

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/14/2022	Time of Crash 12:30 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 1	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div>11</div> <div>Route# Direction Name of Roadway/Street At</div>			<div>29</div> <div>WEST 366 BEACON ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____ Landmark</div>							
<div>21</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div>										
<div>3</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000521			
License # --- St MA DOB/Age ---			Reg # V24966		Reg Type CON		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019		Veh Make FORD		Veh Config. 2 20			
<div>41</div> <div>Operator PARVIAINEN SETH Last First Middle</div>			Owner MASTER HOME SER Last First Middle							



→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

BEACON ST

Unit 3

Unit 2

Unit 1

366 BEACON ST

← N

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:**

On Tuesday 6/14/2022 at approx 1230hrs, while assigned to N496, I responded to 366 Beacon St in Newton for a 3 car MVA. There, operator of MV2 sated that she had neck pain and suffered an injury to her head. Fire and medics responded and evaluated the operator of MV2 who was later transported to NWH.

Operator of MV1 states that he was driving WB on Beacon St when the vehicle ahead of him slowed down to take a left. He said he was coming to a stop when he was struck by MV2 from behind.

Operator of MV2 states that she was driving WB on Beacon St and when she was struck from behind by MV3. She said that after she was hit she "lost control" and collided with MV1. She stated that her head hit the steering wheel. MV2 was towed by Tody's towing service.

Operator of MV3 states that he was travelling WB on Beacon St and noticed an incoming sports car which made

(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

KEVIN DURICKAS

NEWTON POLICE DEPART

06/14/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

