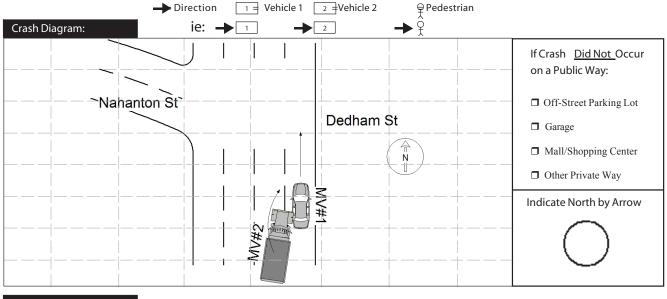
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	isetts	\$		RM	V Docur	ment Number	
	Date of Crash 07/12/2022	Time of Crash 12:17 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		red La	eed Lim titude _ ngitude		State Police Local Police MBTA Police Other:	N N
			RSECTION:		LOCAT		>		N				CTION:	
						NORTH	720)	DED	HAM S	Т			
1 1	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street							2		
					Feet NSEW of or Exit Number								-	
	Route# Direc	ction 1	Name of Intersecting Also at Intersection	3		Feet [N S E	W of					1	
2 1						Feet [N S E	W of	Rot	ite#	Intersec	ting Koa	dway/Street	4
3	Route# Direction Name of Intersecting Roadway/Street				Landmark									
1	XVehicle1	1_#Occupants	Hit/Run	Moped Case	Number		22	2000622						
	License#	18 1	St MA	DOB/Age	Reg#_	4027XG			Reg	Type P	AN	Reg	State MA	
	Sex_F Lic.	Class D	Lic. Restriction			ear_2007		n Make_C	ADIL	AC		_Veh Co		
4 1	Operator WA		ALLISON	STELLA	Owner (Same as operator) Last First Middle								_ 1	
	Address 231 SPIERS RD City NEWTON State MA Zip 02459			Address City StateZip									-	
		ipany STANDAI		Zip <u>02433</u>		e Action Prior to			21				Zip Circle Up to Thr	
5	1	Direction: X		onding to Emergency? N			22 22	22	22	2	3		4	
1		ssued)			Most F	Harmful Event	1 23				9		10 Undercard 5 11 Totaled	riage
6	Violation	1: ChSec	c Violation	2: ChSec	Driver	Contributing Co			24		<u> </u>	<u> </u>	6	
						ide/Override	25	Towe		8	70 21			
	Name (Last Fir		ator and all occup	Address		Age/DOB	Sex I	26 27 Seat Safety Pos. System	Airbag Status	29 Airbag Eje Switch Co	30 31 ect Trap de Code	Janjury Tra Status Co	33 ansp. ode Medical Facil	lity 1
	Operator			See Above				99	4	4 0	0	10 1		
									-					
7									<u> </u>					
1	Please Select C of the Followi	IX Vahicle	2 <u>1</u> #Occupant	s Non-Motorist A Tyj	pe 1	4 Action 1	Loca	ation	16 C	ondition	17	Ні	it/Run Mor	oed
	License# St MA DOB/Age DOB/Age				Reg#	Reg # W79054 Reg Type CON Reg State MA							State MA	_
	Sex M Lic. Class B 18 M 18 Lic. Restrictions 19 CDL					Veh Year 2022 Veh Make FRHT Veh Config. 13								
8 2		Operator NIEZGODA II BRIAN ANTHONY Last First Middle				Owner (Same as operator) Last First Middle								_
	Address 589 ESSEX ST (apt. 302)				Address								-	
	City LYNN State MA Zip 01901				City State Zip								- raa)	
	Insurance Company SAFETY Vehicle Travel Direction: YSEW Responding to Emergency?N					Vehicle Action Prior to Crash Output Damaged Area Code: (Circle Up to Three) Figure Sequence 22 22 22 22 23 3 4								66)
	Citation # (If Issued)				Most Harmful Event 1 23 10 Undercarriage								riage	
	Violation 1: Ch Sec Violation 2: Ch Sec					Driver Contributing Code 19 24 24 5 11 Totaled								
					Sec Underride/Override					6				
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag	29 Airbag Eje Switch C	30 31 Frap		33 ansp. Code Medical Fac	ility
		Non-Motorist		See Above				99	4	4 0	0	10 1		iiity
	1											+		



Crash Narrative:

The operator of MV#1 stated she was travelling northbound on Dedham St in the right side travel lane when she was struck by MV#2 merging from the left travel lane. MV#1 sustained heavy damages to its rear driver's side area. There were no reported injuries to the operator of MV#1.

The operator of MV#2 stated he was travelling northbound on Dedham St in the left side travel lane attempting to merge onto the right side travel lane when he struck MV#1. The operator of MV#2 stated MV#1 was in his blind spot and he did not see it (MV#2 is a large commercial dump truck). MV#2 sustained minor non-visible damages to its passenger side front area. There were no reported injuries to the operator of MV#2.

Witnesses:										
Name (Last, First, Middle)		Address				Phone #	Statement			
Property Damage:										
Owner (Last, First, Middle)		Phone #	34-Type	Desc	cription of Damaged Property					
Truck and Bus Information: Registration #(From Vehicle Section)										
Carrier Name						Carrier Issuing Authority Co	de 35			
Address			City			St Zip				
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer I					
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	‡ Release code	42			

GITA K SETIABUDI	25111	NEWTON POLICE DEPARTM	07/12/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date