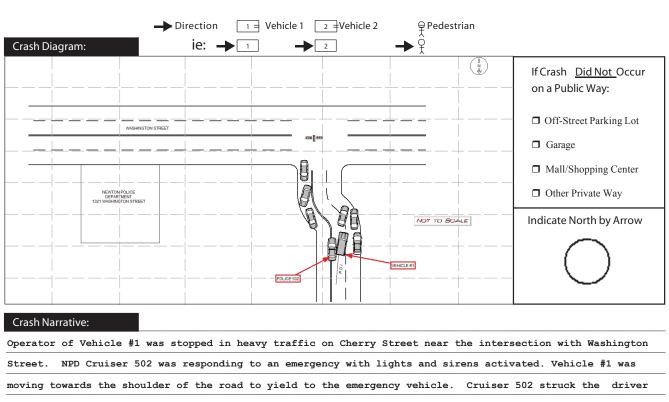
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	setts	5		RM	V Docur	nent Number	
	Date of Crash 04/28/2022	Time of Crash 18:57	City/To	Motor	Veh	icle Cra	sh	Number			ed Limi		State Police Local Police MBTA Police	N N
	0-9/20/2022	24HR				Report		2	0		ngitude_		Other:	
		AT INTER	SECTION:	<	LOCA	ΓΙΟN	>		NO	T AT	INT	ERSE	CTION:	2
	EAST	T WASHI	INGTON ST											
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion		Roadway/Street		Route# Direction	on Ade	dress #		Na	ame of I	Roadway	Street	2
	At SOUTH CHERRY STREET				Feet NSEW of • orExit Numl						Exit Number	_		
	Route# Direc	etion N	Name of Intersection	<u> </u>		Feet N	N S E	w of	Mile	Marker			Exit Number	_
			Also at Inter	section with	-			_	Route	#	Intersec	ting Roa	dway/Street	- 1
² 1	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of								4	
3	Diving Diving				Landmark								\neg	
	Vehicle1	_1_#Occupants			Number		22	000350						
	License#	18 1	St M	DOB/Age		23ZH25							State MA 20	_
	Sex_M_ Lic.	Class D	Lic. Restriction	S CDL	Veh Y	ear_2009	Veh	Make_T	OYOTA			Veh Co	nfig. 2	
⁴ ₃		Operator ADAMS CRAIG S			Owner (Same as operator) Last First Middle									- 1
	Address 57 RIVERVIEW AVE			Address									-	
	City WALTHAM State MA Zip 02453				City State Zip									
5	Insurance Company USAA				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) 22 22 23 4								ree)	
1	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency? N	Event	Sequence 1	22 22 23	22	22 2		\bigcap	$\overline{\mathcal{A}}$	10 Undercari	riage
	`	ssued)				Harmful Event	1	24	24	←	9		10 Ondeream	ilage
⁶ 1]			2: ChSec		Contributing Co	ode 1	•			7		6	
1	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N							11	
	Name (Last Fir		ator and an occu	Address		Age/DOB	Sex P	26 Safety os. System	Airbag Air Status Sw	rbag Ejec itch Cod	0 31 et Trap e Code	32 Injury Tra Status Co	nnsp. ode Medical Facil	1 1
	Operator			See Above				1	4 4	0	0	10 1		
⁷ 3	Please Select C of the Followi		2 1 #Occupant	s Non-Motorist A Ty	pe 1	Action 1	Loca	tion	16 Con	dition	17	Hi	t/Run Mop	oed
	License# St MA DOB/Age				Reg#	Reg # MP502B Reg Type MVN Reg State M						_		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 19 CDL				Veh Y	Veh Year 2017 Veh Make FORD Veh Config. 2								
8 1		Operator MURPHY DONALD Endorsment Last First Middle			Owner NEWTON POLICE DI									_
	Address 1321 WASHINGTON ST				Address 1321 WASHINGTON ST								_	
	City NEWTON State MA Zip 02465				City NEWTON State MA Zip 02465							_		
	Insurance Company SELF				Vehicle	e Action Prior to	Crash	5		·	_	`	Circle Up to Thr	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	Event Sequence 1 22 22 22 22 2 Q Q								
	Citation # (If I	ssued)			Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							nage		
	Violatio	n 1: ChSe	Driver Contributing Code 19 24 12 24 7 6											
	Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed N								
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex S	26 27 eat Safety Pos. Syste	28 Airbag Air m Status S	bag Ejec witch Co	O 31 Trap de Code		33 ansp. Code Medical Faci	ility
	Operator/	Non-Motorist		See Above			-	1	4 4	0	0	10 1		
										+				



moving towards the shoulder of the road to yield to the emergency vehicle. Cruiser 502 struck the driver side rear panel and bumper. Operator #1 was not injured.

Operator of Vehicle #2 was responding to an emergency with lights and sirens activated. While attempting to navigate through congested traffic, Vehicle #2 struck Vehicle #1. Vehicle #2 sustained damage to the passenger side doors. Operator of Vehicle #2 was not injured. Both vehicles were driven from the scene.

Photographs taken and submitted to IT Bureau for filing.

W/W										
W itnesses: Name (Last, First, Middle)	Address		Phono	Phone #						
Name (Last, First, Middle)	Address		Priorie	#	Statement					
Property Damage:	,									
Owner (Last, First, Middle)	Phone # 34-Type Des			Description of Dama	scription of Damaged Property					
Truck and Bus Information:	D :		/F 1/11:	1.0.0						
35										
Carrier Name					Carrier Iss	suing Authority Co	de			
Address		City		St	St Zip					
US DOT #: State Number Issuing State ICC #: Interstate 36										
US DOT #: State Number Issuing State ICC #: Interstate										
Cargo Body Type Code Gros	ss Vehicle Weight	30								
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
40										
Placard Material 1 digit #	me	Material 4 digit #				42				

 JAMES B SELIG
 NEWTON POLICE DEPARTA
 04/28/2022

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