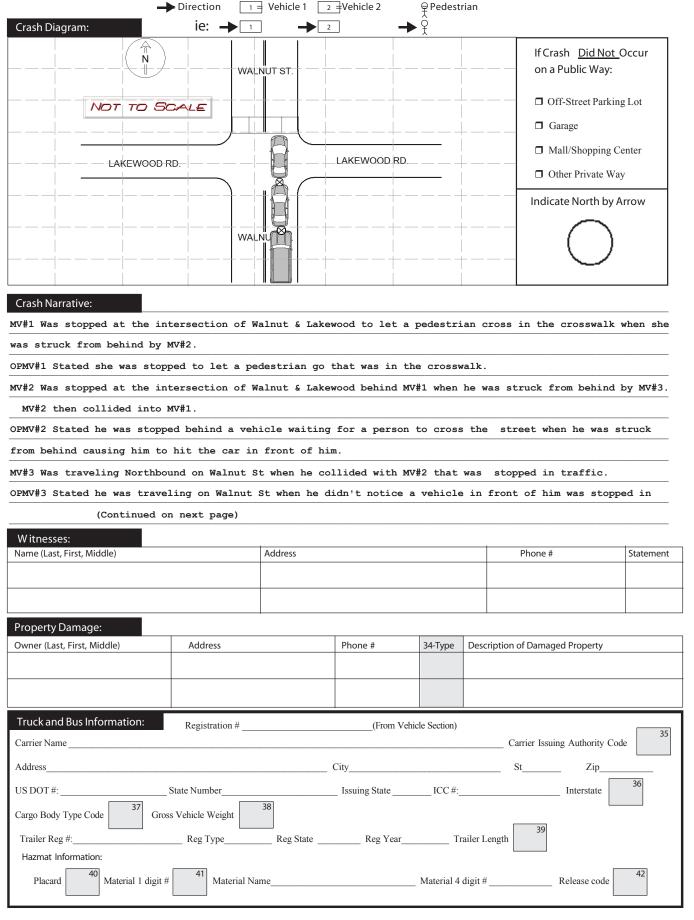
	Poli	ice Use Only		Comm	onweal	lth o	f Mass	sach	iuse	etts			RM	V Doci	ument	Number	
	Date of Crash 06/09/2022	Time of Crash 19:50 24HR	NEWTON	Cown	Motor Poli		icle Cr Report	ash		mber nicles	Number Injured	Lati	ed Limi itude _ ngitude_		Sta Lo MI Ot	ate Police cal Police BTA Police her:	N Xi
			SECTION:			OCAT		>					INT		ECTI	ON:	\neg \vdash
	EAST	Γ LAKEW	VOOD RD														2
1 3	Route# Direc			of Roadway/Street		F	Route# Direc	tion .	Address	s #		Na	ame of I	Roadwa	ıy/Stree	et	$ \begin{vmatrix} - \\ 2 \end{vmatrix}$
<u> </u>	NORTH WALNUT ST						Feet NSEW of or										
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number										
		Feet N S E W of Route# Intersecting Roadway/Street								/Street	-						
2 1	1 Route# Direction Name of Intersecting Roadway/Street						Feet NSEW of										
3	Route# Direc	treet	Landmark														
1	XVehicle1	#Occupants	Hit/Ru	n Mope	d Case N	lumber			220005	509							
	License#		St_ <u>N</u>			Reg#_8	3CR413				_Reg Ty	pe_PA	.N	Re	g State		_
	Sex_F_ Lic.	Class D 18 1	8 Lic. Restriction		DL	Reg # 8CR413 Reg Type PAN Reg State MA Veh Year 2018 Veh Make FORD Veh Config. 1											
4	Operator WII	LIAMS	STEPHANI	E	dorsment	Owner (Same as operator)											- 1
1		HERRY ST (apt.	64)			Last First Middle Address											
	City NEWTO	N		State_MA_Zip_0	2465												
	Insurance Com	pany PROGRES	SIVE DIRECT	INS		Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)											ee)
5 2	Vehicle Travel	Direction:	S E W Re	sponding to Emer	gency?_N	Event Sequence 1 22 22 22 2 3 4											
_	Citation # (If I	ssued)				Most H	Iarmful Event	1	23	•	_ 1	_	9	$\left\{ \right\}$		10 Undercarri 11 Totaled	iage
_	Violation	1: ChSec	e Violatio	on 2: ChSe	ec	Driver	Contributing	Code	1 2	1				<u>\</u>		i i iounea	
⁶ 1	Violation	3: ChSec	Violatio	on 4: ChSe	ec	Underride/Override 25 Towed N 8 7											
	Please t		Age/DOB	Sex	26 Seat Pos.	27 Safety A System	28 Airbag Airb Status Swi	29 30 ag Ejec tch Cod	0 31 Trap e Code	32 Injury Status	33 Fransp. Code	Medical Facili	tv 1				
	Operator	,			Above			-			4 99		0		1		
⁷ 2	Please Select C	IX Vehicle	2 <u>1</u> #Occupa	nts Non-Mo	otorist A Type	e 14	4 Action	15 L	ocation		6 Conc	lition	17		Hit/Rui	n Mop	ed
	MA					Reg # 7VK497 Reg Type PAN Reg State Ma							MA	-			
	License # St VIA DOB/Age Sex_M Lic. Class D 18 18 Lic. Restrictions 1 CDL CDL					Veh Year 2004 Veh Make TOYT Veh Config. 1									-		
⁸ 2	Operator ROMERO DIAZ HECTOR MANUEL Endorsment MANUEL					Owner (Same as operator)											
2	Address 237 WATERTOWN ST (apt. B)					Last First Middle Address										-	
	City NEWTON State MA Zip 02458					City State Zip									-		
	Insurance Company ARBELLA MUTUAL INS					Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)									ee)		
	Vehicle Travel Direction: X S E W Responding to Emergency? N						Event Sequence 1 22 22 22 22 Q 3 4										
