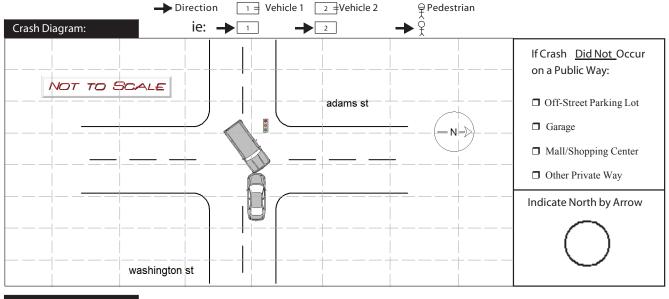
| | Poli | ice Use Only | | Commonwe | ealth (| of Mass | achu | isetts | 5 | | RMY | V Docui | ment Number | |
|-----------------------|---|--------------------------------|--|----------------------------|----------------------------|--|---------|-------------------------------------|--------|--------------|----------------------------|-------------|---|------------|
| | Date of Crash 04/08/2021 | Time of Crash 12:45 24HR | NEWTON | 141010 | | iicle Cra Report | ash [| Number Vehicles 2 | | d Lati | ed Limi tude gitude_ | | State Police Local Police MBTA Police Other: | XI XI |
| | | | RSECTION: | < | LOCA | | > | | NO | ГАТ | INTI | ERSE | CTION: | 2 |
| | sou | TH ADAM | S ST | | | | | | | | | | | 2 |
| 1 1 | Route# Direc | tion | | Roadway/Street | | Route# Directi | ion Ad | dress # | | Na | me of F | Roadway | /Street | |
| | WEST WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | | Feet NSEW of or Mile Marker Exit Number | | | | | | | | _ |
| | | | | | | Mile Marker | | | | | | Exit Number | | |
| 2 | | | | | | | | | | ndway/Street | _ _ | | | |
| 1 | Route# Direction Name of Intersecting Roadway/Street | | | | | Landmark | | | | | | | | 3 |
| 3 | XVehicle1 1 #Occupants ☐ Hit/Run ☐ Moped Case | | | | | | 21 | .00000243 | | | | | | |
| | _ | | St MA | | | 4VY859 | | .00000210 | | PA | N | D | Gran MA | _ |
| | License # Sex_M Lic. 0 | 18 1 | | 19 | _ | ear 2015 | Vale | Maka T | | ype_PA | | | State MA | |
| 4 | Operator MC | | MARC | Endorsment | _ | (Same as ope | | | | | | - | | _ 1 |
| 3 | | ING AVE (apt. | First D) | Middle | | ESS | | | | | | Middle | e | $- \mid 1$ |
| | City WEYMO | | | te MA Zip 02188 | | | | | | | | | Zip | |
| | Insurance Com | | | * | | le Action Prior t | | | | | | | Circle Up to Th | |
| 5 1 | Vehicle Travel | Direction: N | S E X Resp | onding to Emergency?_N_ | Event | Sequence 1 | 22 22 | | 22 € |) | 3 | | 4 | |
| 1 | Citation # (If I | ssued) | | | Most | Harmful Event | 1 23 | | | | 9 | | 10 Undercar 5 11 Totaled | rriage |
| | Violation | 1: ChSec | Violation | 2: ChSec | Driver | Contributing C | Code 1 | 24 | 24 | | VÍ | |) | |
| ⁶ 1 | Violation | 3: ChSec | Violation | 4: ChSec | Under | ride/Override | 25 | Towe | ed Y |) | 7 | | 6 | |
| | Please t | | ator and all occup | oants involved Address | | 26 27 28 29 30 31 32 33 33 34 35 35 35 35 35 | | | | | | lity 1 | | |
| | Operator | | | See Above | | | | 1 | 4 4 | 0 | 0 | 10 1 | NONE | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| ⁷ 2 | Please Select C of the Followi | IX Vehicle | 22 <u>1</u> #Occupant | s Non-Motorist A T | Гуре | 14 Action | 15 Loca | ation | 16 Con | dition | 17 | Пн | it/Run Mo | ped |
| | License# | | St_MA | DOB/Age | Reg# | Reg # 827NZ1 Reg | | | | | Reg Type PAN Reg State MA | | | |
| | Sex_M Lic. | Class D 18 1 | 8 Lic. Restriction | | Veh Y | Veh Year 2005 Veh Make TOYOTA | | | | | Veh Config. 20 | | | |
| ⁸ 2 | Operator KAZIBWE STEPHEN Last First Middle Middle | | | | Owne | Owner (Same as operator) Last First Middle | | | | | | | | _ |
| _ | Address 500 MAIN ST (apt. 2C) | | | | _ Addre | Address | | | | | | | | _ |
| | City WALTH | _ City_ | City State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 22 3 4 Most Harmful Event 1 0 Undercarriage 5 11 Totaled | | | | | | | | | | | |
| | Insurance Com | _ Vehic | | | | | | | | | | | | |
| | Vehicle Travel | _ Event | | | | | | | | | | | | |
| | Citation # (If I | Most | | | | | | | | | | | | |
| | Violatio | Driver | Driver Contributing Code 19 24 24 7 6 | | | | | | | | | | | |
| | | | ec Violation | | Underride/Override Towed Y | | | | | | | | | |
| | Pl Name (Last Fi | | operator and all | occupants involved Address | | Age/DOB | | 26 27 Seat Safety Pos. System | | bag Eject | Trap le Code | | 33 ansp. Code Medical Fac | ility |
| | Operator/ | Non-Motorist | | See Above | | | | 1 | 4 4 | 0 | 0 | 10 1 | NONE | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | + | | | |



Crash Narrative:

ON 4-8-21 AT APPROX. 1245HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT ADAMS AND WASHINGTON ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING W-BOUND ON WASHINGTON ST. HE HAD THE GREEN LIGHT AND WHILE TRAVELING VEHICLE #2 ENTERED HIS LANE STRAIGHT IN FRONT OF HIM AND HE WAS UNABLE TO AVOID HITTING HIM. DRIVER OF VEHICLE #2 STATED HE WAS TRAVELING E-BOUND ON WASHINGTON ST TURNING LEFT ONTO ADAMS ST. DRIVER STATES WHILE TURNING HE WAS HIT IN THE ROAD BY VEHICLE #1.

BOTH CARS HAD EXTENSIVE FRONT END DAMAGE. BOTH PARTIES REPORTED NO INJURIES. VEHICLE #2 WAS TOWED BY PRIVATE TOW (PERFECTION). ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

| Witnesses: | | | | | | | | |
|--|-------------------------------|---------|--------------------|--------------|---------|----------------|------------------|--------|
| Name (Last, First, Middle) | | Address | | | Phone # | Statement | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Property Damage: | • | | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Descr | iption of Dama | ged Property | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vehic | ele Section) | | | | |
| Truck and Bus Information: Carrier Name | | | ` | cle Section) | | Carrier Issu | uing Authority C | ode 35 |
| | | | ` | | | | | |
| Carrier Name | | | City | | | St | Zip | ode |
| Carrier Name Address US DOT #: | State Number | | City | | | St | Zip | ode |
| Carrier Name Address US DOT #: | State Numberss Vehicle Weight | 38 | City Issuing State | ICC#:_ | | St | Zip | ode |
| Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gross | State Numberss Vehicle Weight | 38 | City Issuing State | ICC#:_ | | St | Zip | ode |

| THOMAS P WALSH | | | NEWTON POLICE DEPARTM | | 04/08/2021 |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |