| | Poli | ice Use Only | | Common | nwealth | of M | assa | chu | setts | 5 | | RM | V Docu | ment Nu | ımber | | |
|-----------------------|---|------------------------|--|-----------------------|------------------|--|-----------|-------|------------------------------------|--------------------------|----------------------------|--------------------------------|--------------------|------------------|------------------------------|------------|--|
| | Date of Crash 05/26/2022 | Time of Crash 15:56 | NEWTON | own M | otor Ve | | | sh | Number Vehicles | Inju | red L | peed Lim | | State Local MBTA | Police Police A Police | XI C | |
| | | 24HR | SECTION: | < | Police | ATION | rt > | | 3 | 0 | | ongitude | | Other CTIO | | | |
| | | ATINIEN | SECTION. | | Loc | AHON | | | | 111 | JI A | 1 11/11 | LINSE | CHO | .1. | - 2 | |
| 1 | WES | | DEIS RD | OB 1 (G) | | - | | | | | | | | (0) | | | |
| 1 | Route# Direc | tion | Name o | f Roadway/Street At | | Route# | Direction | n Ado | iress # | | | Name of I | Roadway | y/Street | | 2 | |
| | NOR | TH 140 BR | ANDEIS RD PA | RKING LOT | | _ | Feet N | SE | W of | | le Marke | • | or | Exit N | Jumber | | |
| | Route# Direc | etion N | | ng Roadway/Street | | - | Feet N | SE | W of | | | | | | | | |
| 2 | | | 71150 at 111to | rsection with | | | Feet N | SE | w of | Rou | ite# | Intersec | cting Ro | adway/Sti | reet | 3 | |
| ² 1 | Route# Direc | tion | Name of Inters | ecting Roadway/Street | t | - | 1 001 | | 61 | | | La | ndmark | | | _ - | |
| 3 | Wohielo1 | #Occupants | ☐ Hit/Rur | Moped | | | | | | | | Lu | ildilidi k | | | 7 | |
| | venicie i | #Occupants | | | Case Numb | er | | 22 | 000455 | | | | | | | 4 | |
| | License# | 18 1 | St N | DOB/Age | | 32TV48 | | | | | Type_P | | Reg | g State M | A 20 | | |
| | Sex_F Lic. | Class D 1 | Lic. Restriction | | Vel | Year_2015 | | Veh | Make_T | OYOT | A | | _Veh C | onfig. | 1 | | |
| 4 1 | Operator KRI | Last | ELIANNA First | Middle | Ow | ner KRUS | | | BENJA | First | | | Midd | le | | 1 | |
| _ | Address 530 C | COMMONWEAL | LTH AVE | | Ad | dress 530 Co | OMMO! | NWEA | LTH AV | E | | | | | | | |
| | City NEWTON State MA Zip 02465 | | | | | City NEWTON State MA Zip 02461 | | | | | | | | | | | |
| | Insurance Com | pany SAFETY II | NSURANCE | | Vel | nicle Action | Prior to | Crash | 4 | 21 | Dama | iged Area | Code: | (Circle U | p to Three | ;) | |
| 5 2 | Vehicle Travel | Direction: N | S E X Res | ponding to Emergence | ey? <u>N</u> Eve | ent Sequence | 10 22 | | 22 | 22 | O | 3 | | 4 | | | |
| | Citation # (If I | ssued) T1447650 | | | Mo | st Harmful I | Event | 10 23 | | | 1 | . \ 9 | $\left\{ \right\}$ | 10 U | Jndercarria Fotaled | ıge | |
| | Violation | 1: Ch_89/8_Sec | Violatio | n 2: ChSec | Dri | ver Contribu | ting Co | | 24 | 24 | | | <u> </u> | | | | |
| ⁶ 1 | Violation | 3: ChSec | Violatio | n 4: ChSec | Un | derride/Over | ride | 25 | Towe | ed Y | 8 | (| | 6 | | | |
| | Please | | ator and all occ | upants involved | ss | Age/ | OOB | Sex P | 26 27 eat Safety os. System | 28 Airbag Status | 29 Airbag E Switch C | 30 31 Ject Trap ode Code | 32 Injury T | 33 ransp. | dical Facility | , 10 | |
