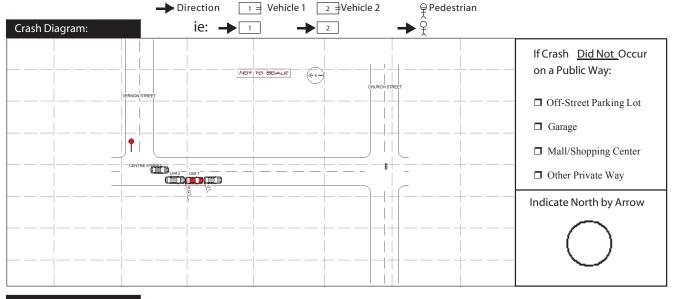
	Poli	ice Use Only		Commonwe	alth o	of Mass	sach	use	etts			RMV	/ Doci	ument	t Number	
	Date of Crash 07/18/2022	Time of Crash 17:53	City/T NEWTON	own Moto	r Veh	icle Cr	ash		mber hicles	Numbe		d Limi		Sta	ate Police ocal Police BTA Police	N X
	07/10/2022	24HR		Po		Report	_	2		0		gitude_		Ot	ther:	
		AT INTER	RSECTION:	<	LOCA	TION	>			NO	AT	INTI	ERSI	ECTI	ION:	
	SOU	TH CENTR	E ST													
1 1	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street						et	_ 2 <sup>1</sup>			
	At  EAST VERNON ST  Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or Freit Number										
						Mile Marker Exit Numb							kit Number	_		
			Also at Inte	ersection with		Route# Intersecting Roadway/Street								- 1		
<b>3</b>	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of									_ 2	
3		4 110				Landmark									$\dashv$	
	Vehicle1	1_#Occupants	Hit/Rur	Moped Cas	e Number			22000	645							_
	License#	18 1	St N	DOB/Age	_ Reg#	3GMR24				Reg Ty	pe_PAI	N	Re	g State	e MA 20	_
	Sex_F Lic. 0	Class D 16 1	Lic. Restriction	ons B CDL	_ Veh Y	ear_2019	V	eh Ma	ke_SU	BARU			Veh C	Config.	1	
<sup>4</sup> 3	Operator SUL	Last	JEFFREY First	Endorsment ALBERT	_ Owner	(Same as op	erator)			First			Mide	dle		- <b>1</b>
	Address 28 PA	ADDOCK WAY			Addre	ess										-  -
	City SUDBUR	RY	S	tate MA Zip 01776	_ City _											
	Insurance Com	pany ARABELL	A		Vehicl	Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)										ee)
5 <b>1</b>	Vehicle Travel	Direction: N	<b>X</b> E W Res	sponding to Emergency? N	Event	Sequence 1		22	22	22 0		3	$\overline{}$	•		
	Citation # (If Is	ssued)			Most	Harmful Event	1	23		1	<b>—</b>	9		l –	10 Undercarri 11 Totaled	iage
6	Violation	1: ChSec	Violatic	n 2: ChSec	Driver Contributing Code 1 24 24 7 6											
<sup>6</sup> 2				n 4: ChSec	Under	Underride/Override Towed N										
	Please 1	fill out for opera st Middle)	Age/DOB Sex Pos. System Status Switch Code Trap Injury Transp. Code Medical Facility							$1^{1}$						
	Operator See Above						-		1 4	4 4	0	0	10	1		
<sup>7</sup> <b>3</b>	Please Select C of the Followin		22 <u>2</u> #Occupa	nts Non-Motorist A T	ype	14 Action	15 Lo	cation	1	6 Cond	ition	17		Hit/Ru	п Мор	ed
	License#		St N	IA DOB/Age	Reg#	Reg # 1YJM99 Reg Type PAN						Reg State MA				
	Sex_F Lic. 0	18 1	8 Lic. Restriction	19	_	Veh Year 2017 Veh Make DODGE Veh Config							20			
<sup>8</sup> <b>1</b>	Operator MA		KIMBERLY	Endorsment	Owner	Owner (Same as operator)										
1	Address 126 H	Last IIGHLAND AV	First E	Middle	Addre	ess	ast			First			Mide	dle		
	City WATERT	CityState Zip														
	Insurance Com	Vehicl	le Action Prior	to Crasl	ı [	1 21	] [	amage	d Area	Code:	(Circl	e Up to Thre	ee)			
	Vehicle Travel	_ Event	Event Sequence 1 22 22 22 22 22 3 4													
	Citation # (If Issued) Most Harm							Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled						iage		
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 24								_	- S II Totaled						
	Violation	n 3: ChSe	Underride/Override 25 Towed N 7 6													
			operator and a	ll occupants involved		4 (7007)		26 Seat	27 Safety A	28 2 irbag Airb	9 30 Eject	31 Trap		33 Fransp.	Madinate "	lite.
	Name (Last Fi	Non-Motorist		See Above		Age/DOB	Sex	Pos.		Status Sw 4 4	tch Cod	e Code 0	Status 10	Code 1	Medical Facil	ity
	POLYNICE, SA	ASHA	I	6 HIGHLAND AVE ATERTOWN, MA 02472			F	3	1 4	4 4	0	0	10	1		
																$\dashv$



