

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Glenn Ave.

Unit 3 Unit 2 Unit 1

Beacon St. NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

At approximately 1758HRS on Wednesday, June 08, 2022, I responded to the area of Glenn Ave. and Beacon St., for the report of a motor vehicle crash with injuries.

Upon speaking with the operator of MV1, they stated they were driving westbound on Beacon St., when they slowed down and signaled their intent to turn left (southbound) onto Glenn Ave. It was at this time, they were struck in the rear by MV2.

Upon speaking with the operator of MV2, they stated that while they drove westbound on Beacon St., the operator of MV1 stopped short while signaling a left hand turn. They then struck MV1 in the rear, as they did not have time to stop. MV3 then struck them in the rear.

Upon speaking to the operator of MV3, they stated were traveling westbound on Beacon St. and that everything

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

CHRISTOPHER G HOWES

38804

NEWTON POLICE DEPART

06/08/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian
ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

happened so fast, that they were not sure what happened, but that they drove into the rear of MV2.

I noted damage to the right rear bumper cover of MV1 (MA Pass:4NAZ81) and that due to the force of being struck, their spare tire from underneath the vehicle became dislodged; an NFD firefighter placed it in their trunk.

I noted extensive damage to the front and rear of MV2 (CT Pass:275RNP) and that it was leaking fluids, which NFD cleaned from the roadway. MV2's front bumper cover, grill, headlights, fenders and hood were damaged. MV2's rear bumper cover/foam was completely dislodged, its muffler was dragging and its trunk, quarter panels and tail lights were damaged.

I noted damage to the grill, headlights and steel bumper of MV3 (MA Con: S15127).

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

CHRISTOPHER G HOWES

38804

NEWTON POLICE DEPART

06/08/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

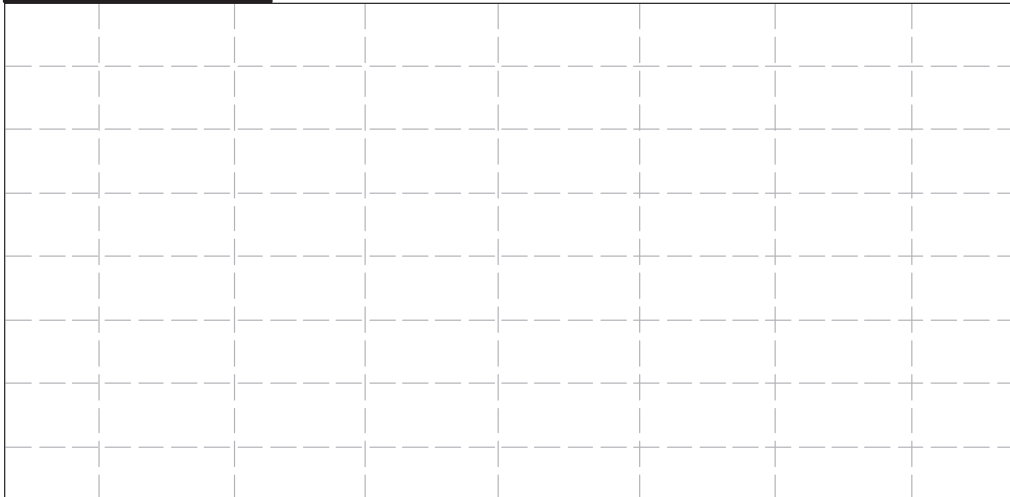
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

The operator of MV2 was transported to the hospital with injuries to their face, neck and left knee and MV2 was removed from the roadway by Tody's Services; their airbag did not deploy. I completed and filed an NPD Towed Motor Vehicle Report Form.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

CHRISTOPHER G HOWES

38804

NEWTON POLICE DEPART

06/08/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date