

| Police Use Only  |                                |                     | Commonwealth of Massachusetts  |  |  |  | RMV Document Number  |  |   |  |
|--|--------------------------------|---------------------|--|--|--|--|----------------------|--|---|--|
| Date of Crash<br>09/15/2021  | Time of Crash<br>10:05<br>24HR | City/Town<br>NEWTON | Motor Vehicle Crash<br>Police Report   |  |  | Number Vehicles<br>2   | Number Injured<br>0  | Speed Limit 5<br>Latitude<br>Longitude | State Police<br>Local Police<br>MBTA Police<br>Other: |  |
| AT INTERSECTION:   |                                |                     | < LOCATION >   |  |  |  | NOT AT INTERSECTION: |  |   |  |
| Route# Direction Name of Roadway/Street<br>At  |                                |                     | EAST 2014 WASHINGTON ST<br>Route# Direction Address # Name of Roadway/Street<br>Feet N S E W of Mile Marker Exit Number<br>Feet N S E W of<br>Feet N S E W of Route# Intersecting Roadway/Street<br>Landmark |  |  |  |                      |  |   |  |
| Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with              |                                |                     |  |  |  |  |                      |  |   |  |
| Route# Direction Name of Intersecting Roadway/Street   |                                |                     |  |  |  |  |                      |  |   |  |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants                                     |                                |                     | <input type="checkbox"/> Hit/Run   |  |  | <input type="checkbox"/> Moped   |                      |  | Case Number 2100000706                                |  |
| License # --- St MA DOB/Age ---  |                                |                     | Reg # 1XJV53 Reg Type PAN Reg State MA   |  |  |  |                      |  |   |  |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment                                 |                                |                     | Veh Year 2021 Veh Make VOLVO Veh Config. 1 20  |  |  |  |                      |  |   |  |
| Operator KRONGEL MICHAEL J   |                                |                     | Owner (Same as operator)   |  |  |  |                      |  |   |  |
| Address 9 LORING ST  |                                |                     | Address  |  |  |  |                      |  |   |  |
| City NEWTON State MA Zip 02459   |                                |                     | City State Zip   |  |  |  |                      |  |   |  |
| Insurance Company STANDARD FIRE INS  |                                |                     | Vehicle Action Prior to Crash 11 21  |  |  | Damaged Area Code: (Circle Up to Three)                                    |                      |  |   |  |
| Vehicle Travel Direction: N S X W Responding to Emergency? N                                   |                                |                     | Event Sequence 1 22 22 22 22   |  |  | 2 3 4  |                      |  |   |  |
| Citation # (If Issued) N/A   |                                |                     | Most Harmful Event 1 23  |  |  | 10 Undercarriage 5 11 Totaled  |                      |  |   |  |
| Violation 1: Ch Sec Violation 2: Ch Sec  |                                |                     | Driver Contributing Code 1 24 24   |  |  | 8 7 6  |                      |  |   |  |
| Violation 3: Ch Sec Violation 4: Ch Sec  |                                |                     | Underride/Override 25 Towed N  |  |  |  |                      |  |   |  |
| Please fill out for operator and all occupants involved  |                                |                     | Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility                    |  |  |  |                      |  |   |  |
| Operator   |                                |                     | See Above  |  |  | 10 1 N/A   |                      |  |   |  |
|  |                                |                     |  |  |  |  |                      |  |   |  |
|  |                                |                     |  |  |  |  |                      |  |   |  |
|  |                                |                     |  |  |  |  |                      |  |   |  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants |                                |                     | <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17   |  |  | <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped |                      |  |   |  |
| License # --- St MA DOB/Age ---  |                                |                     | Reg # 1LZR85 Reg Type PAN Reg State MA   |  |  |  |                      |  |   |  |
| Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment                                 |                                |                     | Veh Year 2020 Veh Make FORD Veh Config. 1 20   |  |  |  |                      |  |   |  |
| Operator BREANN WASSON CELINE  |                                |                     | Owner CAB EAST LLC   |  |  |  |                      |  |   |  |
| 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 3 21   |  |  | Damaged Area Code: (Circle Up to Three)                                    |                      |  |   |  |
| Vehicle Travel Direction: N S X W Responding to Emergency? N                                   |                                |                     | Event Sequence 2 22 22 22 22   |  |  | 2 3 4  |                      |  |   |  |
| Citation # (If Issued)   |                                |                     | Most Harmful Event 2 23  |  |  | 10 Undercarriage 5 11 Totaled  |                      |  |   |  |
| Violation 1: Ch Sec Violation 2: Ch Sec  |                                |                     | Driver Contributing Code 12 24 24  |  |  | 8 7 6  |                      |  |   |  |
| Violation 3: Ch Sec Violation 4: Ch Sec  |                                |                     | Underride/Override 25 Towed N  |  |  |  |                      |  |   |  |
| Please fill out for operator and all occupants involved  |                                |                     | Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility                    |  |  |  |                      |  |   |  |
| Operator/Non-Motorist  |                                |                     | See Above  |  |  | 99 4 99 0 0 99 1 N/A   |                      |  |   |  |
|  |                                |                     |  |  |  |  |                      |  |   |  |
|  |                                |                     |  |  |  |  |                      |  |   |  |
|  |                                |                     |  |  |  |  |                      |  |   |  |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

*NOT TO SCALE*

NWH PARKING GARAGE  
2014 WASHINGTON ST

Unit 2  
Unit 1  
WITNESS

If Crash Did Not Occur  
on a Public Way:

☐ Off-Street Parking Lot  
☐ Garage  
☐ Mall/Shopping Center  
☐ Other Private Way

Indicate North by Arrow

**Crash Narrative:**

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 reg 1XJV53) 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 is 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 MONADNOCK RD<br>NEWTON, MA 02467 | -----   | Y         |
|                            |                                      |         |           |

| Property Damage:            |         |         |         |                                 |
|-----------------------------|---------|---------|---------|---------------------------------|
| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|                             |         |         |         |                                 |
|                             |         |         |         |                                 |

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

**Hazmat Information:**

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

KEVIN DURICKAS

NEWTON POLICE DEPART

09/15/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



