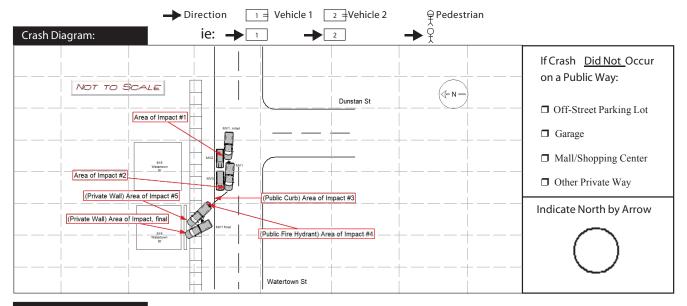
	Poli	ce Use Only		Common	wealth	of Mass	ach	uset	ts		RM	V Docu	ıment	Number	
	Date of Crash 11/20/2021	Time of Crash 20:12	City/Tov NEWTON	Mo	tor Ve	hicle Cra	ash	Numl			peed Lim		Sta Lo	ate Police cal Police BTA Police	□ Xi
	11/20/2021	20:12 24HR	NEWTON		Police	Report		3	1		ongitude		Ot!	her:	
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						WEST	91	19	WA	TERTO	WN ST				\vdash
	Route# Direct	tion	Name of	Roadway/Street		Route# Direct	ion A	ddress #	<u> </u>		Name of	Roadwa	y/Stree	et	
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	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									_
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street									-
L						Feet [N S F	$\overline{\mathbf{S}} \overline{\mathbf{E}} \overline{\mathbf{W}}$ of							
	Route# Direction Name of Intersecting Roadway/Street					Landmark								4	
	XVehicle1 1_#Occupants					Number 2100000964									
	License#		St MA	DOB/Age	Reg	# 8AK551			Res	Type F	'AN	Res	g State	MA	
	Sex_M Lic. 0	Class D 18 18		19		Year 2017	V	eh Make				Veh C		20	_
	Operator PAT		LUIS	Endorsme PAUL	nt	ner BATTISTA			NESSA						_
1	Address 25 DA	ALBY ST	First	Middle		ress 25 DALBY S			Firs	t		Midd	le		-
	City NEWTO		Sta	ie MA Zip 02458		NEWTON					State	MA	Zip 0	2458	_
	Insurance Com			т		icle Action Prior	to Crash	1 1	21					e Up to Thr	ee)
		Direction: N	S E W Respo	onding to Emergency	N Ever	nt Sequence 2	22 20	_		O	3		4		
		ssued) T2015090				t Harmful Event	7	23	33					0 Undercarr	riage
				2: Ch Sec		er Contributing C		21 24	24	⊕	- 9		5 1	1 Totaled	
1	Violation 3: ChSec Violation 4: ChSec Underride/O								wed Y	0	7		6		
		Please fill out for operator and all occupants involved						26 Seat Saf		29 Airbag E Switch C	30 31 ject Trap code Code	32 Injury T	33 ransp.		
	Name (Last Fire Operator	st Middle)		Address See Above	<u> </u>	Age/DOB	Sex	Pos. \$ys		Switch C			Code 2	Medical Facili NEWTON-WELLE	
	1										, 0		_		
												+			
	Г														
1	Please Select C of the Followi	IX Mahida	2 <u>0</u> #Occupants	Non-Motorist	A Type	14 Action	15 Lo	cation	16 C	ondition	17	□ ⊦	lit/Rur	п 🔲 Мор	ed
		ng.			Reg # 1EN873			Reg Type PAN				D. G. MA			-
	License # St DOB/Age 18 18 19										20	-			
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	Operator	Last	First	Middle		ner <u>CALLAHAN</u> ress 11 DRIFTW	ast		Firs	t		Midd	le		-
	Address		G.	Tr'								MA	z: 0	12465	-
	City State Zip Insurance Company COMMERCE INSURANCE					71 D 14 C 1 (C 1 H 4 T)							- ee)		
						icle Action Prior		11 22 22	-	2	igeu Area 3		4	op to Till	
	Vehicle Travel Direction: NSEX Responding to Emergency? NSI Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec					Most Harmful Event 1 23 10 Undercarriag 5 11 Totaled							riage		
	Violation		Driver Contributing Code 1												
	Violation		operator and all	4: ChSec occupants involved	Und	erride/Override		Tov	ved N	29	30 31	32	33		
	Name (Last Fi	rst Middle)	operator and all	Address		Age/DOB	Sex		27 28 fety Airbag stem Status	29 Airbag E Switch	30 31 ject Trap Code Code	Injury T Status	ransp. Code	Medical Faci	lity
	Operator/	Non-Motorist		See Above	;				\perp				_		
													\dashv		

