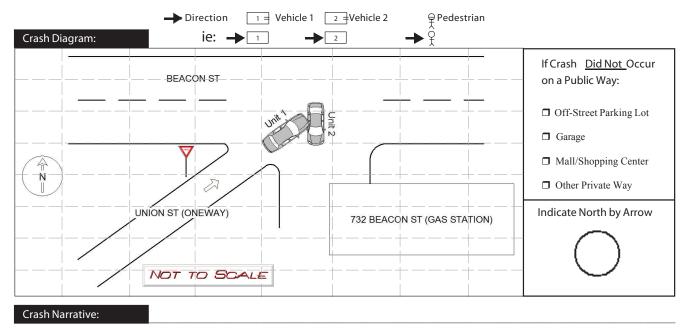
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	Date of Crash 03/13/2022	Time of Crash 12:59 24HR	City/T NEWTON	own			icle Cra Report	sh		mber	Num Injur	ed L	peed Linatitude			State Police Local Police MBTA Police Other:	N N D
ļ			SECTION:			OCAT		>								ΓΙΟN:	\neg
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			Also at fine	isection with					_		Rout	e#	Inters	ecting I	Roadw	ay/Street	-
1	Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Landmark									-							
	XVehicle1	5_#Occupants	Hit/Run	Море	ed Case N	Jumber		2	20002	220			1	anuma	I K		┪
	T: //		St N	IA DOD/A		D 11.5	RCY271				D .	. P	ΔN			. MA	-
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				ΜΔ	2459		s										-
	City_NEWTO!			tate MA Zip C	J2458						_						
	· ·	pany USAA CAS				Vehicle Action Prior to Crash Crash Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three)									(86)		
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	Address 59 RI	PLEY ST				Address 59 RIPLEY ST									_		
	City NEWTON State MA Zip 02459						City NEWTON State MA Zip 02459								-		
	Insurance Com	pany_COMMER	CE INS			Vehicle	Action Prior to	Crash	4	4 21		Dama	_	_	e: (Cir	cle Up to Thre	ee)
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Poli Date of Crash	Time of Crash	n City/T	Commor	iweaith otor Ve				nber	Numbe	r Sne	RMN ed Limi			t Number tate Police
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Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DO	B Sex	26 Seat S Pos. \$	27 Safety A	28 2 airbag Airb Status Swit	9 30 ag Ejec ch Code) 31 t Trap e Code	32 Injury Status	33 Transp. Code	Medical Facilit
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of the Followi	I Vehicl	e# Occupai	nts Non-Motoris	st A Type	Action	L	ocation		Cond	ition			Hit/Ru	ın Mope
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Name (Last Fi	irst Middle)		Addre	ess	Age/DO		Pos.	Safety A System	irbag Airb Status Sw	ag Ejec	t Trap de Code	Injury	Transp. Code	Medical Facili
Operator/	Non-Motorist		See Abov	ve										



On Monday 3/14/2022 at approx 1259hrs, while assigned to N-496, I responded to the intersection of Union St and Beacon St for a 2 car MVA.

Upon arrival all parties were out of their vehicles and stated they suffered no injuries.

Operator of MV1 states that he was merging onto Beacon St from Union St (one way). He states that he was looking left just prior to the accident and when he saw no EB traffic on Beacon he continued going forward. When he looked back in front of him he immediately saw MV2 but it was too late to stop.

Operator of MV2 states he was attempting to turn left into the Gulf Gas Station at 732 Beacon St from Beacon St WB. He said that he believed MV1 would stop at the yield sign for Union St when it approached Beacon St but failed to do so.

(Continued on next page)

With										
Witnesses: Name (Last, First, Middle)		Address				Phone #	Statement			
Name (Last, First, Middle)		Address			PHONE #	Statement				
Property Damage:										
Owner (Last, First, Middle)	Address	Phone # 34-Type Desc				cription of Damaged Property				
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code										
Address		(City		St	t Zip				
US DOT #:	State Number			36						
Cargo Body Type Code Gross Vehicle Weight 38 38										
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	33				
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit #	Release code	42			

	→ Direction	1 = Vehicle 1	2 = Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: →[1	2	₽Ŝ		
					If Crash <u>Did Not (</u> on a Public Way:	Occur
					Off-Street Parking	z Lot
					☐ Garage	, 201
		_	_		☐ Mall/Shopping Co	antar
					Other Private Way	
		 -	 			
				į	Indicate North by A	rrow
		_				
Crash Narrative:						
Tody's Towing service.	irbag deploymen	t and both oc	cupants were e	evaluated r	oy medics. MV2 was towed by	
We						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	chicle Section)		
Carrier Name	_		•		Carrier Issuing Authority Cod	le 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	iler Length 39	
Hazmat Information:						10
Placard 40 Material 1 dig	rit # 41 Material	Name		Material 4 d	igit# Release code	42
KEVIN DURICKAS			NEW	TON POLICE DEPARTA	03/13/2	022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)