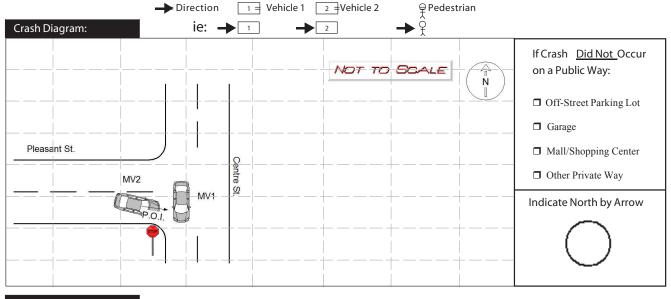
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	setts			RMV	/ Docun	ıent Number	
	Date of Crash 01/06/2022	Time of Crash 16:07 24HR	NEWTON	Motor		icle Cra Report	sh	Number Vehicles 2		Latit	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	NA NA
			SECTION:		LOCA		>						CTION:	\dashv
	SOU	TH CENTR	RE ST.											2
1 3	Route# Direc			Roadway/Street		Route# Direction	on Add	lress #		Naı	me of R	loadway/	Street	
	EAST	Γ PLEAS	ANT ST.	At		Feet NSEW of or					or		_ 2	
	Route# Direc		Name of Intersecting	g Roadway/Street					Mile N	1arker			Exit Number	_
			Also at Inters	ection with			N S E V	_	Route		ntersec	ting Road	lway/Street	-
2 1	Route# Direc	tion	Name of Intersec	ting Roadway/Street		Feet [1	N S E V	V of						3
3			Landmark									\dashv		
	Wehicle1	#Occupants			Number		220	000015						_
	License#	18 1	St MA	DOB/Age		2MFS84			Reg Ty			Reg S	State MA	_
	Sex_M_ Lic.	Class D	Lic. Restrictions		Veh Y	ear_2013	Veh	Make_V	OLKSWA	GON		Veh Cor		
⁴ 2	Operator BRC		LOUIS	Middle	Owner	(Same as ope	rator)		First			Middle		- 1
		ORELAND ST (ss								-
	City BOSTON		Sta	te_MAZip_02119	City_									
- I	Insurance Com				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									ee)
5 1	Vehicle Travel	Direction: N	X E W Respo	onding to Emergency? N	Event Sequence 1 22 22 22 22 2 2								ringa	
	`	ssued)			Most I	Harmful Event	1	24	24	←	9	$(\mid \mid \mid$	5 11 Totaled	lage
⁶ 1]			2: ChSec	Driver Contributing Code 1 7 6									
1	Violation 3: ChSec Violation 4: ChSec				Underride/Override Towed Y									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB Sex Fos. system Status Switch Code Code Status Code (Wedical Facility							1 1	
	Operator			See Above				1	4 99	0	0	8 2	NEWTON WELLES	SLEY HO
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupants	Non-Motorist A Typ	pe 1	Action 1	Locat	ion	16 Cond	ition	17	Hit	:/Run	ped
	License#		St_CA		Reg#	4KDX685			Reg Ty	pe_PAN	N	Reg S	State CA	_]
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Year 2000 Veh Make TOYTA Veh Config. 20									
8 1	Operator MIT	Last	MATTHEW	Endorsment	Owner (Same as operator) Last First Middle							_		
	Address 535 PARK WAY CT				Address								_	
	City SANTA	CRUZ	Sta	te_CA _ Zip_965062	CityStateZip								_	
	Insurance Company_UNKNOWN				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)	
	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 1 22 22 22 22 2 3 4									
Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								nage	
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 99 24 24 7 6								
		n 3: ChSe	1 4: ChSec	Under	ride/Override	25	Towed		0 20	/				
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex F	26 27 Safety System	28 2 Airbag Airb Status Sw	9 30 ag Eject tch Cod	Trap Code	Injury [Tra	33 nsp. ode Medical Faci	ility
	Operator/	Non-Motorist		See Above			-	99	4 99	0	0	10 1		



Crash Narrative:

On Thursday, January 6, 2022, at approximately 1604hrs, MV1 was travelling Southbound on Centre St. when it was struck by a vehicle that was turning right onto Centre St. from Pleasant St.. The operator of MV1 stated he did not see MV2 pull out from the side street. MV1 stated that an unknown witness passing by saw MV2 inching forward in order to pull out onto Centre St.

The operator of MV1 stated that once he was struck, he and the operator of MV2 pulled over to exchange information. Once information was exchanged the operator of MV1 had left the scene and parked in front of Walgreens on Langley Rd in order to wait for a tow. The operator of MV2 also left the scene once they had swapped information. As MV1 waited for a tow he called 911 stating he had been in an accident and wanted to be evaluated by paramedics.

(Continued on next page)								
W itnesses:								
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	iption of Dama	ged Property	
			-	•				
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				
Truck and Bus Information: Carrier Name			(From Vehic	cle Section)		Carrier Issu	uing Authority Co	35 de
			(From Vehic					de
Carrier Name			City			St	Zip	de
Carrier Name Address US DOT #:	State Number		City			St	Zip	de
Carrier Name Address US DOT #:	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier NameAddressUS DOT #: Cargo Body Type Code37 Gross	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	State Numbers Vehicle Weight Reg Type	Reg State	City Issuing State	ICC#:_ Tr	ailer Le	St	Zip Interstate	de

JEREMY FAY			NEWTON POLICE DEPARTM		01/06/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

_	Direction 1		⊻ ≢Vehicle 2	Pedestria	n	
Crash Diagram:	ie: → 1	2	□ →	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					— ☐ Off-Street Parkin	g Lot
					☐ Garage	
	- — — — — — 					antan
	- — i— — —	<u> </u>			Mall/Shopping C	
					☐ Other Private Wa	У
					Indicate North by A	Arrow
	į	į į	į	į		
Crash Narrative:						
Newton Fire Department and						
back was sore. The operator						
vehicle of MV1 sustained h	eavy damage to	the right si	de, and was l	eft parked	in a meter space awaitin	g to be
towed by AAA.						
The vehicle of MV2 was ope	erable and no l	onger on scen	e.			
The operator of MV1 stated	he did not was	nt a report,	but was infor	med that d	ue to there being possib	le
personal injury a report w	as to be genera	ated and was	given a crash	report nu	mber.	
W itnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Dua ca auto Da usa a sa						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
OWNER (Eds.) First, Middle)	, radicss		THORE #	эттурс г	bescription of burnagea (Toperty	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		
Carrier Name					Carrier Issuing Authority Cod	de 35
Address			City		St Zip	
US DOT #:						36
37		38		100 #	mersure	
	ss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	ler Length	
Hazmat Information: 40	<u>Δ</u> 1					42
Placard Material 1 digit	# Material N	Name		_ Material 4 dig	git # Release code	12
						
JEREMY FAY			NEWT	ON POLICE DEPARTS	01/06/2	2022

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)