## Crash Narrative:

(Continued on next page)

On 07/18/2022, while assigned to N494, I, Officer Conary, responded to Centre Street and Vernon Street for a two car MVA with no injuries. Upon arrival, I spoke with the Operator of MV2 and passenger who explained to me that they were traveling Southbound on Centre Street when an unknown silver sedan was attempting to merge into their lane. Centre Street is a one lane road at this location. MV2 attempted to get the cars attention by honking but they kept moving in. MV2 said they hit MV1 because the traffic had stopped and they could not stop in time. The unknown vehicle continued to drive Southbound on Centre Street. That car did not hit MV1 or MV2.

Operator of MV1 explained to me that they were stopped in traffic on Centre Street when they were hit by MV2.

Due to the impact, MV1 hit a unknown car in front of them. Operator of MV1 stated that car did stop but was

Witnesses:										
Name (Last, First, Middle)		Address				Phone #	Statement			
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	cription of Damaged Property				
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			25			
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			

KRISTINA CONARY			07/18/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 ·24·00					

From Valids Section		→ Direction	1 = Ve	ehicle 1	2 =Vehicle 2	₽ Pedesti	ian		
### Carry Name    Carry Name   Carry Middle   Address   Phone #   Statement	Crash Diagram:	ie: →[	1	→[	2	<b>→</b> ĝ			
Crash Narrative:  not concerned about the minor damage and left the scene. Operator of MVI did not get any information from that driver.  Everyone was offered and declined medical attention. Both vehicles were able to be driven from scene.  Witnesses:  Name (Last, First, Middle)  Address:  Phone 8 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #									Occur
Crash Narrative:  not concerned about the minor damage and left the scene. Operator of MVI did not get any information from that driver.  Everyone was offered and declined medical attention. Both vehicles were able to be driven from scene.  Witnesses:  Name (Last, First, Middle)  Address:  Phone 8 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #								Off-Street Parking	g I ot
Crash Narrative:  That driver.    Content   Co									g Lot
Crash Narrative:  not concerned about the minor damage and left the scene. Operator of MVI did not get any information from that driver.  Everyone was offered and declined medical attention. Both vehicles were able to be driven from scene.  Everyone was offered and declined medical attention. Both vehicles were able to be driven from scene.  Property Damage:  Owner (Last, First, Middle)  Address  Phone # Statement  Property Damage:  Currier Name  Currier Name  Currier Name  Currier Name  Currier Stating Authority Code  Address  City  State Number  Issuing State  Issuing State  Reg Your  Trailer Reg # Reg Type Code  35 Gross Vehicle Weight  36  Trailer Reg # Reg Type  Reg State  Reg Type  Reg State  Reg Your  Trailer Length  Release Code  42  Release Code  42			 						omton
Truck and Bus information:  Carier Name  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus information:  Carrier Name  C					<u> </u>				
Crash Narrative:  not concerned about the minor damage and left the scene. Operator of MVI did not get any information from that driver.  Everyone was offered and declined medical attention. Both vehicles were able to be driven from scene.  Witnesses:  Name (Last, First, Middle)  Address  Phone # Statement  Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and 8us Information:  Carrier Name Carrier Name Carrier Name Carrier State Number State Namber State Number State Namber Name Neg Type Reg State Reg Year Trailer Reg # Reg Type Reg State Reg Year Trailer Length Material I digit # 41 Material Name Material 4 digit # Release code 42  Placent 40 Material I digit # 41 Material Name Material 4 digit # Release code 42									
Truckand Bus Information:  Registration #  Carrier Name  Carrier State  State Number  US DOT #:  State Number  Trailer Reg #  Reg Type  Reg State  Reg Type  Reg State  Reg State  Reg Year  Trailer Length  Material 1 digit #  Material 1 digit #  Material 1 digit #  Material 1 digit #  Material 4 digit #  Release code  42								Indicate North by A	rrow
Truckand Bus Information:  Registration #  Carrier Name  Carrier State  State Number  US DOT #:  State Number  Trailer Reg #  Reg Type  Reg State  Reg Type  Reg State  Reg State  Reg Year  Trailer Length  Material 1 digit #  Material 1 digit #  Material 1 digit #  Material 1 digit #  Material 4 digit #  Release code  42			-						
