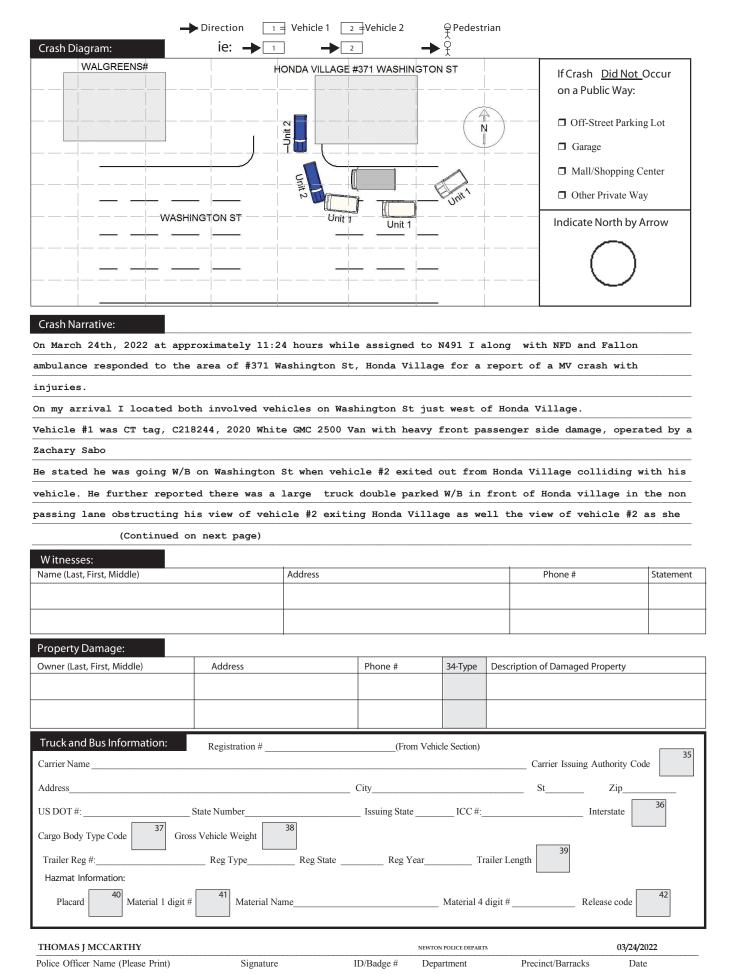
	Poli	ice Use Only		Commonwea	lth o	f Mass	achı	ısett	S		RM	V Docu	ıment N	lumber	
	Date of Crash 03/24/2022	Time of Crash 11:24 24HR	NEWTON	WIOTOI		icle Cra Report	sh	Number Vehicle 2		ired La	eed Lim titude _ ongitude		State Loca MB7 Othe	Police [Al Police] FA Police [Er:	ב מ ב
						LOCATION > NOT AT INTERSECTION:						N:	2		
					WEST 371 WASHINGTON ST							2			
1 1	Route# Direc	oute# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street						2				
	At				Feet NSEW of or Exit Number							F			
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of							-		
2	Also at meiscenon with					Route# Intersecting Roadway/Street Feet N S E W of HONDA VILLAGE #371 WASHINGTON S'									
² 3	Route# Direction Name of Intersecting Roadway/Street					HONDA VILLAGE #371 WASHINGTON ST								_ 3	
3	XVehicle 1 1_#Occupants					Number 22000246								7	
	_	<u> </u>	St CT			C218244			D	т П	NKNOV	VN p	. G (T	4
	License # — St C1 DOB/Age — Sex_M Lic. Class 99 18 Lic. Restrictions 9 19 CDL CDL				Reg # C218244 Reg Type UNKNOWN Reg State CT Veh Year Veh Make GMC Veh Config. 2										
4			ZACHARY	Endorsment P								_ ven C	omig. [_	1
1	Address 222 N	operator SABO ZACHARY P Endorsment Last First Middle 222 N WHTLSY			Owner SECURITY TECHNOI Last First Middle POBOX 9357 First Middle										
	City WALLINGFORD State CT Zip 06492				City BOLTON State CT Zip 06043										
	Insurance Com	pany PHILADE	LPHIA INDEMN	ITY		Action Prior to	o Crash	1	21	Dama	ged Area	Code:	(Circle U	Up to Three	,
5	Vehicle Travel	Direction: N	S E X Resp	onding to Emergency? N	Event S	Sequence 1	22 22		22	O	3	\rightarrow	4		
	Citation # (If I	ssued)			Most H	Iarmful Event	1 23			1		$\langle $		Undercarria; Totaled	ge
-	Violation	1: ChSec	c Violation	2: ChSec	Driver	Contributing Co	ode	1 24	24			<u>\</u>		Totaled	
⁶ 2	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 8 7 6									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB		26 2 Seat Safet Pos. Syste	7 28 y Airbag m Status	29 Airbag Ej Switch Co	30 31 ect Trap ode Code	32 Injury T	ransp. Code M	ledical Facility	1
	Operator			See Above				1	3	99 0	0	10	1		
															-
7 1	Please Select (of the Followi	IX Vehicle	e2 1_#Occupant	s Non-Motorist A Type	e 14	4 Action	Local	ation	16 C	ondition	17		lit/Run	Море	t
	License# St MA DOB/Age				Reg#_	Reg # 4RF585				Reg Type_PANR			leg State MA		1
	Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL				Veh Ye	Veh Year 2019 Veh Make HONDA Veh Config. 2						20			
