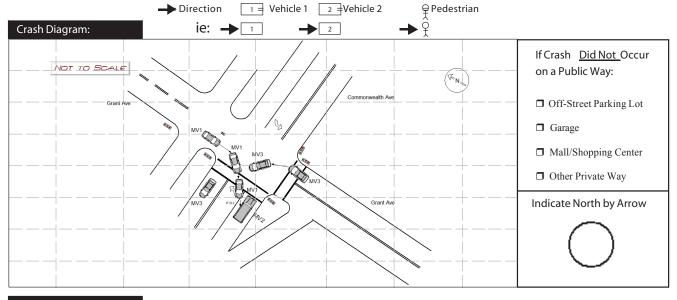
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Date of Crash	ce Use Only Time of Crash		Commonwea Motor			sh N	lumber	Number				State Police	
07/04/2021	19:46 24HR	NEWTON			eport	\	ehicles	Injured 1		ide itude		Local Police MBTA Polic Other:	e 🔟
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Route# Direct	tion	Name of Road	lway/Street	R	oute# Direction	n Addr	ess #		Nam	e of Ro	adway/S	treet	
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of the Followir	Vehicle	e# Occupants	Non-Motorist A Type	e	Action	Location	on	Condit	ion		Hit/	Run Mo	ped
License#	18		DOB/Age	Reg#_				_Reg Typ	e		Reg S	tate	1
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Crash Narrative:

MV1 operator stated he was operating southbound on Grant Ave prior to Commonwealth Ave (both public ways

) and was attempting to travel straight through the intersection. MV1 operator stated MV3 (unknown
white colored mini-van, driven by an unknown elderly white female) was operating northbound before Grant

Ave, attempted to take a left onto Commonwealth Ave westbound. MV1 operator stated MV3 made the turn

suddenly and did not yield the right of way to him, forcing him to swerve to avoid an accident with MV3. MV1

operator said because he had to swerve suddenly, the front end of his MV struck MV2 driver side which was

stopped on Commonwealth Ave eastbound at Grant Ave. MV1 operator said MV3 was not struck and continued

westbound on Commonwealth Ave. MV1 sustained heavy front end damage, and was towed by Tody's. MV1 operator
reported no injuries at this time.

(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	‡	Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			35
Truck and Bus Information:			`	,	Carrier Issu	uing Authority Coo	35 de
			`				
Carrier Name			City		St	Zip	
Carrier Name			City		St	Zip	de
Carrier Name	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip	de
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gros	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip	de
Carrier Name	State Numbers Vehicle WeightReg Type	Reg State	City Issuing State Reg Year	ICC#: Tra	St	Zip Interstate	de

MARK HATFIELD			NEWTON POLICE DEPARTM		07/04/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

_	Direction	1 \equiv Vehicle 1 $\boxed{2}$	≥ =Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: →□	1 - 2	2	₽ Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	_Occur
					Off-Street Parki	ng Lot
					☐ Garage	
					☐ Mall/Shopping	Center
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					☐ Other Private W	ay
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Crash Narrative:						
MV2 operator stated she wa					_	
collaborated with MV1's st						
left at the intersection,			_	<u>_</u>		
attempted to avoid a MVA w	rith MV3, MV2's	driver side	was struck by	MV1. MV2	sustained heavy driver s	ide
damage, and was towed by T						to be
uninjured at this time, M	W2 operator st	ated she stru	ck her head o	on the driv	ver side window and was	
transported to Newton-Well	esley Hospital	for an evalu	ation.			
MV3 was unlocated at this	time. Photos o	of the acciden	t were taken	and forwar	rded to the I.T. Bureau.	
W itnesses:						
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:	Registration #		(From Ve	chicle Section)		35
Carrier Name					Carrier Issuing Authority Co	
Address			City		St Zip	
US DOT#:	State Number		Issuing State	ICC#:	Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				
		D. Chit	D W	T	39	
Trailer Reg #: Hazmat Information:	кед Гуре	Reg State	Keg Year_	Tra	lifer Length	
40	41					42
Placard Material 1 digit	# Material N	Name		Material 4 d	ligit # Release code	
MARK HATFIELD			NEW	TON POLICE DEPARTM	07/04	/2021

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)