	M 4 H 5 L F 4 23										10 Undercarriage						
										24 24							
		Violation 3: ChSecViolation 4: ChSec						Underride/Override 25 Towed Y 8 7 6									
			operator and a	ll occupants inv	olved				_		28 2 Airbag Airt	9 30 pag Ejec	0 31 Trap	32 Injury I	33 Fransp.		
	Name (Last Fi Operator/	rst Middle) Non-Motorist			Address Above		Age/DOB	Sex		System	Status Sw 4 99	itch Co	de Code	Status	Code 1	Medical Facil	lity
	Sparatol/				· •					,,	- 199			10	•		
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										1				1			

Name of Foodway/Street Route# Direction Address # NoT AT INTERSECTION: Not Address # Not Not At Intersecting Readway/Street Not	Date of Crash	ce Use Only Time of Crash	City/Towr	Commony				Number	Number		RMV Doc Limit <u>25</u>	St	t Number ate Police	_
Routed Direction Name of Roadway/Street Alo and Intersecting Roadway/Street Alon Roadway/Stree		19:50	_	1410			l v	ehicles	Injured	Latitud	le	La	ocal Police BTA Police	X
Route Direction Name of Roadway/Street Roadway/Street Feet NS W of Mide Market or Fest Number			CECTION.					3						
Route Direction Name of Intersecting Roadways/Street Also at Intersecting Roadways/Street Also at Intersecting Roadways/Street Feet N E W of Route Intersecting Roadways/Street Earthwesk Feet N E W of Route Intersecting Roadways/Street Earthwesk Feet N E W of Route Intersecting Roadways/Street Earthwesk Feet N E W of Route Intersecting Roadways/Street Earthwesk Feet N E W of Route Intersecting Roadways/Street Earthwesk Feet N E W of Route Intersecting Roadways/Street Earthwesk Feet N E W of Route Intersecting Roadways/Street Earthwesk Feet N E W of Route Intersecting Roadways/Street Earthwesk Feet N E W of Route Intersecting Roadways/Street Inte		ALINIER	SECTION:		LUCA	TION -	/		NOI	AIII	VIEKS.	ECH	ION:	
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Route Direction Name of Intersecting Roudways Street Feet N E N of Teet N	Route# Direct	tion				Route# Direction	on Addr	ess#		Name	of Roadw	ay/Stre	eet	
Route Direction Name of Intersecting Roadway/Street						Feet [SEW	of –	Mile Ma	• _ arker	or	Es	xit Number	_
Feet N E N C	Route# Direc	tion N				Feet N	N S E W	of						
Name of Intercent Result	1		THIS WE HAVE THE	William William		Feet N	NSEW	of	Route#	Inte	ersecting R	Roadway	y/Street	_
License #	Route# Direct	tion	Name of Intersecti	ng Roadway/Street				J			Landmar	·k		
Elections	XVehicle 3	_1_#Occupants	Hit/Run	Moped	Case Number		2200	0509						
Sex M Lic Class D S 18 Lic Restrictions 19 CUL Veh Year 2017 Veh Make HOND Veh Config. 12 Totaled	T. "		_ o. NI						D T	PAN		G	МА	
Secretary Secr		18 19	8	19									20	-
Address 28 CHISWICK RD (apt. 2) Address 28 CHISWICK RD (apt. 2) Address 32 CHISWICK RD (apt. 2) Address 32 CHISWICK RD (apt. 2) Insurance Company ARBELLA MUTUAL INS Vehicle Travel Direction:			_	Endorsment	t		. \					Config.	1	
City BOSTON State MA Zip 02135 City Server Vehicle Action Prior to Crash Insurance Company ARBELLA MUTUAL INS Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Underride Override Please fill out for operator and all occupants involved Address See Above Please fill out for operator and all occupants involved See Above Please fill out for operator and all occupants involved See Above Reg # Reg Type Reg State Veh Year Veh Make Veh Config. Owner City State Zip Owner City State Zip Owner City State Zip Owner City State Zip Damaged Area Code: (Citric Up to Three) Vehicle Travel Direction: N S E W Responding to Emergency? Vehicle Travel Direction: N S E W Responding to Emergency? Vehicle Travel Direction: N S E W Responding to Emergency? Please fill out for operator and all occupants involved Non-Motorist A Type Lice Tase Address City State Zip Owner Vehicle Action Prior to Crash Address City State Zip Damaged Area Code: (Citric Up to Three) Vehicle Travel Direction: N S E W Responding to Emergency? Vehicle Travel Direction: N S E W Responding to Emergency? Please fill out for operator and all occupants involved Most Hammful Event 23 Towner Vehicle Action Prior to Crash Address City State Zip Damaged Area Code: (Citric Up to Three) Vehicle Travel Direction: N S E W Responding to Emergency? Five I Sequence Please fill out for operator and all occupants involved Most Hammful Event 23 Towner Citation # (If Issued) Most Hammful Event 24 Towner Damaged Area Code: (Citric Up to Three) Vehicle Action Prior to Crash See Above Please fill out for operator and all occupants involved Most Hammful Event Agency See Above Agency See Above Please fill out for operator and all occupants involved Most Hammful Event Agency See Above Agency See			First									ddle		_
Insurance Company ARBELLA MUTUAL INS Vehicle Action Prior to Crash 1 2 Damaged Area Code: (Circle Up to Three)				MA 7in 02135								7in		-
Vehicle Travel Direction:	'			Zip				21	_					_
Citation # (If Issued) Most Harmful Event 1 23				iding to Emergency?					²² O		3	4		
Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Please fill out for operator and all occupants involved Name (Last First Middle) Sec Above Please fill out for operator and all occupants involved Name (Last First Middle) Address Age DOB Sec Pow System Status Switch Code Status First Middle) Age DOB Sec Pow System Status Switch Code Status First Middle) Age DOB Sec Pow System Status Switch Code Status First Middle) Age DOB Sec Pow System Status Switch Code Status First First First First Middle) Age DOB Sec Pow System Status Switch Code Status First	_			2 -97'-		2	23							iage
Violation 3: Ch		-		ChSec		L		24 99	24	- /) 5	11 Totaled	
Please fill out for operator and all occupants involved Age/DOB Sex Pos. System Batus Switch Code Code Status Code Code Code Status Code Code Status Code Code Status Code Code Code Status Code Code Status Code Code Code Status Code Co	1					Underride/Override Towed Y 6								
