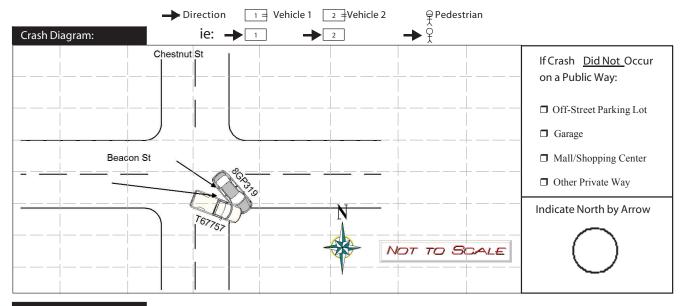
	Pol	ice Use Only		Comn	nonwea	lth o	of Mass	achu	iset	ts	[RMV	/ Doci	umen	t Number		
	Date of Crash 03/22/2021	Time of Crash	City/ NEWTON	Town	Motor	Veh	icle Cra	sh	Numb		mber ured		Limit		St	ate Police ocal Police BTA Police	<u> </u>	
	03/22/2021	24HR			Pol	ice I	Report		2	3	- 1		itude_			BTA Police ther:		
		AT INTER	RSECTION	:	< I	OCAT	ΓΙΟΝ	>		N	OT A	AT I	NTE	ERSE	ECTI	ION:		2
	EAST	г веасс	ON ST														ŀ	_
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	SOU	TH CHEST	NUT ST	At			Feet	N S E	W of			_ •	(or			₋┟	_
	Route# Direc	etion N	Name of Intersec	eting Roadway/Stre	eet			vi al pi		M	ile Mar	ker			Ex	xit Number		
			Also at In	tersection with		-	_	N S E	_	Ro	oute#	In	tersect	ting Ro	oadway	y/Street	-	_
	Route# Direc		Name of Inte	rsecting Roadway/	Straat	[-	Feet	N S E	W of									3
	Route# Direc	tion	Name of fine	secting Roadway/	Street								Lan	ıdmark			⊣	
	XVehicle 1	_1_#Occupants	Hit/Ru	n Mop	ed Case N	Number		21	1000002	204								
	License#		St			Reg#_	8GP319			Re	g Type	PAN		Re	g State		_	
	Sex_M Lic.	Class D 18 1	Lic. Restrict		DL	Veh Ye	ear_2020	Vel	n Make	vw				Veh C	Config	. 20		
	Operator NA	STASTI	ANTHON	Y	ndorsment	Owner	(Same as ope	rator)		Fir				Midd			_	-
	Address 29 CI		First											Mide	110		_	_
	City HOLLIS	TON		State MA Zip	01746	Address									_			
	Insurance Com	npany QUINCY	MUTUAL			Vehicle	e Action Prior to	o Crash	1	21	Dan	naged	Area	Code:	(Circl	e Up to Thr	ee)	
	Vehicle Travel	Direction: N	X E W R	esponding to Eme	ergency? N	Event S	Sequence 1	22 22	22	2 22	0_		0		4			
	Citation # (If I	ssued)				Most H	Harmful Event	1 23					9			10 Undercarr	riage	
	Violation	1: ChSec	c Violat	on 2: ChS	Sec	Driver	Contributing C		1 24	24		_	/ ,		ا	11 Totaled		
	Violation	3: ChSec	c Violat	on 4: ChS	Sec	Underr	ride/Override	25	To	wed Y	8		7		6			
			ator and all oc	cupants involve	d			T I	26 Seat Saf		29 Airbag	30 Eject	31 Trap	31 32 33 rap Injury Fransp.				
	Name (Last Fir		1		Address Above		Age/DOB			stem Status	Switch 4	Code	Code 0	Status	Code 1	Medical Facil	ity	1
									-	3	1							
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	Please Select (of the Followi		2 <u>2</u> #Occup	ants Non-M	Notorist A Type	e 1	4 Action	Loca	ation	16	Conditio	on	17	u,	Hit/Ru	n Mop	ed	
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Sex_M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL				Veh Year 2012 Veh Make FORD Veh Config. 2							20							
	Operator MA	RZANO	TOM First	E1	ndorsment Middle	Owner	MOUTAKES	·	CLA	AUDIA Fir	et			Midd	dle		_	
Address 3 MEADOW LN City WOBURN State MA Zip 01801 Insurance Company UTICA NATIONAL INS Vehicle Travel Direction: N S W W Responding to Emergency? N						Address 28 LANCASTER DR									_			
						City FRAMINGHAM State MA Zip 01701								_				
						Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									ee)			
						Event Sequence 1 22 22 22 22 22 3 4 Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled												
														riage				
Violation 1: ChSec Sec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec							Driver Contributing Code 3 24 24											
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			operator and	all occupants in					26 Z Seat Saf	27 28 fety Airbag	29 Airbag	30 Eject	31 Trap		33 Fransp.		\dashv	
	Name (Last Fi	Non-Motorist		See	Address Above		Age/DOB		Pos. Sy	stem Statu	Switch 4	Code 0	Code 0	Status	Code 1	Medical Faci	lity	
	DEVINCENT,			28 LANCASTER I	OR			M 3	-	1	4	0	0			NWH	-	
	DEVINCENT,	MICHAEL		FRAMINGHAM,	MA 01701			141 3	, 1	4	**	U	U	2	_			



