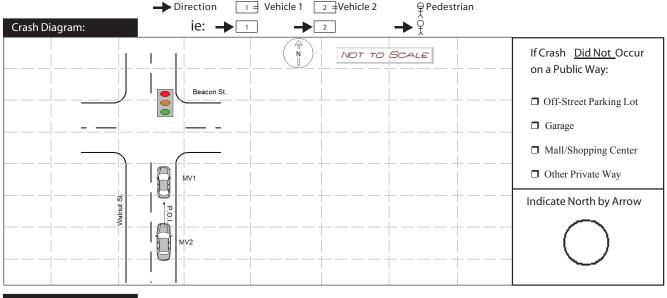
Address BEACON ST Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Route# Direction Address # Name of Roadway/Street Exit Number		Poli	ice Use Only		Comm	onweal	lth o	f Mass	ach	use	etts			RMV	/ Docu	ment	Number		
Police Report 2 0					own	Motor	Veh	icle Cra	ish							Sta Lo	te Police		
BAST BEACON ST		01/22/2022		NEWTON		Poli	ice I	Report								Otl	her:		
FAST BEACON ST Name of Randomy/Street Router Direction Name of Randomy/Street 2 1 2 2 2 2 2 2 2 2			AT INTER	SECTION:		< L	OCAT	TION	>			NO	T AT	INT	ERSE	CTI	ON:		
Route Direction Name of Intersecting Roadway/Street Feet S E W of Mile Marker or Exist Number		EAST	Г ВЕАСО	N ST														ŀ	2
Route Direction Name of Intersecting Roadway/Street Feet S E W of Mile Marker or Exist Number	$\mathbf{\overset{1}{4}}$	Route# Direct					I	Route# Directi	on A	ddress	s #		Na	me of R	Roadway	y/Stree	et		2 10
Aldress Direction Name of Intersecting Roadway/Street Feet N S E W of		NOR	TH WALNU	JT ST			-	Feet [N S F	E W c	of –	Mile N	•		or	E	ie Niverslaue	-	
Peac N F W Or Description Name of Intersecting Roadway Street 2		Route# Direc	etion N			et		Feet [N S E	lw c	of.	Wille I	лагкег			EX	it Number		
Routed Direction Name of Intersecting Roadway/Street Landmark License # Sp. MA DORAge Test Sp. MA Test				Also at Int	ersection with					_		Route#	·	Intersec	ting Ro	adway	/Street	-	
Note March More Case Number 22000060 March More Case Number 22000060 March March More March More March More March More March More March More March Mar	1	Pouta# Dirac	tion	Name of Interes	parting Dandway/S	traat	[-	Feet	N S F	E W c	of								2
Marchicle 1_1_60ccupants	3	Route# Direc	Landmark											\dashv					
Sex M Lic Cless D 18 18 Lic Restrictions 1 10 CDL Veh Year 2017 Veh Make SUBARU Veh Config 1 20	3	XVehicle1	#Occupants	Hit/Ru	n Mope	d Case N	lumber		2	220000	060								
Sex M Lic Cless D 18 18 Lic Restrictions 1 10 CDL Veh Year 2017 Veh Make SUBARU Veh Config 1 20		License#		St N	MA DOB/Age -		Reg#	7EA658				Reg Ty	pe PA	N	Res	g State	MA		
Operator LIMSUVAN CHAT Endorsment Owner (Same as operator) Owner (Same as operator)			18 18	8	19		-		V	eh Mai							20	_	
Address 16 WASHINGTON ST. (spt. 1) Address 20 WASHINGTON St. (spt	4				End	orsment												ŀ	12
City BEVERLY State MA Zip 01915 City Unsurance Company ARBELLA MUTUAL Vehicle Travel Direction: X S E W Responding to Emergency? Note Hamful Event Violation 1: Ch. Sec Violation 2: Ch. Sec Underrided Override Violation 3: Ch. Sec Violation 4: Ch. Sec Underrided Override Please fill out for operator and all occupants involved Address 42 PICEON IN State MA Zip 02452 City WALTHAM State MA Zip 02452 City WALTHAM Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Possible Code of 1 24 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Address 16 W	ASHINGTON S'	T. (apt. 1)	M	fiddle									Midd	le		-	1
Insurance Company ARBELLA MUTUAL Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					MA 7: 0	1915										7:		-	
Vehicle Travel Direction: S E W Responding to Emergency? N Event Sequence 1 2 2 2 2 2 2 2 2 3 4 10 Undercarriage 10 Undercarri					otateZip_o		-				21	_				–		_	
Tower Contributing Code 1 24 24 24 25 11 Totaled Citation # (If Issued)	5	1				- N					2		rumuge		couc.	`	ор ю тіп		
Cliation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Violation 1: Ch Sec Violation 2: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Vehicle Travel Direction: Vehicle Travel Direction: Vehicle Travel Direction: Vehiclation 4: Ch Sec Underride/Override Vehicle Travel Direction: Vehiclation 4: Ch Sec Underride/Override Vehiclation 4: Ch Sec Violation 4: Ch Sec Underride/Override Vehiclation 3: Vehiclation 4: Ch Sec Violation 4: Ch Sec Underride/Override Vehiclation 4: Ch Sec Violation 4: Ch Sec Underride/Override Vehiclation 4: Ch Sec Violation 4: Ch Sec Underride/Override Vehiclation 4: Ch Sec Violation 4: Ch Sec Underride/Override Vehiclation 4: Ch Sec Violation 4:					sponding to Emer	gency?		i i							\overline{A}) 1	0 Undercarr	riage	
Violation 3: Ch							Most E	Iarmful Event	1		и	24	←	9		I -		luge	
Please fill out for operator and all occupants involved Address AgeDOB Sec. Soc.	6	1					Driver	Contributing C		1		/			Δ) 6			
Operator See Above Non-Motorist A Type Action See Above Non-Motorist A Type It Action See Above Non-Motorist A Type It Action It Acti	1						Underr	ide/Override				<u>N</u>		,	1				-
Operator See Above Non-Motorist A Type Action See Man See Motor The Following: See Man See Man				itor and all occ				Age/DOB	Sex	Seat S Pos. S	27 Safety A System	28 2 irbag Airb Status Swit	9 30 ag Eject ch Code	Trap Code	Injury Ti Status C	ransp.	Medical Facili	ity	
Action Location Condition Hit/Run Moped License # — St MA DOB/Age — Reg # 982NM6 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2015 Veh Make JEEP Veh Config. 2 Operator OHARA JOSEPH Owner OHARA KARL J Address 42 PIGEON LN City WALTHAM State MA Zip 02452 City WALTHAM State MA Zip 02452 Insurance Company NORFOLK AND DEDHAM Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Most Harmful Event 1 23		Operator			See A	Above									10	1			
Action Location Condition Hit/Run Moped License # — St MA DOB/Age — Reg # 982NM6 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2015 Veh Make JEEP Veh Config. 2 Operator OHARA JOSEPH Owner OHARA KARL J Address 42 PIGEON LN City WALTHAM State MA Zip 02452 City WALTHAM State MA Zip 02452 Insurance Company NORFOLK AND DEDHAM Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Most Harmful Event 1 23																			
Action Location Condition Hit/Run Moped License # — St MA DOB/Age — Reg # 982NM6 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2015 Veh Make JEEP Veh Config. 2 Operator OHARA JOSEPH Owner OHARA KARL J Address 42 PIGEON LN City WALTHAM State MA Zip 02452 City WALTHAM State MA Zip 02452 Insurance Company NORFOLK AND DEDHAM Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Most Harmful Event 1 23 Vehicle Travel Direction: Sec Violation 2: Ch Sec Underride/Override																			
Action Location Condition Hit/Run Moped License # — St MA DOB/Age — Reg # 982NM6 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2015 Veh Make JEEP Veh Config. 2 Operator OHARA JOSEPH Owner OHARA KARL J Address 42 PIGEON LN City WALTHAM State MA Zip 02452 City WALTHAM State MA Zip 02452 Insurance Company NORFOLK AND DEDHAM Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Most Harmful Event 1 23 Vehicle Travel Direction: Sec Violation 2: Ch Sec Underride/Override																_			
Action Location Condition Hit/Run Moped License # — St MA DOB/Age — Reg # 982NM6 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2015 Veh Make JEEP Veh Config. 2 Operator OHARA JOSEPH Owner OHARA KARL J Address 42 PIGEON LN City WALTHAM State MA Zip 02452 City WALTHAM State MA Zip 02452 Insurance Company NORFOLK AND DEDHAM Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Most Harmful Event 1 23	7																		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2015 Veh Make JEEP Veh Config. 2 Operator OHARA JOSEPH Last Last First Middle Address 42 PIGEON LN City WALTHAM State MA Zip 02452 Insurance Company NORFOLK AND DEDHAM Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Most Harmful Event 1 23 Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address 42 PIGEON LN City WALTHAM State MA Zip 02452 Veh Year 2015 Veh Make JEEP Veh Config. 2 Owner OHARA KARL J Address 42 PIGEON LN City WALTHAM State MA Zip 02452 Event Sequence 1 21 22 22 22 22 22 22 22 22 22 22 22 2	2		IX Vehicle	2 <u>1</u> #Occupa	nts Non-Mo	otorist A Type	1		15 Lo	cation	1	6 Cond	ition	17	□ H	lit/Rur	Мор	ed	
Sex M Lic. Class D 18 18 Lic. Restrictions D 19 CDL Veh Year 2015 Veh Make JEEP Veh Config. D 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		License#		St N	MA DOB/Age		Reg#	982NM6				Reg Ty	pe PA	N	Reg	g State	MA		
Operator OHARA JOSEPH Last First Middle Address 42 PIGEON LN City WALTHAM City WALTHAM City WALTHAM State MA Zip 02452 Insurance Company NORFOLK AND DEDHAM Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Name (Last First Middle) Owner OHARA KARL J Last First Middle J Address 42 PIGEON LN City WALTHAM State MA Zip 02452 City WALTHAM Vehicle Action Prior to Crash 1 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2		Sex M Lic. 0				L	Veh Ye	ear 2015	V	eh Mai	ke JEE	P					20	_	
Address 42 PIGEON LN City WALTHAM State MA Zip 02452 City WALTHAM State MA Zip 02452 City WALTHAM State MA Zip 02452 Insurance Company NORFOLK AND DEDHAM Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	8_			JOSEPH	Endorsment			ner OHARA KARL						J					
City WALTHAM State MA Zip 02452 City WALTHAM State MA Zip 02452 City WALTHAM State MA Zip 02452 Vehicle Action Prior to Crash Vehicle Action Prior to Crash Table MA Zip 02452 Vehicle Action Prior to Crash Vehicle Action Prior to Crash To Damaged Area Code: (Circle Up to Three) Event Sequence Vehicle Action Prior to Crash To Undercarriage State MA Zip 02452 Damaged Area Code: (Circle Up to Three) Nost Harmful Event Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Name (Last First Middle) Address Age/DOB State MA Zip 02452 Damaged Area Code: (Circle Up to Three) To Undercarriage To Undercarriage To Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override State MA Zip 02452 Damaged Area Code: (Circle Up to Three) 10 Undercarriage To Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override State MA Zip 02452 Damaged Area Code: (Circle Up to Three) 10 Undercarriage To Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Age/DOB Sex Pos. System Status Switch Code Status Code Medical Facility	1		Last	First	N	fiddle		La	st LN			First			Midd	le		_	
Insurance Company NORFOLK AND DEDHAM Vehicle Action Prior to Crash Vehicle Action Prior to																	-		
Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 20 20 20 20 20 20		Insurance Company NORFOLK AND DEDHAM Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec							o Crost	, [21] [Damage			–		ee)	
Citation # (If Issued)											1					4			
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code								Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Driver Contributing Code 19 24 24									riage		
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed_N Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Name (Last First Middle)																			
Violation 3: ChSecViolation 4: ChSecUnderride/Override																			
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility							Underr	ide/Override		Т			9 20	21	32				
Operator/Non-Motorist See Above				operator and a				Age/DOB	Sex		Safety A System	irbag Airb Status Sw	ag Eject	Trap le Code	Injury II:	ransp.	Medical Faci	lity	
		Operator/	Non-Motorist		See A	Above					1 4	1 99	0	0	10	1			
																		\neg	
													+					\dashv	