	ice Use Only		Common									ent Number		
Date of Crash 11/20/2021	Time of Crash 20:12	City/Tow NEWTON	n Mo		nicle Cra		Number /ehicles	Numbe Injured		l Limit ıde		State Police Local Police MBTA Police	X	
, , ,	24HR				Report		3	1	Long	itude_		Other:		
	AT INTER	RSECTION:	<	LOCA	TION	>		NOT	ATI	NTE	RSEC	TION:		
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	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street								
]						N S E W	of				J	Š		
Route# Direc	Route# Direction Name of Intersecting Roadway/Street				Landmark									
XVehicle3	#Occupants	Hit/Run	Moped Case Number 2100000964											
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Sex Lic.	18 1	8	19		Year 2020							20		
			Endorsme	nt	HOLLANDE		KATHI	EEN				8.	'	
I			Middle		ess 915 WATER			First			Middle		_	
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	ssued)		name to Emergency		Harmful Event	23				$\downarrow \downarrow$	4)	10 Undercar	rriage	
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	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					2 Sea		28 2 Airbag Airb	9 30 ng Eject	31 Trap I Code S	32 Fran	33	-	
Name (Last Fir	•		Address See Above		Age/DOB	Sex Pos	. System	Status Swit	ch Code	Code S	Status Cod	e Medical Faci	ility	
Орегают			See Above				-							
Please Select (of the Followi		# Occupants	Non-Motorist	A Type	14 Action 1	Location Location	on	Cond	ition	17	Hit/	/Run Mo	ped	
License#		St	DOB/Age	Reg #	Reg #Reg Type						Reg State			
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Pl	ease fill out for		occupants involved			2 Sea	6 27 t Safety	28 2 Airbag Airb	9 30 ag Eject	31 Trap I	32 3	33 isp.	-	
Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex Po		Status Swi	tch Code		Status Co		cility	
Орегатог/	1 TOTE INTO COLLECT		See Audve	-										



Crash Narrative:

(Continued on next page)

MV1 operator stated he was operating westbound on Watertown St by Dunstan St (both public ways). MV1 operator struck (side swiped) both the driver side's of MV2 and MV3 which were parked in front of 915

Watertown St. MV1 operator struck the curb in front of 919 Watertown St and left the roadway. After MV1 left the road way it hit and destroyed a fire hydrant owned and maintained by the City of Newton. MV1 operator then hit the private wall of 919 Watertown St and it was it's final resting location. MV1 sustained extensive and complete front end and under carriage damage, it was towed by Todys. MV2 sustained minor damage and paint transfer, no tow required. MV3 sustained extensive driver side wheel well damage, which will privately towed at a later time. MV1 operator stated he struck his head and was not feeling well; he was transported to Newton-Wellesley Hospital by Newton Medics. MV2 and MV3 were not occupied. The City of Newton was notified

Witnesses:

Name (Last, First, Middle)

Address

Phone # Statement

Statement

Property Damage: Owner (Last, First, Middle) Address 919 WATERTOWN ST NEWTON, CITY OF, Phone # 34-Type Description of Damaged Property 3 FIRE HYDRANT, \$3000 USD 919 WATERTOWN ST VASILYEV, DMITRY, NEWTON, MASSACHUSETTS 97 PRIVATE RESIDENTIAL WALL, \$1000 USD

VASILIEV, DMITKI,	NEWTON, MASSACHUSETTS		37 IRIVAL	E RESIDENT	TAL WALL, \$1000 C3D
Truck and Bus Information:	Registration #	(From Vehi	cle Section)		35
Carrier Name				Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code Gro	ss Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Lengt		
Hazmat Information:					
Placard 40 Material 1 digit #	# 41 Material Name		Material 4 digit #		Release code 42

 MARK HATFIELD
 NEWTON POLICE DEPARTS
 11/20/2021

 Police Officer Name (Please Print)
 Signature
 ID/Badge # Department
 Precinct/Barracks
 Date

-	Direction 1 =	Vehicle 1	2 =Vehicle 2	Pedestrian	1	
Crash Diagram:	ie: → 1	→_	2	₽Ŷ		
					If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping Company Other Private Way Indicate North by A	ng Lot Center
Crash Narrative:						
in regards to the fire hy	drant.					
Witnesses:					1 2	16
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:			Τ			
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		35
Carrier Name					Carrier Issuing Authority Co	de
Address			City		St Zip	
						36
US DOT #:		38	issuing State	1CC#:	Interstate	
Cargo Body Type Code G	ross Vehicle Weight					
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	er Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	t # 41 Material New	ma		Material A dies	it#Release code	42
riacaiù iviateriai i digit	Materiai Nar	IIC		iviaiefiai 4 digi	n # Release code	
MARK HATFIELD			NEV	VTON POLICE DEPARTM	11/20/2	2021
Police Officer Name (Please Print)	Signature		ID/Badge # D	epartment	Precinct/Barracks Da	te

CDP1 11 ·24·00