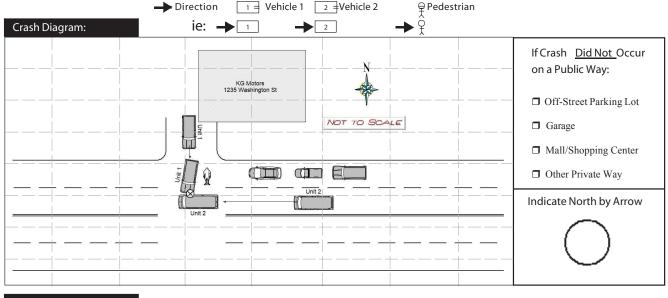
Pol	ice Use Only		Common	wealth	of Massa	achus	etts				ument Nu		
Date of Crash 06/16/2022	Time of Crash 15:52	City/To NEWTON	wn Mo	tor Ve	hicle Cra	sh $\frac{N}{V}$		Number Injured	Speed Lis Latitude		State I Local	Police Police A Police	D X
00/10/2022	15:52 24HR	NEWTON		Police	Report	2		0	Longitud		Other:	A Police	
	AT INTER	RSECTION:	<	LOCA	ATION	>		NOT	AT IN	ΓERSE	ECTION	٧:	
					WEST	1235	v	WASHIN	IGTON S	Γ			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						_			
-			At		Feet [N S E W	of		_ • _	or			
Route# Direc	etion N	Vame of Intersectin	g Roadway/Street					Mile Ma	rker		Exit N	umber	_
		Also at Inter	section with		30FT Feet 3	(SEW		Route#	DAVIS (oadway/Str	reet	.
Route# Direc					Feet [N S E W	of			Ü	,		
Route# Direc	tion	Name of Interse	cting Roadway/Street				_		I	andmark			4
XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Numbe	er	2200	0536						
License#		St M.	A DOB/Age	Reg	# 174 6			Reg Type	DLN	Re	g State M	A	
Sex M Lic.	18 1		19		Year_2004	Veh M						20	
Operator BR		WILLIAM	Endorsmer		er MOTORS		KG						
Address 375 C	COLUMBUS AV	First E (apt. 506)	Middle	Add	ress 1235 WASHI	t NGTON S	T	First		Midd	dle		
City BOSTO			nte MA Zip 02116		NEWTON				Sta	ma MA	Zip_0246	i5	
	npany COMMER		2.p		cle Action Prior to	Crash	6 21				(Circle U _l		e)
—			onding to Emergency?			22 22		22 2		3	4		
	ssued)		ending to Emergency.		t Harmful Event	23			Λ	L/		Indercarria	age
·			2: Ch Sec		er Contributing Co	_	24	24 1	┗╽╱	9	5 11 T	otaled	
			4: Ch Sec		erride/Override	25	Towed_			7	6		
		ator and all occu				26 Seat		28 29 rbag Airbag tatus Switch	30 3 Eject Trap Code Cod	1 32 Injury	33 Fransp.		\dashv
Name (Last Fin	st Middle)		Address See Above	<u> </u>	Age/DOB	Sex Pos.			Code Cod		Code Med	dical Facility	<u>y</u>
Орегатог			500 7100 00				1 4	4	0 0	10	1		\dashv
													\dashv
Please Select (of the Followi		2 <u>1</u> #Occupan	S Non-Motorist	A Type	14 Action 1	5 Locatio	n 16	Conditi	on 1'	7 0 1	Hit/Run [Море	ed
License#		St_M		Reg	# 1EP863		Reg Type PAN			Reg State MA			.]
Sex_F_ Lic.	Sex_F Lic. Class D 18 18 Lic. