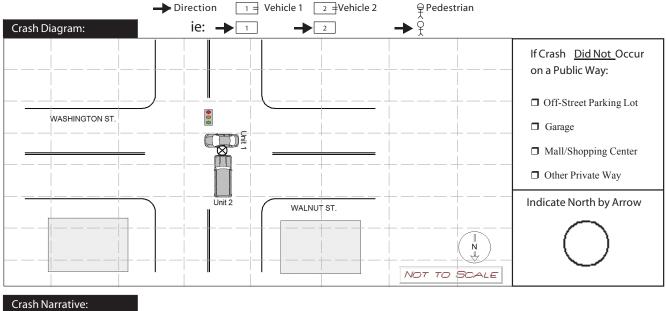
	Poli	ice Use Only		Commonwe	alth (of Mass	achı	isett	S		RM	V Docun	nent Number	
	Date of Crash 05/25/2022	Time of Crash 18:31 24HR	NEWTON	MIOTOI		icle Cra Report	ash	Number Vehicle 2		ed Lat	eed Limititude _ ngitude_		State Police Local Police MBTA Police Other:	XI
			RSECTION:	<	LOCA		>		NC	Т АТ	INT	ERSE(CTION:	\sqsupset $-$
		WALN	UT ST											2
$egin{smallmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion		Roadway/Street		Route# Direct	ion Ac	ldress #		N	ame of I	Roadway/	Street	$ 2^1$
	At WASHINGTON ST				Feet NSEW of or							_ _		
	Route# Direc	etion N	Name of Intersection	ng Roadway/Street					Mile	Marker			Exit Number	_
			Also at Inter	rsection with			N S E		Rout	e#	Intersec	ting Road	dway/Street	- <u> </u>
2 1	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of								3	
3	_ _ _				Landmark								\dashv	
1	Wehicle1	_1_#Occupants		_ 1 Cast	e Number		2:	2000449						_
	License#	18 1	St M	A DOB/Age	Reg#	9GC268			Reg	Гуре_РА	AN	Reg	State MA 20	_
	Sex_M_ Lic.	Class D 1	Lic. Restriction		_ Veh Y	ear_2018	Ve	h Make_F	IONDA			Veh Co	nfig. 1	
⁴ 3	Operator MU	RPHY	KHARI	ASANTE Middle	Owne	(Same as ope	erator)		First			Middle		$- 1^{1}$
	1	PLEASANT ST			Address								-	
	City NEW BE		St	ate MA Zip 02740	City_								Zip	
E	Insurance Com	1 7			Vehic	le Action Prior t		1	21		,	Code: (C	Circle Up to Thre	ee)
5 1	Vehicle Travel	Direction: N	S X W Res	ponding to Emergency? N	Event	Sequence 1	22 23		22	2	3		4 10 Undercarr	ina
	`	ssued)			Most	Harmful Event	1	24	24	4	9	$(\mid \mid \mid)$	5 11 Totaled	lage
⁶ 1	1			1 2: ChSec		Contributing C	Code 25	1		3	<u> </u>		0	
1				1 4: ChSec	Under	ride/Override		Tow	ed N		_			1
	Name (Last Fir		ator and all occu	Address		Age/DOB	Sex	26 Seat Safety Pos. System	28 Airbag A Status Sv	29 Eje vitch Coo	30 31 Fort Trap de Code	32 Injury Tra Status Co	33 nsp. de Medical Facili	1
	Operator			See Above				99	4 9	99 0	0	10 1		_
														_
⁷ 2	Please Select C of the Followi		2 <u>1</u> #Occupan	ts Non-Motorist A Ty	ype	14 Action	15 Loc	ation	16 Con	ndition	17	Hit	t/Run Mop	ed
	License#		St_M		Reg # 38CT88 Reg Type PAN Reg State M						State MA	_]		
	Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL					Veh Year 2015 Veh Make JEEP Veh Config. 20								
8 1	Operator ZHI	Last	GUOQIN First	Endorsment	Owne	Owner (Same as operator) Last First Middle								_
_	Address 27 H	ARGRAVE CIR			Addre	SS								-
	City NEWTON State MA Zip 02461					CityStateZip								-
	Insurance Com	npany PLYMOUT	ГН КОСК		Vehic	le Action Prior t	o Crash	1	21		,	Code: (C	Circle Up to Thre	ee)
	Vehicle Travel	Direction: N	X E W Re	sponding to Emergency? N	Event	Sequence 1	22 23		22	2	3		4	
Citation # (If Issued) T1447996						Most Harmful Event 1 23 G 9 10 Undercarriage 5 11 Totaled								iage
Violation 1: Ch_89/9 Sec Violation 2: Ch_90/10/A_Sec					Driver Contributing Code 3 24 24									
	Violatio	Underride/Override 25 Towed N 8 7 6												
	Pl Name (Last Fi		operator and al	l occupants involved Address		Age/DOB	Sex	26 Seat Safety Pos. Syste	28 Airbag A m Status S	29 Sirbag Eje	ode Code	Injury Tra	nsp. ode Medical Faci	lity
	Operator/	Non-Motorist		See Above				99	4 9	9 0	0	10 1		



The operator of MV#1 stated he was traveling eastbound on Washington St. through the intersection of Walnut St. The operator of MV#1 stated he had a "green" signal as he proceeded through the intersection. The Operator of MV#1 stated his vehicle was struck at an angle by MV#2. A witness to the accident confirmed MV#1 had a "green" signal while MV#2 had a "red" signal. The operator of MV#2 stated he was unsure what color signal he had as he traveled south on Walnut St. through the intersection of Washington St. Damage to both vehicles were consistent with a "T-bone" collision. No injuries were reported. Both vehicles were driven from

the scene. The Operator of MV#2 was cited.											
Witnesses:											
Name (Last, First, Middle)	Address		Phone # Statement								
Property Damage:											
Owner (Last, First, Middle)	Phone # 34-Type De			Pescription of Damaged Property							
Truck and Bus Information:	Registration #		(From Vehic	ele Section)	35						
Carrier Name					Carrier Issuing Authority Code						
Address			City		St Zip						
US DOT #:	State Number		Issuing State	ICC #:_	Interstate 36						
Cargo Body Type Code Gross Vehicle Weight 38											
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length											
Hazmat Information:											
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit # Release code 42						

DANIEL SOHN		NEWTON POLICE DEPARTM	05/25/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date