Crash Narrative:

On 3/22/2021 at approx 1134hrs while assigned to 497 I responded to the intersection of a two car crash with unknown injuries. Upon arrival I observed both vehicles, Ma Reg 8GP319 a gray VW Passat and Ma Con Reg T67757 a white Ford F350 work truck interlocked on the southwest corner surrounded by fluids and debris from the crash, all airbags in the Passat were deployed and the front right axle of the F350 appeared to be broken.

Both operators were complaining of minor pain, the passenger of the Ford had cuts and scrapes and was complaining of a possible broken rib. NFD and Fallon ambulance and Todys arrived and attended to the fluids, injured and disabled vehicles. I spoke with a witness, Tony Abbiati who stated he was behind the Passat at the light on Chestnut St SB, he stated they had the green light, the Passat was traveling through when he observed the Ford not stopping for the red light colliding with the Passat forcing into the south east curb

Witnesses:
Name (Last, First, Middle)
Address
ABBIATI , TONY,
ABBIATI , TONY,
Property Damage:

Owner (Last, First, Middle)
Address
Phone # 34-Type Description of Damaged Property

Description of Damaged Property

Description of Damaged Property

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		35
Carrier Name				Carrier Issu	ing Authority Code
Address		City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code 37 Gro	ss Vehicle Weight 38			20	
Trailer Reg #:	Reg Type Reg State _	Reg Year	Trailer Lei	ngth 39	
Hazmat Information:					
Placard 40 Material 1 digit	# 41 Material Name		Material 4 digit #_		Release code 42

JO A GOURDEAU		1	NEWTON POLICE DEPARTM		03/22/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestria	an	
Crash Diagram:	ie: → 1	→ [2	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	_Occur
					Off-Street Parki	ng Lot
					☐ Garage	
					☐ Mall/Shopping	Center
					Other Private W	
					Indicate North by	Arrow
Crash Narrative:						
of the intersection. the o	perator of the	Passat, Antl	hony Nastasti	stated he	was travelling SB on Che	stnut St
through the intersection w	ith the green l	light when s	truck by the	ford. I spo	ke with both the operato	r Thomas
Marzano and the passenger	of the Ford, Mi	chael Devin	cent, both st	ated they d	id not remember what hap	pened.
Nastasti and Marzano both	signed patient	refusals, De	evincent tran	sported to	NWH by Fallon. Both vehi	cles
towed by Todys.						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (Last, First, Middle)		Address			Priorie #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name			(· · · · · · · · · · · · · · · · · · ·	Carrier Issuing Authority Co	ode 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC#:	Interstate	36
37	ss Vehicle Weight	38				
	Reg Type	Rag State	Pag Voor	Troi	ler Length	
Hazmat Information:	reg rype	reg state	Reg rear	1 rai	ici reigiii	
Placard 40 Material 1 digit #	41 Material No	ame		Material 4 di	git # Release code	42
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IO A COLIDDEAL				WTON POLICE DEPARTA	03/22,	/2021
JO A GOURDEAU Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Da	