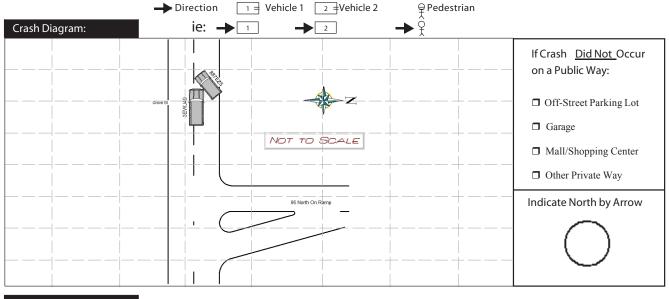
- 1		ice Use Only			onwealt			_							Number	_	
	Date of Crash 07/20/2021	Time of Crash 10:54	City/ NEWTON	Γown	Motor V			sh	Number Vehicles			peed Lin atitude _		- Sta Loo	te Police cal Police BTA Police	X	
		24HR					Report		2	1		ongitude		Otl	her:	_	
		AT INTER	RSECTION	:	< L(OCAT	ION	>		N	OT A	T INT	ERSE	ECTI	ON:		
							WEST			GRO	VE ST	,					
	Route# Direct	tion	Name	of Roadway/Street		Re	oute# Direction	on Ado	lress #			Name of	Roadwa	ay/Stree	et		
┨	At						Feet [N S E	W of			•	or			_	
	Route# Direct	tion N	Name of Intersec	ting Roadway/Stree	et	$ \vdash$				Mi	le Mark	er		Ex	it Number		
			Also at In	tersection with		_ -	Feet]	X S E	W of	Roi	ite#	Interse	ST RD cting Ro	oadway	/Street	_	
						_ -	Feet [N S E V	W of								
_	Route# Direct	hon	Name of Inter	secting Roadway/S	treet							L	andmark				
	XVehicle1	#Occupants	Hit/Ru	n Mope	d Case Nu	ımber		210	0000053	0							
	License#		St 1	MA DOB/Age		Reg# 31	EWJ49			Reg	Type I	'AN	Re	eg State	MA		
	Sex_M Lic. (18 1		19		-	ar 2018	Veh	Make J					Config.	20	_	
\neg	Operator CAR		RYAN	End	orsment		CAREY			ABETH			_ * cir c	Johnig.			
	Address 22 MA	APLE ST	First	N	liddle		22 MAPLE S	T		Firs			Midd	dle		_	
	City AUBURN			State MA Zip 0			EWTON					Stat	e MA	Zin 0	2466	_	
		pany ARBELLA				-	Action Prior to) Crash		21					Up to Thre	ee)	
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	Citation # (If Is		Violeti	on 2: Ch Se			L	ode 1	24	24	1	• <u> </u>	2	5 1	1 Totaled		
							Contributing Code/Override	25		. J N	8			6			
	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved						Underride/Override										
	Name (Last Firs			A	ddress		Age/DOB	Sex Po	s. \$yster					Code	Medical Facili	ity	
	Operator			See .	Above				1	4	4 (0	10	1			
	Please Select O	IX Vahida	2 <u>2</u> #Occup	ents Non-Mo	otorist A Type	14	Action 1	15 Locat	ion	16 C	ondition	17		Hit/Rur	Мор	had	
	of the Followin	ng: Verilcie			TOTISEA Type		Action	Local	.1011		mattion			i iit/ittui	Mop	eu	
	License # St MA DOB/Age					Reg # <u>887EZ5</u>			Reg Type PAN				Reg State MA			_	
	Sex_M_ Lic. C	Class D 10	Lic. Restricti	ons B CD	Llorsment	Veh Year 2009 Veh Make HONDA Veh Config.						2					
	Operator HEL	Last	MICHAEL First			Owner _	(Same as open	rator)		Firs			Mide	dle		_	
	Address 989 E	AST ST (apt. 217	7)		·	Address										_	
	City DEDHAM	М		State MA Zip 0	2026	City						Stat	e	_Zip_		_	
	Insurance Comp	pany COMMER	CE		·	Vehicle	Action Prior to	o Crash	8	21	Dama	aged Are	a Code:	(Circle	Up to Thre	ee)	
Vehicle Travel Direction: NSEN Responding to					rgency?N	ncy? N Event Sequence 1^{22}									3 4		
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarria 5 11 Totaled								iage			
	4	n 1: ChSe	ec Viola	tion 2: ChS	ec	Driver C	Contributing Co		9 24	24			<u> </u>				
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	Violatior Ple	ease fill out for		all occupants invo					26 27 eat Safety	28 Airbag	29 Airbag	30 31 ject Trap	32 Injury I	Transp.			
	Violation Ple Name (Last Fir	ease fill out for		all occupants inve	olved Address Above		Age/DOB		26 27 Safety Sos. Syste	Airbag M Status	29 Airbag Switch	Code Code	Status	Transp. Code	Medical Faci	lity	
	Violation Ple Name (Last Fir	ease fill out for rst Middle) Non-Motorist	operator and a	all occupants inve	Above 17)		Age/DOB			m Status	Switch) 0	10	Code	Medical Faci	lity	



Crash Narrative:

On 7/20/2021 at approx 1054Hrs while assigned to 497 I responded to the area of Grove St and 128 for a report of a two car crash without injuries. Upon arrival i met with Det N Anderson who stated he witnessed Ma Reg 887EZ5 a gray Honda CRV had been pulled to the side attempted to perform a u turn in front of Ma Reg 3EWJ49 a gray Jeep Grand Cherokee causing the collision . i spoke with the operator of the CRV, Michael Helen who stated he realized he had gotten off at the wrong exit on Grove St, pulled over to turn around, did not see the Jeep and pulled out the make a u turn. I spoke with the operator of the Jeep , Ryan Carey who related he was travelling west on Grove St when the CRV pulled out in front of him. Mr Helen arranged for AAA to tow his vehicle to an auto body shop.

Witnesses:									
Name (Last, First, Middle)		Address				Phone #		Statement	
Property Damage:									
Owner (Last, First, Middle)	Owner (Last, First, Middle) Address			34-Type	Descri	ption of Damage	d Property		
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				35	
Carrier Name						Carrier Issuin	g Authority Code		
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	Tra	ailer Lei				
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#_	I	Release code	42	

JO A GOURDEAU		NEWTON POLICE DEPARTM	07/20/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date