Crash Narrative:

On Saturday, January 22, 2022 at approximately 1903hrs, MV1 was stopped at the intersection of Walnut St and Beacon St. when MV2 traveling Northbound on Walnut St. rear ended MV1. I asked the operator of MV1 if he was okay and if he would like to be evaluated by paramedics, which he replied "no." MV1 sustained minimal damage, consisting of a cracked rear bumper.

Operator of MV1 stated he believed the operator of MV2 was under the influence of alcohol because the operator kept repeating himself.

The operator of MV2 was no longer on scene, but Ofc. Boyle, who also responded to the call was able to make contact with the operator. It was concluded the operator was not under the influence, but had been repeating himself because he could not understand the other operators language. The operator of MV2 stated he spoke

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	Ado	dress				Phone #	#	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	ription of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)				
Truck and Bus Information: Carrier Name	-		(From Vehic			Carrier Issu	uing Authority Co	35 de
			·					de
Carrier Name			City			St	Zip	de
Carrier NameAddressUS DOT #:			City			St	Zip	ode
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight 38	(City Issuing State	ICC#:_		St	Zip	ode
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gros	State Numberss Vehicle Weight 38	(City Issuing State	ICC#:_		St	Zip	ode
Carrier NameAddressUS DOT #: Grown Trailer Reg #:	State Numberss Vehicle Weight Reg Type	Reg State	City Issuing State	ICC #:_	railer Le	St	Zip Interstate	ode

 JEREMY FAY
 NEWTON POLICE DEPARTS
 01/22/2022

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

Crash Diagram:						
	ie: 🕕 🛚 1	→ [2	□ →	₽		
					If Crash <u>Did Not</u> (on a Public Way:	Occur
	_				Off-Street Parking	g Lot
					☐ Garage	
	_					ton
	_	<u> </u>			☐ Mall/Shopping Co	
					☐ Other Private Way	7
	_			+	Indicate North by A	rrow
	_	+	+-	+		
Crash Narrative:						
over the phone with MV1's ni	ece, Nawarat	h Kluavpannga	um, in order to	exchange	information.	
Operator of MV2 stated that						continue
to drive forward. He stated						
in time, causing him to rear	end MV1. MV	2 stated that	: his vehicle s	ustained	no damage and also refuse	
medical attention.						
Both vehicles were operation	al and the o	perators of M	IV1 and MV2 wer	e informe	d a report would be gene:	rated.
With						
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 Veh	icle Section)		
Carrier Name					Carrier Issuing Authority Cod	
						e 35
Address			City		St Zip	
US DOT #: Sta	nte Number					e
US DOT #: Sta Cargo Body Type Code 37 Gross V	te Number/ehicle Weight	38	Issuing State	ICC#:	Interstate 39	e
US DOT #: Sta Cargo Body Type Code 37 Gross V Trailer Reg #:	te Number/ehicle Weight	38	Issuing State	ICC#:	Interstate 39	e
US DOT #:Sta Cargo Body Type Code37 Gross V Trailer Reg #: Hazmat Information:	/ehicle Weight	38 Reg State	Issuing State Reg Year	ICC #: Trail	Interstate 39	e
US DOT #: Sta Cargo Body Type Code 37 Gross V Trailer Reg #: Hazmat Information:	/ehicle Weight	38 Reg State	Issuing State Reg Year	ICC #: Trail	Interstate 39	36

CDP1 11 ·24·00

Police Officer Name (Please Print)

Date