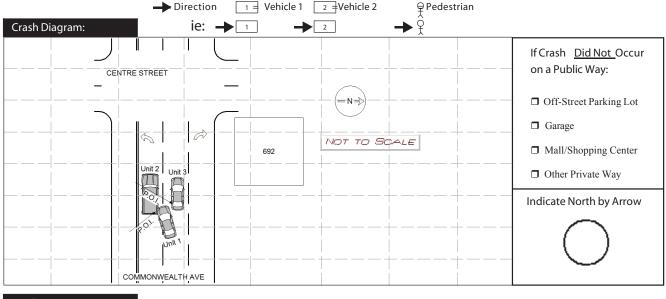
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_				Feet [	N S E W	of -		•		or		_		
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1	Route# Direc	tion	Name of Inters	ecting Roadway/Street		Feet [	N S E W	of						[3
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1	Operator CHI		ALEXANDR	Middle		CHILTON	t	JOHN	First			Middle	е	_ [:
	Address 21 GI				_	21 GROVEL	AND ST					MA	00155	-
	City AUBURN		S	tate MA Zip 02466		IEWTON					_		Zip <u>02466</u>	_
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	Operator			See Above				1	4 4	0	0	10 1	NONE	
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	- Operation :	Non-Motorist			ee Above											



## Crash Narrative:

On 06/06/2022, while assigned to N494, I, Officer Conary, responded to a 3 car MVA at 629 Commonwealth Ave.

Upon arrival, I spoke with the Operator of MV1 who explained to me that they were traveling Westbound on

Commonwealth Ave when they used their left signal to enter the left turn only lane. As MV1 entered the lane, they hit MV2. MV1 then swerved and hit MV3 who was in the center lane.

I spoke with the Operator of MV2 who explained to me that they were stopped in traffic in the left turn only lane Westbound on Commonwealth Ave, when they were hit by MV1 on the right rear side panel. Operator of MV2 said they didn't see what happened.

I spoke with the Operator of MV3 who explained to me that they were traveling Westbound on Commonwealth Ave
in the center lane when they were hit by MV1 on the left rear side panel. Operator of MV3 said she saw MV1

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Truck and Bus Information:  Carrier Name			(From Vehic	cle Section)		Carrier Issuing Authority C	
			(From Vehic				
Carrier Name	State Number		City			St Zip	
Carrier Name  Address  US DOT #:	State Number		City			St Zip Interstate	ode
Carrier Name Address US DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St Zip Interstate [	ode
Carrier Name	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St Zip Interstate [	ode

KRISTINA CONARY			NEWTON POLICE DEPARTA		06/06/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	→ Direction	1 =	Vehicle 1	2 =Vehicle 2	₽ Pedestr	rian		
Crash Diagram:	ie: →[	1	→[	2	<b>→</b> $\frac{3}{2}$			
							If Crash <u>Did Not</u> C on a Public Way:	Occur
				<u> </u>			☐ Off-Street Parking	Lot
							☐ Garage	, 201
		 		<del></del>				nntar
		_ _					☐ Mall/Shopping Ce	
							☐ Other Private Way	
							Indicate North by A	rrow
							$\bigcirc$	
Crash Narrative:								
entered the left turn onl	y lane and the	en ti	urn into t	the center la	ane where th	ey were h	nit.	
MV1 has minor damage to t	he front bumpe	er a	nd sides,	MV2 has dama	age to the r	ight rea	ar panel, MV3 had o	damage
to the left rear panel. M	IV1 and MV3 wer	re to	owed from	scene. All	parties dec	lined med	dical attention.	
Witnesses:								
Name (Last, First, Middle)		1	Address				Phone #	Statement
Dua manife i Danisa na								
Property Damage: Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	of Damaged Property	
					71.			
Truck and Bus Information:	Registration #			`	Vehicle Section)			35
Carrier Name							arrier Issuing Authority Code	e
Address								36
US DOT #:  Cargo Body Type Code  37  Gi			88	Issuing State	ICC #:_		Interstate	
5 3 31	ross Vehicle Weight					Γ	39	
Trailer Reg #:	Reg Type		_ Reg State _	Reg Ye	ar Tr	ailer Length		
Hazmat Information:	41							42
Placard Material 1 digit	# Materia	l Nam	e		Material 4	digit #	Release code	
KRISTINA CONARY					NEWTON POLICE DEPARTS	<u> </u>	06/06/20	)22

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)