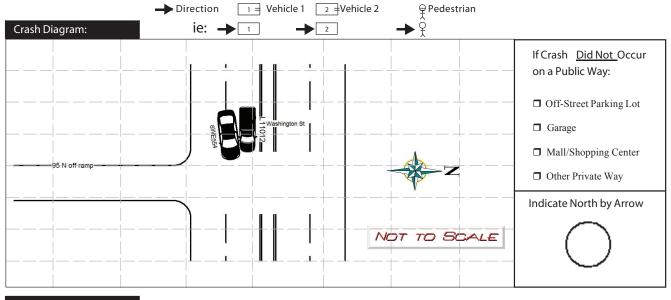
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	isetts	5		RMV	V Docun	nent Number	
	Date of Crash 03/03/2021	Time of Crash 12:31 24HR	NEWTON	1/10101		icle Cra Report	sh [	Number Vehicles 2		d Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	Xi D
			RSECTION:		LOCA		>		NO	Г АТ	INTI	ERSE(	CTION:	
		WASH	INGTON ST											2
1 <b>1</b>	Route# Direc	tion		Roadway/Street		Route# Direction	on Ad	dress #		Na	me of R	Roadway/	Street	2
	At 95 NORTH OFF RAMP					Feet NSEW of • or								_   _
	Route# Direc	etion N		ng Roadway/Street		Fact 5	N S E	W ac	Mile	Marker			Exit Number	_
0			Also at Inter	section with				_	Route	#	Intersec	ting Road	dway/Street	-
<sup>2</sup> <b>1</b>	Route# Direc	tion	Name of Interse	cting Roadway/Street		Feet	N S E	w of				1 1		4
3					Landmark									$\dashv$
	Vehicle1	#Occupants		- 1 Case	Number		21	.00000160	)					4
	License#	18 1	St_M	A DOB/Age									State MA 20	_
	Sex_M Lic.	Class D	Lic. Restriction		-	ear_2016		Make_T	OYT			Veh Co	nfig. 2	
4 1	Operator AN	TONIOLI Last	GREGORY	Middle	Owner	(Same as ope	rator)		First			Middle		- 1
		NAGOG HILL R		MA	Address								-	
	City ACTON			ate MA Zip 01720									Zip Circle Up to Thr	
5	1	npany NGM INS		t N		e Action Prior to	o Crash 22 22	1	22 @		u Alea		4	ee)
		Direction: N		oonding to Emergency? N		Sequence 1	23				$\bigcap$		10 Undercarr	riage
	`	ssued)		2: ChSec		Harmful Event	1	24	24	<b>+</b>	9	<u> </u>	5 11 Totaled	
<sup>6</sup> 1						Contributing Co	ode 1		v 8		7		6	
1	Violation 3: ChSecViolation 4: ChSec  Please fill out for operator and all occupants involved				Underride/Override  Zo Towed Y  Seat Safety Airbag Airbag Eject Trap Injury Transp.  Astronomy Transp. Makin Footbard  Towed Y  Seat Safety Airbag Airbag Eject Trap Injury Transp.									
	Name (Last Fir	rst Middle)		Address See Above		Age/DOB	Sex P	seat Safety os. System	Status Sw	tch Code	Code	Status Co	de Medical Facil	1 1
	Operator			See Above			+	1	4 4	0	0	9 1		
										$\perp$				
3	Please Select ( of the Followi	IX Vehicle	2 <u>1</u> #Occupan	ts Non-Motorist A Ty	уре 1	Action 1	Loca	tion	Con	dition	17	Hit	t/Run Mop	oed
	License # St MA DOB/Age				Reg#	Reg # 6WE554 Reg Type PAN Reg State M						State MA 20	_	
	Sex_F Lic.	Class D	Lic. Restriction		Veh Y	ear_2017	Veh	Make_M	IAZDA			_Veh Co		
8 <b>1</b>	Operator CIRIELLO DEVON  Last First Middle				Owner (Same as operator)  Last First Middle								-	
<u>l</u>	Address 197 WHITEWOOD RD				Address								-	
	City WESTWOOD State MA Zip 02090					CityStateZip								-
	Insurance Company GOVT EMPLOYEE					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								ree)
	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 22 22 22 22 2 3 4 10 Undercarriage								riage
	Citation # (If Issued)					Most Harmful Event 1 24 1 5 11 Totaled								
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 19								
	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					ride/Override		Tower		29   30	)   31	] 32	33	
	Name (Last Fi	irst Middle)	operator and all	Address		Age/DOB	Sex	Pos. Syster		bag Eject	31 Trap de Code	Injury Tra	nsp. ode Medical Faci	ility
	Operator/	Non-Motorist		See Above			-	1	1 4	0	0	9 1		



## Crash Narrative:

On 3/3/2021 at approx 1231hrs while assigned to 497 I responded to a crash in the area of Washington St near the 95 North Off ramp. Upon arrival I found Ma Reg L11012 a black Toyota pickup with extensive front right side damage and Ma Reg 6WE554 a black Mazda Sedan with extensive left side damage and airbag deployment in the center of Washington St. I spoke with the operator of the Mazda, Devon Ciriello who stated she was attempting to change into the left lane of Washington St EB, did not see the pickup colliding with it. I spoke with the operator of the Toyt, Gregory Antonioli who stated he was travelling EB on Washington St when the Mazda turned into his lane. Both signed patient refusals with Fallon Ambulance. Both vehicles towed by Todys.

Witnesses:										
Name (Last, First, Middle)	Address		Phone #	Phone #						
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property				
Truck and Bus Information: Registration #(From Vehicle Section)										
Carrier Name					Carrier Issu	ing Authority Cod	e 35			
Address			City		St	Zip				
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code 37 Gros	s Vehicle Weight	38			39					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı						
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42			

JO A GOURDEAU		NEWTON POLICE DEPARTM	03/03/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date