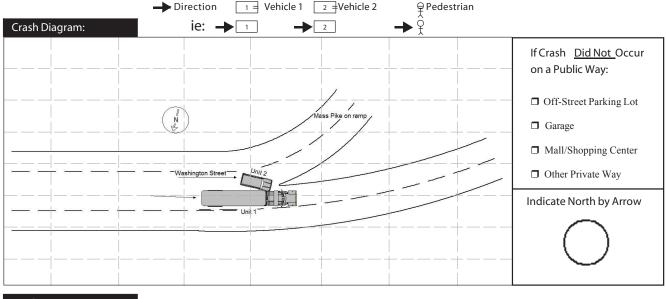
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	Date of Crash 10/23/2021	Time of Crash 11:35	City/ NEWTON	Town			icle Cra	sh	Numl Vehic			Latitu	l Limit ide			tate Police ocal Police IBTA Police	X
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	Route# Direct	tion	Name of Inter	rsecting Roadway	y/Street								Lan	ıdmark			_
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	-	pany ACE AMER		StateZIF	,		e Action Prior to	Crack		21						ele Up to Thr	ee)
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	Name (Last Firs		itor and all oc	cupants involv	Address		Age/DOB	Sex	26 Seat Sat Pos. Sys	27 28 ety Airbag tem Status	29 Airbag Switch	30 Eject Code	Trap Code	32 Injury Status	33 Fransp. Code	Medical Facili	ity
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4	of the Followir		2 <u>3</u> # Occup	ants Non-	Motorist A Typ	e T	Action	Loc	ation	10	Conditio	on	17		Hit/Ru	un Mop	oed
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99	Operator VAN		□ MICHAEL	I	Endorsment		RICHARDSC		BEC							,	
99	9 Cherator Last First Middle Address 737 NORTHWAY RD						Address 1434 (apt. 25) MAIN ST										_
		City WATERFORD State ME Zip 04088					City OXFORD State ME Zip 17220									_	
	Insurance Company MMG INS Vehicle Travel Direction: N K E W Responding to Emergency? N Citation # (If Issued)					-	e Action Prior to	Crach	_	21	Daı	naged			_ ^ .	ele Up to Thr	ee)
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,	VANWORTHE	E, BRANDY	1	WATERFORD, N	ME 04088			F 3	3 1	4	4	0	0	10	1		
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Crash Narrative:

The operator of MV#1 states that he was traveling south on Washington St directly behind MV#2 in the middle lane approaching the Mass Pike off ramp. According to operator #1, MV#2 veered to the left at the island and then without warning turned to the right crashing into MV#1. Very minor damage to drivers side tire on MV#1. The operator of MV#2 states he was traveling south on Washington St in the middle travel lane and at the island used his directional to turn into the right hand lane when crash occurred with MV#1. Damage to front quarter on passengers side and MV was towed by Todys at owners request.

The operator of MV#2 provided MA Reg. 7ZP982 as a witness. MV did not match description and owner stated to me when contacted that he did not witness a crash in Newton today. No injuries and no citations issued.

Witnesses:								
Name (Last, First, Middle)	Address			Phone #	Statement			
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	Desci	ription of Damaged P			
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				35
Carrier Name						Carrier Issuing A	Authority Code	
Address			City			St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_		In	nterstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer L			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#	Rel	ease code	42

GEORGE M CLAFLIN		NEWTON POLICE DEPARTA	10/23/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date