| | Operator | or initially | | See Abo | | | | | 1 | 4 | 99 0 | | | 1 | arear r aerrity | 1 | |
| | | | | | | | | | | | | | | | | \neg | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | \vdash | | | | | | 4 | |
| 7 | | | | | | | | | | | | | | | | _ | |
| 3 | Please Select C of the Followi | IX Vehicle | 2 <u>1</u> # Occupa | nts Non-Motori | st A Type | 14 Action | 15 | Loca | tion | 16 Co | ondition | 17 | □⊦ | lit/Run | Море | ed . | |
| | License# | | St_N | IA DOD/A | D | _{5#} 6CJ875 | | | | D | т Р | 'AN | D | - C4-4- M | A | ┥ | |
| | License # St DOB/Age Sex F Lic. Class D 18 Lic. Restrictions I 19 CDL CDL | | | | | A CVID A | | | | | | | | 20 | | | |
| 8 | Operator KA | nent | Veh Year 2019 Veh Make ACURA Veh Config. 1 Owner HONDA LEASE TRU: | | | | | | | | | | | | | | |
| ⁸ 2 | Address 47 SA | Last | VALERIYA | Middle | : | dress 600 K | Last | | | First | | | Midd | le | | | |
| | City NEWTO | | | tate MA Zip 02464 | | | | | | | | Ctata | MA | z: 0104 | 10 | | |
| | Insurance Company HANOVER INSURANCE | | | | | City HOLYOKE State MA Zip 01040 Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three) | | | | | | | | | | | |
| | | | | | | | 22 | | 22 | 22 | 2 | 3 | Coue. | 4 | p to Time | " | |
| | Vehicle Travel | | S E X | esponding to Emergen | - | ent Sequence | 10 | 23 | | | | | \overline{A} | 10 U | Indercarria | ige | |
| | Citation # (If I | · ———— | | • 61 | | st Harmful I | | 10 | 24 | 24 | 1 | - 9 | | 5 11 7 | Totaled | | |
| | l | | | on 2: ChSec | | ver Contribu | Ī | de 1 | | ı N | 8 | V (|) | 6 | | | |
| | Violatio P1 | | | on 4: ChSec | | derride/Over | ride [| | Tower | | 29 Airbag E | 30 31 | 32 | 33 | | _ | |
| | Name (Last Fi | irst Middle) | operator and a | Addre | ess | Age | DOB | Sex 1 | 26 27 eat Safety Pos. System | 28 Airbag m Status | Airbag E Switch C | 30 Trap Code Code | Injury II | ransp. | edical Facilit | .y | |
| | Operator/ | Non-Motorist | | See Abo | ve | | | | 1 | 4 | 99 0 | 0 | 10 | 1 | | _ | |
| | | | | | | | | | | | \perp | | | | | _ | |
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| Date of Crash | Time of Crash | | Commonweal Motor | | i Massa icle Cra | | Number | Number | | RMV I Limit <u>2</u> | | nt Number State Police | | |
|--------------------------------|---|----------------------------|---------------------------|-------------------------------|---|------------|--------------------------------------|---------------------------------------|--------------------|-------------------------|-----------------------------------|---|------|--|
| 05/26/2022 | 15:56 | NEWTON | | | Report | 211 | Vehicles 3 | Injured 0 | Latitu | ide itude | | State Police Local Police MBTA Police Other: | X | |
| | AT INTE | RSECTION: | | OCAT | | > | 3 | - | | | RSECT | | | |
| | 111 11 11 11 | | | | | | | 1,01 | | | | 1011 | | |
| Route# Dire | ction | Name of Roa | idway/Street | R | toute# Direction | n Ado | lress # | | Nam | ne of Roa | adway/St | reet | | |
| At | | | | | Feet NSEW of • or | | | | | | | | | |
| Route# Dire | ection | Name of Intersecting R | padway/Street | L | Feet [| (S E | oi - | Mile M | arker | or | | Exit Number | | |
| Trouten Bire | | Also at Intersect | | - | Feet N | SE | W of | Route# | In | tersectin | a Roadw | ay/Street | _ | |
|] | | Name of Intersecting | | - | Feet | SE | W of | reducen | 111 | iterseetiii | ig itouuw | аульност | | |
| Route# Dire | ction | Landmark | | | | | | | | | | | | |
| X Vehicle 3 | 3 1_#Occupants | s Hit/Run | Moped Case N | lumber | | 220 | 000455 | | | | | | | |
| License# | | | DOB/Age | Reg#5 | 6E130 | | | _Reg Typ | e PAN | | _Reg Sta | ate_MA | _ | |
| Sex_M Lic. | Class D 18 | Lic. Restrictions | 1 CDL | Veh Ye | ar_2017 | Veh | Make_TC | OYOTA | | V | eh Confi | g. 20 | | |
| Operator OR | | ARMANDO | Endorsment | Owner . | PACHECO Las | | | YS CRUZ | | | Middle | | _ | |
| Address 1 M | ETCALF CT (apt | t. 708) | - | Address | 40 (apt. 40) H | AMLET | ST | | | | | | _ | |
| City JAMAIC | City_N | EWTON | | | | | | |) | | | | | |
| Insurance Con | | Action Prior to | | 2 | | amaged | Area Co | | cle Up to Thre | æ) | | | | |
| Vehicle Trave | el Direction: N | S X W Respond | ing to Emergency? N | Event S | Sequence 10 ² | 22 22 23 | 22 | 22 2 | | 3 / | 4 | 10 Undercarri | -io | |
| Citation # (If | · · · · · · · · · · · · · · · · · · · | | | | armful Event | 10 | 24 | 24 | ← | 9 | 5 | 11 Totaled | iage | |
| 1 | n 1: ChSe | Driver Contributing Code 1 | | | | | | | | | | | | |
| | Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved | | | | | | Towed | | 30 | | 32 33 | 3 | _ | |
| Name (Last Fi | irst Middle) | | Address | | Age/DOB | Sex Po | os. System | 28 29 Airbag Airba Status Swite | ii couc | Code Sta | 32 Transp atus Code | Medical Facili | ty | |
| Operator | : | | See Above | | | | 1 | 4 99 | 0 | 0 10 | 0 1 | | — | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Please Select of the Follow | Vehicl | e# Occupants | Non-Motorist A Type | 14 | Action 1 | 5 Locat | tion | Condi | tion | 17 | Hit/R | Run Mop | ed | |
| License# | DOB/Age | Reg# Reg Type Reg State | | | | | | | ate. | | | | | |
| 18 18 19 | | | | Veh Year Veh Make Veh Config. | | | | | | | 20 | _ | | |
| Operator | | First | Endorsment | | Las | | | | | | V: 1 11 | | _ | |
| Last First Middle Address | | | | | Last First Middle Address | | | | | | | | | |
| City | CityStateZip | | | | | | | | | | | | | |
| Insurance Company | | | | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| Vehicle Travel | l Direction: N | S E W Respon | ding to Emergency? | Event S | Sequence 2 | 2 22 | 22 | 22 2 | | 3 | 4 | | | |
| Citation # (If | Issued) | | | Most H | armful Event | 23 | 24] | 1 | ← | 9 | 5 | 10 Undercarri 11 Totaled | ıage | |
| Violatio | on 1: ChS | Sec Violation 2: | ChSec | Driver (| Contributing Co | ode 25 | 24 | 24 8 | | / \ | | | | |
| | | Sec Violation 4: | | Underri | de/Override | | Towed | | 30 | 21 | | | _ | |
| Name (Last F | | r operator and all occ | cupants involved Address | | Age/DOB | | 26 27 eat Safety . Pos. System | 28 29 Airbag Airba Status Swit | g Eject ch Code | Trap Inj | 32 33 ury Transi tatus Code | p. | lity | |
| Operator | /Non-Motorist | | See Above | | | | | | | | | | | |
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