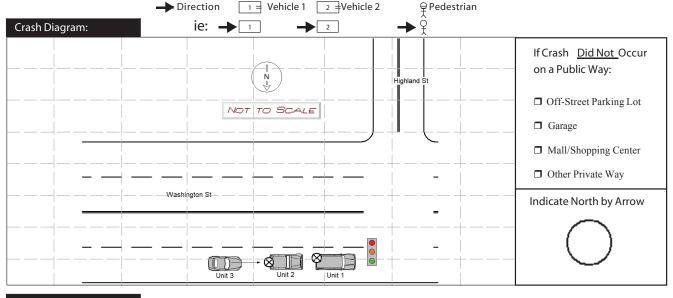
[Poli	ce Use Only		Common	wealth	of Ma	ssac	huse	etts			RM	V Doc	umen	t Number	
	Date of Crash 06/08/2022	Time of Crash 20:05	NEWTON	own Mo	otor Vel Police			Nu Vel	mber hicles	Numb Injure 0	ed Lat	ed Lim itude _ ngitude		St Lo M O	tate Police cocal Police BTA Police ther:	
			RSECTION:	<	LOCA		>					INT		ECT	ION:	_
						N	ORTH	1321		WASI	HINGT	ON ST				
1 1	Route# Direct	tion	Name o	of Roadway/Street		Route# D	rection	Addres	s #		N	ame of l	Roadwa	ay/Stre	eet	
\dashv			Feet NSEW of or													
	Route# Direc	tion 1	Name of Intersect	ing Roadway/Street						Mile	Marker			E	xit Number	_
			Also at Inte	ersection with		100FT F6				Route		GHLA! Intersed			y/Street	\vdash
2 1	Route# Direct	tion	Nama of Intere	ecting Roadway/Street		20FT F6	eet X S	EW	of	NEW	FON P	OLICE 1	DEPA	RTME	NT	_ 2
3	Route# Direct	tion	Name of filters									La	ndmarl	C		-
	XVehicle1	1_#Occupants	s Hit/Rur	Moped	Case Number	r		22000	505							
	License#		St_M		Reg #	71JR32				_Reg T	ype_PA	N	R	eg Stat		
	Sex_M Lic. 0	Class D 18	Lic. Restriction			Year_2015		Veh Ma	ke_LE	KUS			_Veh (Config	2 20	
1	Operator FER		PAUL	A Endorsme	ent Owne	er (Same as	operator	r)		First			Mid	dle		
3	Address 88 GI	LEZEN LN				Owner (Same as operator) Last First Middle Address										
	City WAYLAN	ND	S	tate MA Zip 01778	City							State	:	_Zip_		
	Insurance Com	pany COMME	RCE		Vehic	cle Action Pr	ior to Cra	ash	2 21		Damag	ed Area	Code	(Circ	le Up to Three))
1	Vehicle Travel	Direction: N	S E X Res	sponding to Emergency	?N Even	t Sequence	1 22	22	22	22 2	!	3	$\overline{}$	4		
$\overline{}$	Citation # (If Is	ssued)			Most	Harmful Ev	ent 1	23	•		4	9	$\left \cdot \right $		10 Undercarriag	ge
	Violation	1: ChSe	ec Violatic	on 2: ChSec	Drive	er Contributi	ng Code	1	24	24						
1	Violation	3: ChSe	ec Violatic	on 4: ChSec	Unde	rride/Overri	de	25	Towed			7		6		
	Please f		rator and all occ	upants involved Address		Age/DO	OB Sex	Seat Pos.	27 Safety A System	28 Airbag Ai Status Sw	29 3 rbag Eje ritch Coo	0 31 ct Trap le Code	32 Injury Status	33 Fransp. Code	Medical Facility	1
	Operator			See Above	e				99	4 9	9 0	0	10	1		
																\dashv
⁷ 3	Please Select C of the Followin	I X Vehicle	le2 1_#Occupa	nts Non-Motorist	t A Type	14 Action	15 I	Location	1	6 Con	dition	17		Hit/Ru	ın Mopeo	d
	License # St MA DOB/Age Sex M Lic. Class D 18 18 Lic. Restrictions B CDL					Reg # 9TN717 Reg T					eg Type PAN Reg State N				е МА	_
						Veh Year 2019 Veh Make TOYOTA Veh Config. 2							20			
1	Operator RIT	TNER	SPENCER	Endorsme		er (Same as	operato	r)								
1	Address 53 AF	Last RAPAHOE RD	First	Middle	Addr	ess	Last			First			Mid	ldle		
	City NEWTO	N	S	tate MA Zip 02465	City _							State	:	_Zip_		
	Insurance Company_COMMERCE					Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three))	
	Vehicle Travel Direction: NSEM Responding to Emergency? N					Event Sequence 1 22 22 22 2 3 4										
	Citation # (If Is	tation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage								ge	
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ſ	Plo Name (Last Fir		r operator and a	ll occupants involved		A/D	OR S		27 Safety A	28 Airbag Ai Status S	29 Sirbag Eje	0 31 Ct Trap		33 Transp.	Madical E::	,
