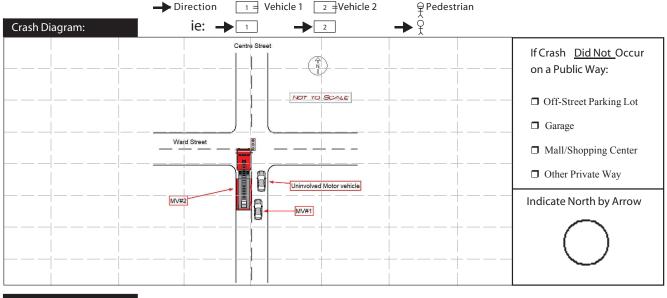
	Poli	ce Use Only		Comn	nonweal	th o	of Massa	ach	use	etts			RM	V Doc	umen	nt Number		
	Date of Crash	Time of Crash		Town	Motor '	Vehi	icle Cra	sh		mber	Nun		eed Lim		S	tate Police	D Xi	
	03/12/2022	13:44 24HR	NEWTON		Poli	ice I	Report		2		Inju 0		titude _ ngitude			ocal Police MBTA Police Other:		
		AT INTER	SECTION	:	< Lo	OCAT	ΓΙΟN	>			N	TA TC	INT	ERS	ECT	ION:		2 9
	NOR'	TH CENTR	E ST														ŀ	2
1 1	Route# Direct	tion	Name	of Roadway/Street	t	F	Route# Direction	n A	ddress	s #		N	ame of I	Roadw	ay/Stre	eet		2 10
	At EAST WARD ST					Feet NSEW of • or									.			
	Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number Feet N S E W of										-			
2	Also at Intersection with					Route# Intersecting Roadway/Street Feet NSEW of									-	. 11		
² 3	Route# Direction Name of Intersecting Roadway/Street					Landmark										_	4	
³ 2	X Vehicle 1	1_#Occupants	☐ Hit/Ru	ın Mope	ed Case N	<u>'</u>										\neg		
				\	Case IV		IDMV66					D	NT.		-		4	
	License#	18 18		19		-	1RMY66					Type PA				20	-	
4	Sex_F_ Lic. (Lic. Restrict	En En	DL idorsment		(Same as oper							_ Veh	Config	g. 1	ŀ	12
3	Operator HOU	Last CADIA PARK (a	First		Middle		(Same as oper							Mic	ddle		-	1 ¹²
	City SOMERV			State_MA_Zip_0	02143										Zip		-	
	Insurance Com	pany PROGRES				Vehicle	e Action Prior to	Crash	ı [21		Damag	ed Area	Code	: (Circ	ele Up to Thre	ee)	
5 1	Vehicle Travel	Direction: X	S E W R	esponding to Eme	rgency?_N	Event S	Sequence 1 2	22 2	22	22	22	2	3	7	4			
	Citation # (If Is	ssued)				Most H	Harmful Event	1 2.	3			1	9	$\left \cdot \right $	5	10 Undercarri	iage	
6	Violation	1: ChSec	Violat	ion 2: ChS	ec	Driver	Contributing Co		4	4	24		ŹŢ					
⁶ 2				ion 4: ChS		Underr	ide/Override	2		Towed		0	7		6		Щ	12
	Please f		ator and all oc	cupants involved	Address		Age/DOB	Sex	Seat S Pos. S	27 Safety A System	28 Airbag Status S	29 Airbag Eje Switch Co	30 31 ct Trap de Code	32 Injury Status	33 Transp. Code	Medical Facili	ty	1 13
	Operator			See	Above					1	4	4 0	0	10	1	NONE		
⁷ 2	Please Select C of the Followir	IX Vahida	2 <u>4</u> # Occur	ants Non-M	lotorist A Type	14	4 Action 1	5 Loc	cation	1	.6 Co	ondition	17		Hit/Ru	un Mop	ed	
		ig	G,	MA DOB/Age		D // I	MF442				D.	т М	VN	D	644	MA	-	
	License# Sex M Lic. (18 D		19		Reg # MF442 Reg Type MVN Reg State MA Veh Year 1994 Veh Make PIERCE Veh Config. 97								-				
8	Operator MA		ANTHON	Y L	dorsment		CITY OF NEV											
1		Last CENTRE STREE	First E T		Middle		Last 1164 CENTEL	t			First			Mic	ddle			
	City_NEWTO	N		State_MA_Zip_C	02459	City_N	IEWTON						State	MA	_Zip	02459		
	Insurance Company SELF INSURED Vehicle Travel Direction: X E W Responding to Emergency? Y					Vehicle	e Action Prior to	Crash	1	1 21		Damag	ed Area	Code	` _	ele Up to Thre	ee)	
						Event Sequence 1 22 22 22 2 3 Q												
	Citation # (If Issued) Most Harmfu						ost Harmful Event 1 23 10 Undercarriage 5 11 Totaled						age					
	Violation	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 7 6																
		Violation 3: ChSec Violation 4: ChSec Underride/Override Towed Y							\dashv									
	Name (Last Fi	rst Middle)	operator and		Address		Age/DOB	Sex	26 Seat Pos.	27 Safety ! System	28 Airbag Status	Switch C	ode Code	32 Injury Status	Transp.	Medical Facil	ity	
		Non-Motorist		See 525 WINCHESTER	Above						4	4 0	0	10	1	NONE		
	EDINGTON, O	GLENN		NEWTON, MA 02 580 WATER ST.				M	4	1	4	4 0	0	10	1	NONE	\dashv	
	WALSH, RYAI	N		FRAMINGHAM, I				M	6	1	4	4 0	0	10	1	NONE		
	MEDEIROS, S	HANE, R		119 GREEN STREI MEDFIELD, MA(М	3	1	4	4 0	0	10	1	NONE		