Operator See Above 99 4 99 0 0 10 1					2 Seat			30 Eject T	31 32 rap Injury	Transp.	M 1: 1= ::			
Please Select One of the Following: Vehicle		st Middle)					Sex Pos.	. System					Medical Facil	ity
Non-Motorist A Type														
Non-Motorist A Type														
Non-Motorist A Type														
Non-Motorist A Type	Diagram Call and)		ī		14)	5	1	6		17			
Sex Lic. Class			# Occupants	Non-Motorist A	Type		Location	on	Condit	ion		Hit/Ru	n Mop	ed
Sex Lic. Class	License#	_	St		Reg#				_Reg Typ	e	R	eg State		_
Operator	Sex Lic. 0			CDL	Veh Y							Config.		
Address Address	Operator	Last	First			er	t		First		Mi	ddle		_
Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 22 22 22 22 22 22 22 22 22	1			Milduic										_
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 23 3 4 Citation # (If Issued)	City		City_						State	Zip_		_		
Citation # (If Issued)	Insurance Com	pany	Vehic	venicle Action Prior to Crasn										
Citation # (If Issued) Most Harmful Event 5 11 Totaled 5 11 Totaled	Vehicle Travel	Direction: N	S E W Respo	Even	Event Sequence						1011 1			
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Sex Sex Sex Status Switch Code Code Status Code Medical Facility	Citation # (If Issued)					Most Harmful Event 9 5 11 Totaled								
Violation 3: ChSecViolation 4: ChSecUnderride/Override	Violation	n 1: ChSe	Drive	r Contributing Co		24			$\frac{1}{2}$	١				
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Medical Facility					Unde	rride/Override				1.20	/			
Operator/Non-Motorist See Above			operator and all o	*		Age/DOB		6 27 t Safety 2 s. System	28 29 Airbag Airbag Status Swite	g Eject T ch Code		Transp.	Medical Faci	lity
	Operator/	Non-Motorist		See Above				-						
								+						



•	Direction 1	der de	≥_ = Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 1	→ [2	2	₽Ŷ		
			 		If Crash <u>Did Not C</u> on a Public Way:	Occur
					Off-Street Parking	g I ot
						5 Lot
					Garage	
					☐ Mall/Shopping Co	
					☐ Other Private Way	у
					Indicate North by A	rrow
		+	+	+-		
	_		+		\	
Crash Narrative:		•	•	·		
	e tried to stop	but couldn't	in time bef	ore he collid	ded with the vehicle in :	front of
him.						
MV#2 & MV#3 Was towed by	Tody's Towing.	All parties	signed patie	nt refusals.		
				,		
Witnesses						
Witnesses: Name (Last, First, Middle)		Address			Phone #	Statement
2						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Owner (Last, First, Middle)	Address		THORE #	эттуре Бе	scription of Damaged Froperty	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		25
Carrier Name					Carrier Issuing Authority Cod	le 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 39	
Hazmat Information:			105 1001_	Tranci	- 5···	
Placard 40 Material 1 digi	t# 41 Material N:	ame		Material 4 dioi	t# Release code	42
riatoriai i digi	174torial IV			acorui + digi	Toloase code	
REID LARSON				ALTON BOLLCE DAY :	06/09/20	022
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Date	

CDP1 11 ·24·00