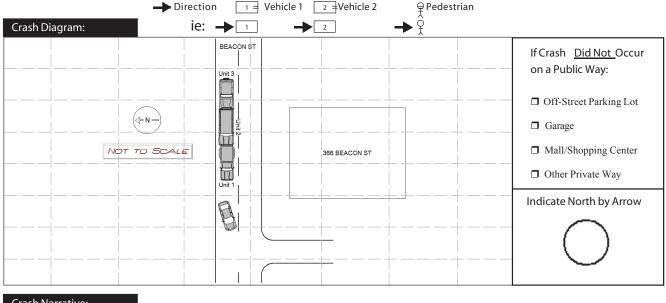
	ce Use Only					f Massa	_	setts	\$				nent Number	
Date of Crash 06/14/2022	Time of Crash 12:30	City/1 NEWTON	own ]			icle Cra	sh	Number Vehicles			eed Limititude _		State Police Local Police MBTA Police	N X
09142022	24HR					Report		3	1		ngitude_		Other:	
	AT INTER	RSECTION:		< L	OCAT	TION :	>		NO	ТАТ	INT	ERSE	CTION:	
						WEST	366		BEAC	ON ST	,			
Route# Direct	tion	Name	of Roadway/Street		R	Route# Directio	n Ad	dress #		N	lame of I	Roadway	/Street	_
1			At			Feet N	SE	w of			•	or		
Route# Direc	tion N	Name of Intersect	ing Roadway/Stree	t	╌				Mile	Marker	•		Exit Number	
		Also at Int	ersection with		[-	Feet N	SE	W of	Route	#	Intersec	ting Roa	dway/Street	-
	<del></del>	N Gl			[-	Feet N	SE	W of						
Route# Direct	non	Name of Inters	ecting Roadway/St	reet							La	ndmark		
XVehicle1	1_#Occupants	Hit/Ru	Mopeo	d Case N	umber		22	000521						
License#		St_	IA DOB/Age		Reg#	V <b>24</b> 966			Reg T	ype Co	ON	Reg	State MA	
Sex_M Lic. (	Class D 18 1	Lic. Restriction		L	Veh Ye	ar_2019	Veh	Make F	ORD			Veh Co	onfig. 2	
Operator PAR		SETH		orsment		MASTER HO	ME SEI							
Address 58 FO	REST ST	First	М	iddle		Last 17 THEURER			First			Middle		
City_BALDWI		5	tate_MA Zip_02	2436		ATERTOWN					State	MA	Zip 02472	
Insurance Com	pany STATE AU	JTO PROPERT	Y AND CASUAL	ГҮ	Vehicle	Action Prior to	Crash	2	21	Damag	ged Area	Code: (0	Circle Up to Thi	ree)
Vehicle Travel	Direction: N	S E X Re	sponding to Emerg	gency?N	Event S	Sequence 1 2	2 22		22 2		3		4	
Citation # (If Is					Most H	armful Event	23				9	/  `	10 Undercar	riage
Violation Violation	1: ChSec	c Violatio	on 2: ChSec	:	Driver	L Contributing Co	de 1	24	24	-	/ˈj	√ ,	11 Totaled	
Violation	3: ChSec	e Violatio	on 4: ChSec	·	Underri	ide/Override	25	Towe	ed N		7		6	
		ator and all occ	upants involved				s	26 27 eat Safety	28 Airbag Ai Status Sw	29 3 bag Eje	30 31 Ect Trap de Code	32 Injury Tra	33 ansp.	
Name (Last First Operator	st Middle)			Above		Age/DOB		os. \$ystem		itch Coo	de Code	\$tatus Co	ode Medical Facil	lity
												++		
												$\perp \perp$		
Please Select C of the Followin		2 <u>1</u> #Occupa	nts Non-Mo	torist A Type	14	Action 1:	5 Loca	tion	16 Con	dition	17	Hi	t/Run Mo	ped
License#	<i>J.</i>	St <sup>1</sup>	IA DOD/A		Reg # 1	22			D 7	ype PA	AN	Dan	State MA	
Sex_F Lic. (	Class D 18 1		19		_		Val	Make_L				Keg Veh Co	20	-
Operator SIM		DAPHNEY	7115 E	orsment		(Same as oper		wake				_ ven co	illig. 2	
Address 20 HC	Last	First	M	liddle		Last	utor)		First			Middle		-
City BROCKT			tate MA Zip 02	2302		S					State		Zip	-
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						ide/Override	25	Tower	1 Y		7		6	
Violation		ec Violat	ll occupants invo	olved	Underri	ide/Override		26 27 eat Safety		29 3 bag Eje	30 31 Trap	32 Injury Tra	33	$\dashv$
Name (Last Fi	rst Middle)	- P-ration und t		Address		Age/DOB		Pos. Syste	m Status S	witch Co	ode Code	Status C	ode Medical Fac	ility
Operator/	Non-Motorist		See A	Above				99	4 9	9 0	0	9 2	NWH	

	ce Use Only		Commonwea									nent Numb	
Date of Crash 06/14/2022	Time of Crash 12:30	City/To	MIOTOI		icle Cra	sh   N	umber ehicles	Number Injured	Speed Latitu			State Polic Local Polic MBTA Pol	ce XI
	24HR				Report		3	1	Longi			Other:	
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Route# Direct	ion		Roadway/Street At	R	Route# Direction	on Addre	ess#		Nam	e of R	oadway/	Street	
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<b>V</b>	1 #0		Dynat							Lan	шпагк		
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City MEDFIEL			ate MA Zip 02052	City M	EDFIELD					_		Zip 02052	
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Please Select O of the Followir	Vehicle	e#Occupant	ts Non-Motorist A Typ	pe 14	Action	Locatio	n 1	6 Condit	ion	17	Hit	/Run 🔲 N	Лореd
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		operator and all	l occupants involved			26 Seat	Safety A	28 29 irbag Airba	g 30 Eject	31 Trap I	njury [Tra:		Б
	rst Middle)		Address		Age/DOB	Sex Pos	. System	Status Swite	n Code	Code	Status Co	ode Medical	Facility
	Non-Motorist		See Above				-						
	Non-Motorist		See Above				-						
	Non-Motorist		See Above				-						



## 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. 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 Dama	iged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			
Carrier Name					Carrier Issu	uing Authority Coo	35 le
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	s Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Length 39		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	_ Release code	42

	→ Direction	1 = Vehicle 1	2 = Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: →□	1 -	2	<b>₽</b> ĝ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkin	ug I ot
					☐ Garage	ig Lot
		-  + 	+ -		☐ Mall/Shopping C	Senter .
		<u> </u>			Other Private Wa	
		 -				
		į į		į	Indicate North by I	Arrow
					·	
Crash Narrative:						
him turn his head. When	he looked back	in front of h	im he could no	t stop in	time before hitting MV2.	
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
warne (Last, First, Middle)		Address			THORE #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
				2		
Truck and Bus Information:				hicle Section)	Camian Iannina Authorita Ca	35
Carrier Name					Carrier Issuing Authority Co	de
					St Zip	36
US DOT #:  Cargo Body Type Code  37		38	issuing state	ICC#:	Interstate	
	Gross Vehicle Weight	D. C.	D		39	
Trailer Reg #:  Hazmat Information:	Reg Type	Reg State	Reg Year_	Tra	aller Length	
Placard 40 Material 1 dig	git # 41 Material	Name		Material 4 d	ligit # Release code	42
KEVIN DURICKAS			NEW	TON POLICE DEPARTA	06/14/2	2022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)