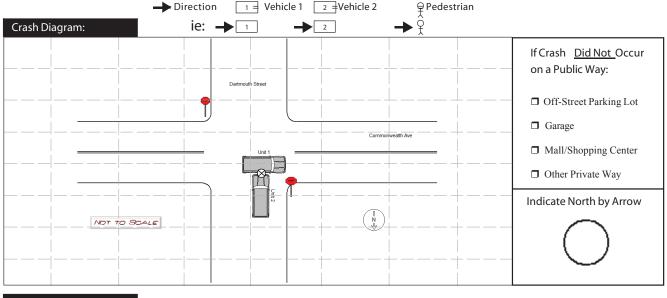
	Poli	ice Use Only		Commo	onwealt	h o	f Mass	acl	huse	etts			RM	V Doc	cumen	ıt Number	
	Date of Crash 06/03/2022	Time of Crash 09:48	NEWTON	Town	Aotor V		icle Cra Report	ash	Nu Ve	mber hicles	Num Inju	ed La	eed Lim titude _ ongitude		S L N	tate Police ocal Police IBTA Police other:	Ä Ä
		AT INTER	L RSECTION:			CAT		>					Γ INT				┪
	20 14/15/01																
1	Route# Direc		Name	of Roadway/Street		— <u>-</u>	Route# Direct	ion	Addres	s #		N	lame of l	Roadw	ay/Stre	eet	-
1	At																2
	Route# Direction Name of Intersecting Roadway/Street						Feet NSEW of or Exit Number									xit Number	_
	Also at Intersection with					Feet NSEW of											
² ₃	1						Route# Intersecting Roadway/Street Feet N S E W of										3
	Route# Direction Name of Intersecting Roadway/Street						Landmark										
3	XVehicle1	2_#Occupants	Hit/Ru	n Moped	Case Nu	Number 22000483										ı	
	License#		St 1	MA DOB/Age												┫.	
	Sex_F Lic. 0	18 1		19		Reg # 1PK624 Reg Type PAN Reg State MA Veh Year Veh Make LEXUS Veh Config. 1											
4	Operator ROS		MAXINE	L Endo	rsment											1	
1	Address 12 FA	Last AIRFAX ST	First	Mid		Owner (Same as operator) Last First Middle Address											
	City NEWTO			State MA Zip 024													
	Insurance Company QUINCY MUTUAL					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										;)	
5	Vehicle Travel	Direction: N	S E X Re	sponding to Emerge	ency? N	Event S	Sequence 1	22	22	22	22	2	•)	4		
1	Citation # (If I	ssued)			1	Most H	Iarmful Event	1	23			1	9	\mathcal{L}) _	10 Undercarria	.ge
	Violation	1: ChSec	e Violatio	on 2: ChSec_		Driver	Contributing (Code	1	24	24					11 Totaled	
⁶ 2	Violation	3: ChSec	e Violatio	on 4: ChSec_	1	Underri	ide/Override		25	Towe	<u>Y</u>	8	7		6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address							T	26 Seat		28 Airbag	29 irbag Eje	30 31 ect Trap	32 Injury	33 Transp.		1
	Operator	st Middle)		See Al			Age/DOB	Sex	Pos.	\$ystem 99	Status \$	4 0	de Code 0	\$tatus 10	Code 1	NONE	†
	BIKOFSKY, CAROL 67 COLBERT RD EAST NUMBER OF THE PROPERTY OF							F	3	99	4	4 0	0	10	1	NONE	
			1	NEWTON, MA 0246	,												
																	\dashv
⁷ 2	Please Select C of the Followi		2 <u>1</u> #Occupa	nnts Non-Moto	orist A Type	14	4 Action	15 I	ocation		16 Co	ndition	17		Hit/Ru	un Mope	d
	License#						Reg # CMX8746 Reg Type PA						AN				
	Sex_M_ Lic. Class C 18 18 Lic. Restrictions 19 CDL					Veh Ye	reh Year 202 Veh Make DODGE Veh Config. 1										
8 1	Operator PEREZ CABAN LUIS JAVIER Endorsment Last First Middle					Owner EAN HOLDNGS LLC Last First Middle											
	Address 235 PHARR RD NE (apt. 1739)					Address 614 COBB PRKY S											
	City ATLANTA State GA Zip 3035					City MARIETTA State GA Zip 30060											
	Insurance Company ENTERPRISE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									9		
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					Event Sequence 1 22 22 22 22 3 4											
	Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec						Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 4 24 24 6 7 6									ge	
	Violatio	:	Underride/Override Towed Y														
	Pl Name (Last Fi		operator and a	ll occupants invol	ved ldress		Age/DOB	Sex	26 Seat Pos.	27 Safety . System	28 Airbag A Status	29 irbag Eje Switch C	30 Trap ode Code	32 Injury Status	33 Transp. Code	Medical Facilit	y
		Non-Motorist		See Al	oove				-			4 0	0	10	1	NONE	
																	\dashv



Crash Narrative:

On Friday June 3rd, 2022 at approximately 0948 hours I responded to a two car motor vehicle accident at the intersection of Commonwealth Avenue and Dartmouth Street. Both streets are owned and maintained by the city of newton. At the time of the accident the weather was rainy and the road surface was wet.

Upon arrival I spoke with the operator of MV1, identified as Maxine Rosenberg. Maxine stated she was operating her 2015 Lexus MA Reg 1PK624. Maxine stated she was traveling westbound on Commonwealth Avenue when MV2 attempted to cross over Dartmouth Street and struck her passenger side. MV1 sustained moderate passenger side damage and a flat tire. MV1 was towed by Todys. Maxine and her passenger Carol Bikofsky stated they were not injured.

I spoke with he operator of MV2, identified as Luis Javier Perez Caban. Luis stated he was operating a rental

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address			Phone #	Statement				
Property Damage:									
Owner (Last, First, Middle)	Phone # 34-Type Desc				ption of Damage				
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				35	
Carrier Name						Carrier Issuin	g Authority Code		
Address			City			St	Zip		
US DOT #:		Issuing State			Interstate	36			
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Lei				
Hazmat Information:									
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 4								42	

_	Direction 1	∃ Vehicle 1 2	2_≢Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 1	→ 2	2	₽Ŷ		
Crasii Diagram:					If Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Co	g Lot
					Indicate North by A	rrow
Crash Narrative:						
car GA reg CMX8746, a 2020	Dodge Journey	owned by EA	N Holdings LI	C. Luis stat	ed he was traveling sou	thbound
on Dartmouth Street and wa	as attempting to	o cross over	Commonwealth	Avenue and d	id not see MV1 until t	he
collision. MV2 had heavy f	front end damage	e and was tow	red by Todys.	Luis reporte	d no injuries. Towed mo	tor
vehicle forms were complete	ted and submitte	ed.				
Witnesses						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•			•	•
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	cription of Damaged Property	
				7,1	- Pro	
Truck and Bus Information:						
	_		(From Ve	ehicle Section)	Corrier Issuing Authority Cod	35
Carrier Name					Carrier Issuing Authority Cod	le
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material N	ame		Material 4 digit	#Release code	42
January Gight		*				
ANDREA M FERGUSON				TON POLICE DEPARTM	06/03/20	
Police Officer Name (Please Print)	Signature		ID/Badge # D	epartment	Precinct/Barracks Date	9