Crash Narrative:

-OpMv#1 came to the Newton Police Station to report that she stoped in traffic traveling northbound on Center Street when MV#1 was struck on the driverside front quarter panel by MV#2 as it drove by her. OpMv#1 stated she observed MV#2's emergency light, but did not hear the siren. She stated MV#2 continued traveling north. OpMv#1 stated she did not have the police respond to the scene because she did not know what to do. OpMv#1 did not report any injuries at this time.

-OpMV#2 responded to the station to investigate the collision with Mv#1. OpMv#2 stated he was traveling north on Centre Street responding to a motor vehicle collision. He stated his emergency lights were on as he traveled on Centre Street. He stated he was not aware of the collision or else he would have stopped in

(Continued on next page)										
Witnesses:										
Name (Last, First, Middle)		Address				Phone #		Statement		
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descript	ion of Damag	ged Property			
Truck and Bus Information: Carrier Name			(From Vehi			Carrier Issu	ing Authority Cod	a 35		
Address			City			St	Zip			
US DOT #:Sta	nte Number		Issuing State	ICC #:_			Interstate	36		
Cargo Body Type Code Gross V	/ehicle Weight	38				39				
Trailer Reg #:	Reg Type	Reg State _	Reg Year	Tr	ailer Leng					
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42		

ightharpoonup Direction 1	Vehicle 1 2 Vehicle	2 무Pedestrian	
Crash Diagram: ie: -	2	→Ŷ	
			sh <u>Did Not</u> Occur Public Way:
			ff-Street Parking Lot
			arage
			all/Shopping Center
		_ + +	ther Private Way
		Indica	ate North by Arrow
Crash Narrative:			
accordance with NFD motor vehicle Collisi	on Policy.		
-I spoke to the passengers of MV#2 and th	eir statements coin	cided with those made by OpMv#2	2. Newton Fire
Department C-2 responded to the station a	and conducted an insp	pection of the vehicle.	
-I conducted and inspection of Mv#1 and I	observed the drive	r's side headlight shell casir	ng and bumper was
cracked and damaged. I observed a deep de	ent on the fender pa	anel, but, OpMv#1 stated that o	damage was there
before. I next observed the was scuffing	on the surface but	did not observe any paint tran	nsference. I next
conducted an inspection of the right side	of MV#2. I did not	see obvious damage to the sur	face of truck. I
did observe some minor scratches and nick	on MV#2 however, the	ne crew explained it was old we	ear and tear and
the truck was a 1994 model.			
(Continued on next page)			
Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
Property Damage:			
Owner (Last, First, Middle) Address	Phone #	34-Type Description of Damage	ed Property
Truck and Bus Information: Registration #	(From Vehicle Section)	35
Carrier Name		Carrier Issuir	
Address	City	St	
US DOT #: State Number		ICC #:	_ Interstate 36
Cargo Body Type Code 37 Gross Vehicle Weight	38		
Trailer Reg #: Reg Type	Reg State Re	g Year Trailer Length	
Hazmat Information:			
Placard 40 Material 1 digit # 41 Material Na	nme	Material 4 digit #	Release code 42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

03/12/2022

Date

Precinct/Barracks

CDP1 11 ·24·00

DAVID A. CALDERON

Police Officer Name (Please Print)

	→ Direction	1 = V	ehicle 1	2 = Vehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: →[1	→[2	→ġ			
							If Crash <u>Did Not Con a Public Way:</u>	Occur
							☐ Off-Street Parking	2 Lot
							☐ Garage	,201
		_					☐ Mall/Shopping Co	enter
		_					☐ Other Private Way	
	 	 _		 	. — — — +			
	į	į					Indicate North by A	rrow
		-						
		-		+		- — — —		
Crash Narrative:								
- There were no injuries								
pictures of the damage to								his
report. I nformed Sgt.	McLean of this	inci	dent, who	o then in tur	n notified	the Office	er In Charge.	
Witnesses:								
Name (Last, First, Middle)		Ad	ldress			Pł	none #	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	34-Туре	Description of I	Damaged Property	
Two shared Doo lefa was ship as								
Truck and Bus Information:	Registration #				Vehicle Section)	Corri	er Issuing Authority Cod	35
Carrier Name							,	e
Address								36
US DOT #: Cargo Body Type Code 37		38		Issuing State	ICC #:_		Interstate	
Cargo Body Type Code	Bross Vehicle Weight						39	
Trailer Reg #:	Reg Type		Reg State	Reg Year	Tr	ailer Length		
Hazmat Information:	41							42
Placard Material 1 dig	it # Materia	Name_			Material 4	digit #	Release code	12
DAVID A. CALDERON				NI	EWTON POLICE DEPART!		03/12/20	022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)