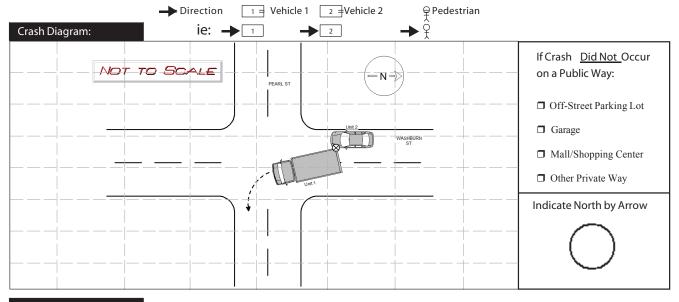
	Poli	ice Use Only		Commonwea	lth o	of Massa	ach	usett	S		RM	V Docu	ment Number	
	Date of Crash 09/15/2021	Time of Crash 09:30 24HR	City/Town	MIOTOI		icle Cra Report	sh	Number Vehicle 2		red La	eed Limititude _		State Police Local Police MBTA Police Other:	XI E
			RSECTION:		OCAT		>		NO	OT A	Γ INTI	ERSE	CTION:	2
	SOU	TH WASHI	BURN ST											2
1	Route# Direct	tion		oadway/Street		Route# Direction	on A	ddress #		N	lame of I	Roadway	//Street	2
	Route# Direction					Feet NSEW of or Exit Number							_	
						Feet NSEW of								
2 1						Route# Intersecting Roadway/Street Feet N S E W of								4
1	Route# Direction Name of Intersecting Roadway/Street					Landmark								
3	XVehicle1	#Occupants	Number		2	10000070	08							
	License#		St MA	DOB/Age	Reg#3	3104615			Reg	Type A	P	Reg	State_IN	_
	Sex_M Lic. 0	Class D 18 1	8 Lic. Restrictions	1 19 CDL	Reg # 3104615 Reg Type AP Reg State IN Veh Year 2019 Veh Make INT Veh Config. 6 20									
4	Operator ME		KENNETH	Endorsment	Owner	RYDER TRU	CK RE	N]	First			Middl	e	- 1
2	Address 16 ES	SEX ST LOWR			Address 11690 NW 105 ST 1E First Middle								_	
	City BROCKTON State MA Zip 02301				City MIAMI State FL Zip 33178									_
5	Insurance Company_AON RISK SVCS					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three) 22 22 22 22 23 4								
1		Direction: N	X E W Respon	nding to Emergency? N		sequence 2	2		22				10 Underca	rriage
	Citation # (If Is	· · · · · · · · · · · · · · · · · · ·		: ChSec		Iarmful Event	2	9 24	24	1 🗲	9		5 11 Totaled	
⁶ 1	1			: Ch Sec		Contributing Contr	2!		ved N	8	7		6	
	Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.									
	Name (Last Fire Operator	st Middle)		Address See Above		Age/DOB	Sex	Pos. \$yste	em Status S	witch Co	de Code 0	\$tatus C	ode Medical Fac	ility 2
	_													
⁷ 2	Please Select C of the Followin		2 <u>0</u> #Occupants	Non-Motorist A Type	e 1	4 Action	15 Loc	cation	16 Co	ndition	17	П н	it/Run	ped
	License#_		St	_DOB/Age	Reg # 7AD355 Reg Type PAN					AN	N Reg State MA			
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Ye	Veh Year 2019 Veh Make KIA Veh Config. 2									
8 1	Operator	Operator Endorsment Last First Middle				Owner NEWTON CITY OF PI Last First Middle							_	
	Address					Address 1321 WASHINGTON ST								
	City					City NEWTON State MA Zip 0240								
	Insurance Company SELF INSURED					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three)								ree)
	Vehicle Travel Direction: N K E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								rriage
		n 1: CnSe n 3: Ch Se	Driver Contributing Code 1 7 6 Underride/Override 25 Towed N 6											
	Ple	ease fill out for		4: ChSec ccupants involved				26 2 Seat Safe	7 28 ty Airbag	29 Eje	30 31 Trap	32 Injury Tr	33 ansp.	
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Sys	tem Status	Switch C	ode Code	Status	Code Medical Fac	cility



Crash Narrative:

On 09/15/2021 I was dispatched to a possible MVA hit and run involving an unmarked Newton Police cruiser.

MV1, a Ryder rental truck, was driving southbound on Washburn St in the area of Pearl St. As MV1 turned left on Pearl St, the rear of the truck swung out, and struck MV2 (the unmarked cruiser) on the front drivers side by the wheel well and bumper. The accident was heard by the officer working the detail, and witnessed by the work crew.

MV1 continued on Pearl St, and turned right on to Peabody St. He was followed by the unmarked unit which did not have emergency lights and sirens. He obeyed all traffic laws, until he was pulled over by a marked police unit. Operator of MV1 stated he did not realize the truck had struck any vehicles on Washburn St.

MV1 had minor damage to the passenger side rear. MV2 had damage to the front drivers side and bumper. Both

(Continued on next page)

Witnesses:										
Name (Last, First, Middle)		Address		Phone	Phone #					
CLAFLIN , JOHN,		1321 WASHIN NEWTON,MA								
Property Damage:										
Owner (Last, First, Middle)	Phone # 34-Type De			Description of Dam	escription of Damaged Property					
Truck and Bus Information: Registration # (From Vehicle Section)										
Carrier Name Carrier Issuing Authority Code										
Address			City		St	Zip				
US DOT #:			_ Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38			39					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length					
Hazmat Information:						_				
Placard 40 Material 1 digit	# 41 Material Nar	me	e Material 4 digit # Release code							

_	Direction	ı	2 = Vehicle 2	₹ Pedestr	ian		
Crash Diagram:	ie: →	→	2	₽Ŷ			
	_			→ Ŷ.	If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping C Other Private Wa Indicate North by A	g Lot enter	
	driven from the	scene No ir	niuries occur	red It an	pears the operator of MV1	would	
				rea. re ap	pears the operator or MVI	would	
not have known the accider	nt occurred unt	il he was pul	lled over.				
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	Statement	
Property Damage:			T				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property		
Truck and Bus Information:	Registration #		(From V	ehicle Section)			
Carrier Name			(11011)	,	Carrier Issuing Authority Code 35		
Address			City		St Zip		
US DOT #:	State Number		Issuing State	ICC#:	Interstate	36	
27		38					
Cargo Body Type Code Gro	oss Vehicle Weight						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39		
Hazmat Information:							
40	41					42	
Placard Material 1 digit	# Material N	Name		Material 4 o	digit # Release code		
DANIEL RICHARD POUTAS			NEX	WTON POLICE DEPARTM	09/15/2	0021	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)