Truckand Bus Information:  Registration #  Carrier Name  Carrier State  State Number  US DOT #:  State Number  Trailer Reg #  Reg Type  Reg State  Reg Type  Reg State  Reg State  Reg Year  Trailer Length  Material 1 digit #  Material 1 digit #  Material 1 digit #  Material 1 digit #  Material 4 digit #  Release code  42			- 		 				
Truckand Bus Information:  Registration #  Carrier Name  Carrier State  State Number  US DOT #:  State Number  Trailer Reg #  Reg Type  Reg State  Reg Type  Reg State  Reg State  Reg Year  Trailer Length  Material 1 digit #  Material 1 digit #  Material 1 digit #  Material 1 digit #  Material 4 digit #  Release code  42									
Everyone was offered and declined medical attention. Both vehicles were able to be driven from scene.  Witnesses:  Name (Last, First, Middle)  Address  Phone # Statement  Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name  Carrier Name  Carrier Name  Carrier Name  Carrier Name  Carrier Name  Carrier State Number  Issuing State  ICC # Interstate  Trailer Reg # Reg Type  Reg State  Reg Year  Trailer Length  Address  Release code  42	Crash Narrative:								
Witnesses: Name (Last, First, Middle)  Address Phone # Statement  Property Damage: Owner (Last, First, Middle)  Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Carrier Name Carrier Name Carrier Name Carrier Name Carrier State US DOT #: State Number Issuing State ICC #: Interstate  Trailer Reg #: Reg Type Reg State Reg State Reg State Reg State Reg Type Reg Type Reg State Re	not concerned about the	minor damage ar	nd lef	t the sc	ene. Operator	of MV1 di	d not ge	t any information	from
Witnesses: Name (Last, First, Middle)  Address  Phone # Statement  Property Damage: Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Carrier Name	that driver.								
Witnesses: Name (Last, First, Middle)  Address  Phone # Statement  Property Damage: Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Carrier Name									
Witnesses: Name (Last, First, Middle)  Address  Phone # Statement  Property Damage: Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Carrier Name									
Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Registration #	Everyone was offered and	declined media	cal at	tention.	Both vehicle	s were abl	e to be	driven from scene	
Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Registration #									
Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Registration #									
Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Registration #									
Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Registration #									
Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Registration #									
Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name			٨٨	duoso				Dhana #	Ctatamant
Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name	Name (Last, First, Middle)		Ad	aress				Phone #	Statement
Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name									
Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name									
Truck and Bus Information:  Registration #	Property Damage:								
Carrier Name Carrier Issuing Authority Code Address City St Zip	Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	n of Damaged Property	
Carrier Name Carrier Issuing Authority Code Address City St Zip									
Carrier Name Carrier Issuing Authority Code Address City St Zip									
Carrier Name Carrier Issuing Authority Code Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate 36	Truck and Bus Information:	Registration #			(From V	Vehicle Section)			
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 Trailer Length 39  Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42	Carrier Name				-	,	(	Carrier Issuing Authority Coc	35 le
Cargo Body Type Code 37 Gross Vehicle Weight 38 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42	Address_				City			St Zip	
Cargo Body Type Code 37 Gross Vehicle Weight 38  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42	US DOT#:	State Number			Issuing State	ICC#:		Interstate	36
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length  Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42	27								
Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42				Rag State	Rag Vaar	Tr	ailar I anath	39	
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42				TOE STATE _	reg rear	11	unoi Longui		
KRISTINA CONARY NEWTON POLICE DEDAUTA 07/19/2002	40	git # 41 Materia	l Name_			Material 4	digit#	Release code	42
	KRISTINA CONARV				NIT.	SWTON POLICE DEPART		07/19/2	022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)