8 1	Operator RYAN ERIN Endorsment Last First Middle					Owner (Same as operator) Last First Middle									
	Address 80 BROAD ST (apt. 1204)				Address										
	City BOSTON State MA Zip 02110				CityStateZip										
	Insurance Company PLYMOUTH ROCK				Vehicle	e Action Prior to	Crash	6	21	•		Code:	`	Up to Three)
	Vehicle Travel Direction: NSWW Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4										
	Citation # (If Issued)				Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							36			
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 18 24 24 7									
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved				Underr	ide/Override		Tow	ed Y		30 21] 32	33		_
	PI Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 2' Seat Safet Pos. Sys	y Airbag tem Status	29 Airbag Ej Switch C	30 31 ect Trap ode Code	Injury II:	ransp.	Medical Facility	
	Operator/	Non-Motorist		See Above				1	1	99 0	0	8 2	2		_
															7



	Direction	1 = Vehicle 1	₂ ≢Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	1 -	2 -	₽			
						If Crash <u>Did Not</u> Oon a Public Way:	Occur
		<u> </u>				☐ Off-Street Parking	g Lot
						☐ Garage	
	į	į į		į		☐ Mall/Shopping Ce	enter
					- — —	☐ Other Private Way	,
			+ -			ndicate North by A	rrow
		 - +					
						()	
Crash Narrative:		1					
was attempting to exit o	ut onto Washingt	ton St.					
Vehicle #2 was a 2019 Bl	ue Honda CRV uti	ility, Ma. req	g, 4RF-585 wit	h heavy f	ront drivers	s side damage, o	pperated
by a Erin Ryan. Ms Ryan	had sustained a	a head injury	so I wasn't a	ble to ge	t a clear s	tatement. She di	id
remember a large truck	obstructing her	view as she a	attempted to e	xit Honda	Village on	to Washington St	t
The truck was already go	ne prior to poli	ice arrival. N	Nobody on scen	e or Hond	a Village er	mployees could :	identify
the truck.							
Both vehicles towed by T	odys. Operator t	to vehicle #2	was transport	ed to Sai	nt Elizabeth	ns Hospital with	n head
and hip injuries.							
Witnesses:							
Name (Last, First, Middle)		Address			Pho	one #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	amaged Property	
Truck and Bus Information:	Registration #		(From Ve	hicle Section)			
Carrier Name	_		-	,	Carrie	Issuing Authority Cod	e 35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37	Bross Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	niler Length	39	
Hazmat Information:							
Placard 40 Material 1 dig	it # 41 Material N	Name		Material 4 c	ligit #	Release code	42
THOMAS J MCCARTHY			NEW			03/24/20	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)