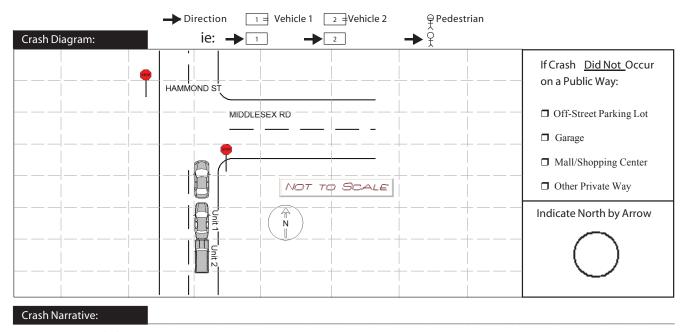
	Poli	ce Use Only		Commonwea	alth d	of Massa	achu	setts	}		RMV	V Docun	nent Number	
	Date of Crash 06/01/2022	Time of Crash 08:23	City/To NEWTON	wn Motor	· Veh	icle Cra	sh	Number Vehicles			ed Limi		State Police Local Police MBTA Police	□ Xi
	06/01/2022	08:23 24HR		Po	lice 1	Report		2	1	1200	ngitude_		MBTA Police Other:	
		AT INTER	RSECTION:	<	LOCA	ΓΙΟΝ	>		NO	T AT	INT	ERSE	CTION:	2
	NOR	ТН НАММ	IOND ST											2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direct			Roadway/Street		Route# Direction	on Ado	lress #		Na	ame of F	Roadway/	'Street	210
1	At WEST MIDDLESEX RD				Feet NSEW of or								$ \frac{2}{}$	
Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Nur							Exit Number	_
	Also at Intersection with					Feet NSEW of  Route# Intersecting Roadway/Street								
<b>2 2</b>						Feet NSEW of Route# Intersecting Roadway/Street								2
	Route# Direction Name of Intersecting Roadway/Street					Landmark								
3	XVehicle1	#Occupants	☐ Moped Case	Number		220	000473							
	T		St M.	A DOD/A	D //	2DX641			р., т	РА	N	D	G MA	-
	License#	18 1	8	19									State MA	-
4	Sex_F_ Lic. (		Lic. Restriction PRISCILLA	CDLEndorsment	Veh Year 2015 Veh Make SUBA Veh Config. 2									13
<sup>4</sup> 2	Operator KW	Last ROOKSIDE RD	First	Middle		(Same as open						Middle		- <b>1</b>
	City NEEDHA			ate MA Zip 02492	Address									-
				iteZip	Downerd Area Codes (Circle He to Three)									
5	1	pany ARBELLA			Vehicle Action Prior to Crash  2 21 Damaged Area Code: (Circle Up to Three)  Event Sequence 1 22 22 22 22 3 4									
1		Direction:		onding to Emergency? N		Sequence 1	23					$\overline{A}$	10 Undercarr	riage
	`	ssued)				Harmful Event	1	24	24	<b>←</b>	9		11 Totaled	
<sup>6</sup> 1	]			2: ChSec	Driver Contributing Code 1 7 6									
1		Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed N							
	Please fill out for operator and all occupants involved  Name (Last First Middle)  Operator  See Above											de Medical Facili	13 <b>1</b>	
								99	4 9	9 0	0	8 2	NWH	
7	Please Select C	) n a		1	1	4 1	5		16		17			_
3	of the Followi		2 1_#Occupan	s Non-Motorist A Ty	ре	Action	Locat	tion	Con	dition	17	Hit	t/Run Mop	ed
	License#		St M.	A DOB/Age	Reg # 487DV8 Reg Type PAN						Reg	Reg State_MA		
	Sex M   Lic. Class   D   18   Lic. Restrictions   1   CDL												20	_
<sup>8</sup> <b>1</b>	Operator MCCARTHY JOHN Endorsment				Owner	Owner MCCARTHY LISA							<i>O</i> -	
1	Address 106 SHRINE RD					Last First Middle Address 106 SHRINE RD								_
	City NORWE		Sta	nte MA Zip 02061		City NORWELL State MA Zip						Zin	-	
	Insurance Company VERMONT MUTUAL				Demograd Area Code: (Circle Lin to Three)								ee)	
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Vehicle Action Prior to Crash  Event Sequence  1 22 22 22 22 22 2 2 3 4								
	Citation # (If Issued)					Most Homeful Front 23								riage
	`	n 1: Ch Se	Most Harmful Event 1 9 5 11 Totaled  Driver Contributing Code 5 24 24											
	Violation		Underride/Override Towed N 8 7 6											
1		ease fill out for	26 27 28 29 30 31 32 33					33						
	Name (Last Fi	rst Middle)		Address		Age/DOB	Sex I	os. Syster	n Status S	witch Co	de Code	Status C	ode Medical Faci	lity
	Operator/	Non-Motorist		See Above			-	99	4 9	9 0	0	10 1		
										$\perp$				



On Wednesday 6/1/2022 at approx 0823hrs, while assigned to N496, I responded to the intersection of Hammond St and Middlesex Rd for a 2 car MVA.

Operator of MV1 states that prior to the accident she was at a stop on Hammond St NB with a car also stopped in front of her. She said that she was struck from behind by MV2. She also said she had neck pain resulting from the collision and was transported by medics to Newton Wellesley Hospital.

Operator of MV2 states that prior to the accident he was on Hammond St NB with MV1 in front him. He said that he came to a complete stop. He said then he took his foot off the break and looked behind him for a moment. When he looked back he collided with MV1. He states that he did not press his gas pedal but perhaps stopped too close to MV1.

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address			Phone :	#	Statement			
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	cription of Damaged Property			
Truck and Bus Information:  Registration #(From Vehicle Section)  Carrier Name Carrier Issuing Authority Code									
Address			City		St	Zip			
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36		
Cargo Body Type Code 37 Gross Vehicle Weight 38 39									
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı					
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Nan	ne		Material 4	digit #	_ Release code	42		

	→ Direction 1	Vehicle 1	2 =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	<b>→</b>	2	₽Ŷ			
			 		I .	f Crash <u>Did Not</u> on a Public Way:	Occur
					d	☐ Off-Street Parking	g Lot
						☐ Garage	
					(	■ Mall/Shopping Co	enter
						Other Private Way	y
			++		- — — Ir	ndicate North by A	rrow
			++		- — — —		
Crash Narrative:							
I observed no fresh dam	age to either MV1	or MV2.					
Witnesses:							
Name (Last, First, Middle)		Address			Pho	ne #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property		
Truck and Bus Information:	Registration #		(From V	ehicle Section)			
Carrier Name				Carrier	_ Carrier Issuing Authority Code 35		
Address			City	St	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	39	
Hazmat Information:							
Placard 40 Material 1 d	igit # 41 Material Na	ame		Material 4	digit #	Release code	42
KEVIN DURICKAS			NEV	WTON POLICE DEPART!		06/01/2	022

ID/Badge #

Department

Precinct/Barracks

Date

Signature

CDP1 11 ·24·00

Police Officer Name (Please Print)