ľ		Non-Motorist		See Above		Age/D				4 4		de Code 0	Status 10	Code 1	Medical Facility	
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Date of Crash	Ce Use Only Time of Crash	City/Town	Commonw Mot		icle Cra		Number	Number		Limit 25	St	t Number		
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	AT INTER	SECTION:	<	LOCA		>	3			NTERS			_	
	THE IIVILIA	DECTION.			11011			1101	741 11	(TERS	LCT	10111		
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Route# Direct	tion	Name of Intersecting	ng Roadway/Street				_			Landmar	·k			
XVehicle3	_1_#Occupants	Hit/Run	Moped	Case Number		2200	00505							
License#		St MA	DOB/Age	Reg#	1YZA96			Reg Tyr	e PAN	R	eg Stat	e MA		
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Operator KIN		MATTHEW	Endorsment		r KINSELLA					J				
Address 4 WI	NDERMERE RD	First	Middle	 Addre	4 WINDERM	ERE RD		First		Mi	ddle		_	
City_NEWTO			MA Zip 02466		AUBURNDALE					State_MA	Zip	02466	_	
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Violation	3: ChSec_	Violation 4:	ChSec	Under	ride/Override	25	Tower			7	6			
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of the Followi		# Occupants	Non-Motorist A	Гуре	Action	Locati	on	Condi	ion		Hit/Ru	ın Mop	ed	
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1			2: ChSec	_	Contributing Co	25		8		7	ر 6			
		c Violation 4 operator and all oc	: ChSec	_ Under	ride/Override	2 Sea	Towed 6 27	28 29 Airbag Airba	30	31 32 rap Injury	33			
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Operator/	Non-Motorist		See Above				-		-					
							\perp							
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Crash Narrative:

MV1 and MV2 were traveling WESTBOUND on Washington St when the traffic light turned red and they stopped. MV3 was traveling WESTBOUND behind those vehicles when he looked down at his radio at the same time that they had stopped at the traffic light. Subsequently, MV3 did not stop in time to avoid the collision. MV3 rear-ended MV2 which pushed MV2 forward to hit MV1. MV1 drove away prior to my arrival and did not want to take part in the report as he did not have any damage to his vehicle. MV2 operator still obtained MV1's information because MV2 sustained damage in the front end due to the collision. MV2 sustained damage to its rear-end bumper as well as its front. MV3 sustained damage to its front bumper and hood. No airbags deployed and no injuries reported. No tows were necessary as all vehicles were operable from the scene.

Witnesses:											
Name (Last, First, Middle)		Address				Phone #		Statement			
Property Damage:				,							
Owner (Last, First, Middle)		Phone #	34-Type	Descripti	ion of Damag	ged Property					
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	ele Section)		Carrier Issui	ing Authority Coo	35 le			
Address			City			St	Zip				
US DOT #:	State Number		Issuing State	ICC#:			Interstate	36			
37	s Vehicle Weight	38				39					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Lengt						
Hazmat Information:											
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42			