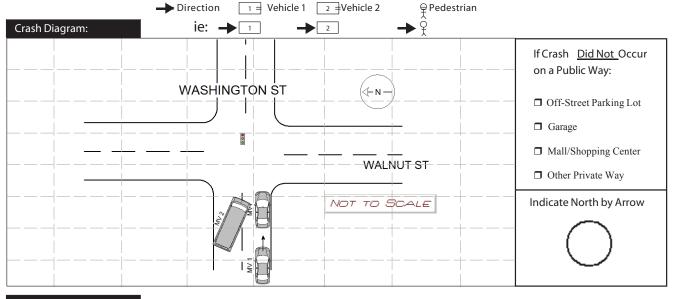
	Poli	ce Use Only		Comm	onwealt	h o	f Massa	ach	use	etts			RM	IV Do	cumen	ıt Number		
	Date of Crash 05/05/2022	Time of Crash 07:57	City/ NEWTON	Town	Motor V			sh	Vel	mber nicles	Nun	red L	peed Lin			tate Police ocal Police IBTA Police	N XI	
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	olice Use Only		Commo				r						ent Number	
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	Please fill out f	tor operator and a	ll occupants involv	/ed dress	A	ge/DOB		26 Seat Safety Pos. System	28 Airbag Air m Status Sv	pag Eject	Trap I Code	32 3 njury Tran Status Co		cility
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Motor Vehicle Crash   Number   Speed Land   State		Pol	ice Use Only		Com	monwe	alth o	of Massa	chu	setts			RMV D		ıt Number
Police   RepOfT		Date of Crash	Time of Crash	City/	Town				sh					SL	tate Police
Routes Direction Name of Readway/Street  Routes Direction Name of Intersecting Roadway/Street  Abo at Intersecting Roadway/Street  Abo at Intersecting Roadway/Street  Abo at Intersecting Roadway/Street  Feet   S   F   W   of   Mich Market   or   Fast Number    Routes Direction Name of Intersecting Roadway/Street  Abo at Intersecting Roadway/Street    Vehicle   Mich Market   or   Fast Number      Vehicle   Mich Market   Or   Fast Num	l													C	Other:
Route® Direction  Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street    Peet   N   N   W   of   Mile Marker   or   Extl Number			AT INTE	RSECTION	:	<	LOCAT	TION >	>		NOT	AT	INTER	RSECT	ION:
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Also at Intersection with    Feet   N   E   W   of								Feet N	SEV	V of	Mile M	• Iarker	or	E	Exit Number
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Vehicle	1							Feet N	SEV	V of	Route#	Iı	ntersecting	g Roadwa	ny/Street
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Please fill out for operator and all occupants involved Name (Last First Middle)  Please Select One of the Following:  Vehicle # Occupants   Mary   Owner   List   Address   Age DOB   State MA   Zip   D2062   Citty   NORWOOD   State MA   Zip   D2062   Citation # (If Issued)  Vehicle Travel Direction:   N   S   E   W   Responding to Emergency?   Vehicle Travel Direction:   N   S   E   W   North Middle   Address   North Middle   North											8		7		
Please Select One of the Following:							Underr	ide/Override				9 30	31 3	32   33	
Please Select One of the Following:  Vehicle #Occupants Non-Motorist A Type  97		Name (Last Fi	rst Middle)			Address			Sex Po	s. System	Airbag Airba Status Swite	g Eject h Code	Trap Inju Code Stat	tus Code	
License# St DOB/Age Reg # Reg Type Reg State  Sex F Lic. Class I8 I8 Lic. Restrictions Print Middle Name (Last First Middle)  Norwood State MA Zip 02062 City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Sex F Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Status Sta		Operator	•			See Above						+			
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Operator/Non-Motorist See Above 10 1		Name (Last F	irst Middle)	. Sperator and		Address			Sex P	os. System	Airbag Airba Status Swi	g Eject ch Code	Code Sta	iry Transp atus Code	
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Po	lice Use Only	Co	ommonweal	lth o	f Massa	achu	setts			RMV D		t Number	
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		r and all occupants ir			Age/DOB		26 27 at Safety	28 2 Airbag Airb Status Swit	9 30 ng Eject	31 3: Trap Injur	2 33 y Transp.	Madical Facili	
Name (Last F			Address See Above		Age/DOB	Sex Po		Status Swit	in Code	Code \$tatu	is Code	Medical Facili	L
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Please Select of the Follow	I Vehicle	#Occupants	Non-Motorist A Type	97	Action 97	Locat		Cond	ition 99	, 17	Hit/Ru	ın Mop	ed
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Sex F Lic.	18 18	Lic. Restrictions	19 CDL	-	ar						h Config	20	-
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	Last COBINWOOD RD	First	Middle		Las	t		First		1	Middle		-
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- 3		State		Action Prior to		2	 П г				le Up to Thr	ee)	
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1		Violation 2: Ch			Contributing Co	25		8		7	6		
		Violation 4: Ch		Underri	de/Override		Towed		9   30	31   32	2   33		_
Name (Last	First Middle)	- I alor and an occupa	Address		Age/DOB		26 27 at Safety os. System	28 2 Airbag Airb Status Swi	ag Eject tch Code	31 32 Trap Injur Code Stat	y Transp. tus Code	Medical Faci	lity
Operator	r/Non-Motorist		See Above							10	1		



## Crash Narrative:

THE OPERATOR OF MV 1 WAS TRAVELING EAST ON WASHINGTON STREET IN THE LEFT HAND LANE. AS HE WAS APPROACHING
THE INTERSECTION OF WALNUT STREET, MV2 ATTEMPTED TO CHANGE LANES (GOING FROM THE LEFT LANE INTO THE RIGHT
LANE) AND TURNED INTO MV 1, STRIKING HIS VEHICLE ON THE FRONT DRIVERS SIDE. MODERATE DAMAGE SUSTAINED TO
MV 1 AND NO INJURIES WERE REPORTED.

OPERATOR OF MV 2 STATED HE WAS ON WASHINGTON ST HEADING EAST ON WASHINGTON STREET IN THE LEFT LANE AT THE

INTERSECTION OF WALNUT ST. HE STATED THAT HE LOOKED TO HIS RIGHT AND DID NOT SEE ANY VEHICLES TRAVELING IN

THE RIGHT LANE SO HE ATTEMPTED TO MAKE A LANE CHANGE. WHEN HE ATTEMPTED TO TURN INTO THE RIGHT LANE, HE

STRUCK MV 1 ON THE FRONT DRIVER SIDE. MODERATE DAMAGE SUSTAINED AND NO INJURIES WERE REPORTED. THREE

STUDENTS ON THE BUS WERE CHECKED OUT BY MEDICS (REFUSALS), PARENTS WERE NOTIFIED AND THEY WERE SENT ON

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	!	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	on of Dama	ged Property	
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issu	ning Authority Co	ade 35
								de
Carrier Name			City			St	Zip	de
Carrier NameAddressUS DOT #:	State Number		City			St	Zip	de
Carrier Name Address US DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	de
Carrier Name  Address US DOT #: Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	de
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Growth Gro	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC#:_ Tr	ailer Lengtl	St	ZipInterstate	de

 MATTHEW W COLELLA
 NEWTON POLICE DEPARTN
 05/05/2022

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

-	Direction	_1 <del>=</del> Veh	icle 1	2 =Vehicle 2	₽Pedesti	rian		
Crash Diagram:	ie: →	1	→ [	2	→ ♀			
Crash Diagram:	ie: ->[						If Crash Did Not Coon a Public Way:  Off-Street Parking Garage Mall/Shopping Ce Other Private Way  Indicate North by A	g Lot enter
THEIR WAY TO SCHOOL (CLEAR								
Witnesses:		1						1 -
Name (Last, First, Middle)		Addr	ess				Phone #	Statement
Property Damage:	Address			Phone #	24 Tree 0	Dagaria	tion of Domonoud Duomoutus	
Owner (Last, First, Middle)	Address			Priorie #	34-Type	Descrip	tion of Damaged Property	
Truck and Bus Information:	Registration #			(From	Vehicle Section)		Carrier Issuing Authority Code	35
Address				City			_	
US DOT#:								36
37	oss Vehicle Weight	38						
Trailer Reg #:		Re	eg State	Reg Ye	ar Tr	ailer Leng	gth 39	
Hazmat Information:	41							42
Placard 40 Material 1 digit	# 41 Material	Name			Material 4	digit#	Release code	42
MATTHEW W COLELLA					NEWTON POLICE DEPART	Δ.	05/05/20	)22

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)