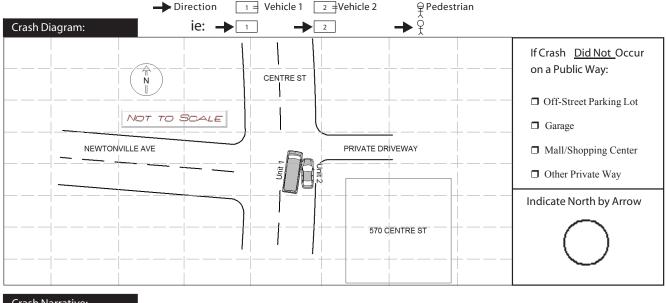
	Poli	ice Use Only		Commonwea	alth o	of Mass	ach	use	tts			RMV	V Docu	ıment	Number	
	Date of Crash 07/22/2021	Time of Crash	NEWTON	MIOTOI		icle Cra Report	ash	Veh	mber	Numbe	Lati	ed Limi tude gitude_		Sta Loc MI	ate Police cal Police BTA Police her:	N N
		24HR AT INTER	SECTION:		LOCA'		>	2		0 NOT		INTI				┥_
		AT INTER	SECTION.			11011				1101	711	11111		2011	011.	— 2
1	Route# NOR			Roadway/Street		Route# Direct	ion A	Adress	. #		Na	me of R	Roadwa	v/Stree	ot .	
1	At NEWTONVILLE AVE				Route# Direction Address # Name of Roadway/Street								_ 2 ¹			
					Feet NSEW of or Exit Number							it Number				
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet NSEW of								_			
² 1					Feet N S E W of Route# Intersecting Roadway/Street									4		
	Route# Direction Name of Intersecting Roadway/Street					Landmark										
3	XVehicle1 1_#Occupants					Number 2100000538										
	License# St MA DOB/Age					Reg # SF8554 Reg Type PAN Reg State MA								┫ .		
		x M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2016 Veh Make GMC Veh Config. 20									
4	Operator FAL		 JACOB	Endorsment	Owner DM STORRS CHIMN										- 1 ¹	
1	Address 28 SA	AVIN RD	First	Middle		263 CENTR	ast			First			Midd	ile		1
	City PLYMOUTH State MA Zip 02360 Insurance Company PLYMOUTH ROCK INS				City FOXBOROUGH State MA Zip 02035									.		
					Vehicle Action Prior to Crash 3 Damaged Area Code: (Circle Up to Three)									e)		
5	Vehicle Travel	Direction:	S E W Resp	onding to Emergency? N	Event	Sequence 1	22	22	22	22 2		<u> </u>		4		
	Citation # (If I	ssued)			Most I	Harmful Event	1 2	2.3	-	_ 1	4	9	$\langle $		0 Undercarri 1 Totaled	age
	Violation	1: ChSec	c Violation	2: ChSec	Driver	Contributing (Code	1 2	4	24	_				Touled	
⁶ 1	Violation	3: ChSec	c Violation	4: ChSec	Under	ride/Override	2	25	Γowed			7		6		
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex Pos. System Islatus Switch Code Code Status Code Medical Facility								$_{y}$ 1^{1}		
	Operator			See Above					99	1 99	0	0	10	1	NONE	
											+		\Box			
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Ty	pe 1	Action	15 Lo	cation	1	6 Cond	ition	17	□·	Hit/Rur	п Море	ed
	License# St MA DOB/Age				Reg # 854WL8 Reg Type PAN Reg State MA						MA	_				
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL				Veh Y	Veh Year 2013 Veh Make INFI Veh Config.							20			
8 1	Operator Linkov Eugene Endorsment Last First Middle				Owner (Same as operator) Last First Middle								-			
_	Address 40 BEACONWOOD RD (apt. 1)				Address											
	City NEWTON State MA Zip 02461											_State		_Zip_		
	Insurance Company GEICO					Vehicle Action Prior to Crash 9 21 Damaged Area Code: (Circle Up to Three)								e)		
	Vehicle Travel Direction: XSEW Responding to Emergency? N				Event Sequence 1 22 22 22 22 3 4											
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								age		
	Violatio	n 1: ChSe	Driver Contributing Code 10 24 24 7 6													
		n 3: ChSe	Underride/Override Towed N								_					
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex		27 Safety A System	28 2 irbag Airb Status Sw	9 30 ag Eject tch Cod	Trap le Code		Transp. Code	Medical Facil	ity
	Operator/	Non-Motorist		See Above					99	1 99	0	0	10	1 1	NONE	
							+									



Crash Narrative:

On Thursday 7/22/2021 at approx 1358hrs, while assigned to N494, I responded to the intersection of Newtonville Ave and Centre St in Newton for a 2 car MVA.

Operator of MV1 states that he was traveling NB on Centre St and activated his right turn blinker to pull into the driveway of 570 Centre St where he was doing chimney work. He said as he began to turn, MV2 attempted to pass him on his right. They collided and MV1 sustained damage to the passenger side of his near the front wheel.

Operator of MV2 states he was traveling NB on Centre St when he observed MV1 in front of him stop near the middle of the intersection at Newtonville Ave and Centre St. He said he thought MV1 was taking a left turn so he attempted to pass him on the right. It should be noted that Centre St at this location has is only one

(Continued on next page)

Address Phone # Statement									
Phone # 34-Type Description of Damaged Property									
(From Vehicle Section) Carrier Issuing Authority Code									
City St Zip									
Issuing State ICC #: Interstate 36									
Cargo Body Type Code 37 Gross Vehicle Weight 38 39									
Reg State Reg Year Trailer Length									
Name Material 4 digit # Release code 42									
Carrier Issuing Authority Code City St Zip Issuing State ICC#: Interstate Reg State Reg Year Trailer Length									

KEVIN DURICKAS 07/22/2021 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

	Direction 1	■ Vehicle 1 2	₂_ ‡ Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 1	→ 2	2	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
		<u>_</u> 			Off-Street Parking	g Lot
		 			☐ Mall/Shopping Co	enter
					☐ Other Private Way	у
					Indicate North by A	rrow
				+- +-		
Crash Narrative:						
lane both waysThere wer	re no injuries d	ue to this ac	cident and n	either was to	owed.	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		· 				
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name					Carrier Issuing Authority Coc	le 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	r Length 39	
Hazmat Information:						
Placard 40 Material 1 digi	t # 41 Material N	ame		Material 4 digi	t# Release code	42
KEVIN DURICKAS			NE	WTON POLICE DEPARTM	07/22/2	021
Police Officer Name (Please Print)	Signature	;		Department	Precinct/Barracks Date	

CDP1 11 ·24·00