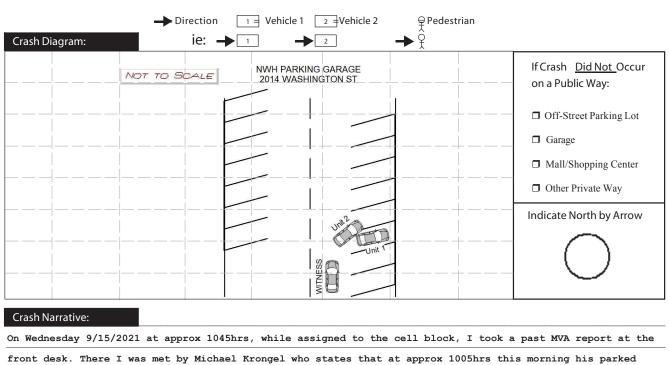
	Poli	ice Use Only		Commonwea	alth o	f Massa	achus	etts			RMV	/ Docu	ment Number	r
	Date of Crash 09/15/2021	Time of Crasl 10:05	NEWTON	MIOTOI		icle Cra Report	\	Number Vehicles	Numbe Injured	Latit	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	e XI
			RSECTION:		LOCAT		>		NOT				CTION:	
						EAST	2014		WASH	NGTO	N ST			
1 97	Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Route# Direction Address# Name of Roadway/Street									
					Feet NSEW of or Exit Number									
					Feet N S E W of									
2 1						Feet 1	N S E W	of	Route#	I	ntersec	ting Roa	ndway/Street	
	Route# Direction Name of Intersecting Roadway/Street				Landmark									
3	XVehicle1	_1_#Occupant	ts Hit/Run	Moped Case	Number 2100000706									
	License#		St M	A DOB/Age	Reg#_1	XJV53			Reg Ty	_{pe} PAN	N	Reg	State MA	
	Sex_M Lic.	18	18 Lic. Restriction	19 CDL	Reg # 1XJV53 Reg Type PAN Reg State MA Veh Year 2021 Veh Make VOLVO Veh Config. 1							D		
4	Operator KR0	ONGEL	MICHAEL	J Endorsment	Owner	(Same as open	rator)		First			Middle	P	_
1	Address 9 LO					s								_
	City NEWTO	N	St	ate_MAZip_02459	City	CityStateZip							_	
	Insurance Company STANDARD FIRE INS				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							hree)		
5		Direction: N	N S X W Resp	oonding to Emergency? N	Event S	Sequence 1	22 22	22	22 2		3		4	
	Citation # (If I	-			Most H	farmful Event	1 23	24	24 1	←	9		10 Underca 5 11 Totaled	~
⁶ 1	1			2: ChSec	Driver	Contributing Co	ode 1	24			\bigvee_{7}	Δ	(
1	Violation 3: ChSec Violation 4: ChSec				Underr	ide/Override		Towed	<u>N</u>	0 30	31	32		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB	Sex Pos	6 27 t Safety A System	28 2 Airbag Airb Status Swit	9 30 ag Eject ch Code	31 Trap Code	32 Injury Tr Status C	ransp. ode Medical Fa	cility	
	Operator			See Above				-		+		10 1	N/A	
7 1	Please Select C of the Followi	I X Vehic	le2 <u>1</u> #Occupan	ts Non-Motorist A Ty	pe 14	4 Action 1	Location		Cond	ition	17	Х	it/Run Mo	oped
	License#		St M		Reg#_1	LZR85			_Reg Ty	pe_PAN	N	Reg	State MA	_]
	Sex_F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment CELINE Operator BREANN WASSON CELINE Last First Middle			Veh Ye	/eh Year 2020 Veh Make FORD			Veh Co	Veh Config. 20					
1				Owner CAB EAST LLC Last First Middle						_				
	Address 11 APPLEBY RD (apt. B2)			Address 2975 BRECKINRIDGE BLVD						_				
	City WELLESLEY State MA Zip 02482				City_DULUTH State GA Zip 30096						_			
	Insurance Company QUINCY MUTUAL FIRE				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)						'hree)			
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$			Event Sequence 2 22 22 22 2 2 2 2 2 2 2 2 2 2 2 2 2						arriage				
	Citation # (If Issued)			Most Harmful Event 2 5 11 Totaled						~				
	Violation 1: ChSec Violation 2: ChSec			Driver Contributing Code 12										
	Violation 3: ChSec Violation 4: ChSec				Underride/Override Towed N									
	Pl Name (Last Fi		or operator and all	occupants involved Address		Age/DOB	Sex Po	6 27 t Safety s s. System	28 2 Airbag Airb Status Swi	9 30 ag Eject tch Cod	Trap e Code		33 cansp. Code Medical F	acility
	Operator/	Non-Motorist		See Above				- 99	4 99	0	0	99 1	N/A	
											+			



