicle Section)		35
Carrier Name					Carrier Issuing Authority C	ode
Address			City		St Zip	
US DOT#:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	
Hazmat Information:	41					42
Placard 40 Material 1 dig	git # Material	Name		_ Material 4 d	digit # Release code	42
MARK D HAGOPIAN			NEWI	ON POLICE DEPARTA	05/24	/2022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)