On Wednesday 9/15/2021 at approx 1045hrs, while assigned to the cell block, I took a past MVA report at the front desk. There I was met by Michael Krongel who states that at approx 1005hrs this morning his parked vehicle (MA reg1XJV53) was hit by another car at the Newton Wellesley Hospital parking garage. A witness stood by and gave Krongel their info along with a license plate number for the vehicle that struck his. The rear driver side of his vehicle was damaged. The second vehicle came back to a 2020 Ford Fusion MA reg 1LZR85 owned by Breanna Wasson DOB 4/23/1993. See witness statement.

Newton Dispatch was able to find a number for Wasson on record. I called the number and left a message on its voicemail. It it not known at this time if Wasson was operating MV2.

(Continued on next page)

Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
ALEXANDER , KARINE,		107 MONADN NEWTON,MA			Y	
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property
Truck and Bus Information:	Registration#		(From Vehic	cle Section)		35
Carrier Name					Carrier Issu	uing Authority Code
Address			City		St	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate 36
Cargo Body Type Code 37	Gross Vehicle Weight	38			39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	

KEVIN DURICKAS			NEWTON POLICE DEPARTM		09/15/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

_____ Material 4 digit # _____

Release code

Hazmat Information:

Material 1 digit #

Material Name

Placard

Crash Diagram:	ie: → ie: → i i i i i i i i i i i i i		_ ,	♥ Pedestrian		
					If Crash Did Not on a Public Way: Off-Street Parki Garage Mall/Shopping Other Private W Indicate North by	ng Lot Center
Crach Narrativo						
Crash Narrative: Traffic Bureau update (Of:	Figor Condot):	On Thunsday	Contombon 16	2021 T at	tampted to make central	
with the registered owner						
contact me. A "Hit and R						mer co
On Thurday, September 23,						
involved in the crash and			_			
an appointment. Ms. Wasse				<u> </u>		
on her winshield. Ms. Was	sson stated she	contacted Mr	. Krongel to	exchange in	formation but he was n	ot
interested in speaking wi	th her. Ms. Was	son stated s	he contacted h	er insuranc	e company and reported	the
crash to them. Ms. Wasse	on did not provi	de informati	on about any d	lamage to he	er vehicle. Due to Ms.	Wasson
(Continued	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		1				
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property	
Truck and Bus Information:			(From Veh	icle Section)		. 35
Carrier Name					Carrier Issuing Authority Co	ode
Address			City		St Zip	36
US DOT #:	_ State Number	38	_ Issuing State	ICC #:	Interstate	30
Cargo Body Type Code Gro	oss Vehicle Weight	50			20	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 39	
Hazmat Information:	41					427
Placard 40 Material 1 digit	# Material Na	nme		_ Material 4 digit	# Release code	42

-	Direction	∃ Vehicle 1	2 #Vehicle 2	Pedestrian		
Crash Diagram:	ie: 🕕 🛚 1	→ □	2	₽Ŷ		
	·		_	► Ŷ.	If Crash Did Not on a Public Way: Off-Street Parking Garage Mall/Shopping C Other Private Way Indicate North by A	g Lot enter
Crash Narrative:						
admitting fault for the c	rash and reporti	ng the crash	to her ins	urance compan	y, no further action wi	ll be
taken.						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	scription of Damaged Property	
Owner (Last, Frist, Middle)	Address		THORE #	54-Type Des	scription of Damaged Froperty	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name				,	Carrier Issuing Authority Coc	1e 35
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36
37		38	-			
Cargo Body Type Code Gr	oss Vehicle Weight				20	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length 39	
Hazmat Information:						
40	41					42
Placard Material 1 digit	# Material Na	ame		Material 4 digit	# Release code	
KEVIN DURICKAS				VTON POLICE DEPARTM	00 4 5 10	021
Police Officer Name (Please Print)	Signature				09/15/2 Precinct/Barracks Date	
Tonce Officer Name (Flease Fillit)	Signature		1D/Dauge# D	Department	1 recinculations Date	·

CDP1 11 ·24·00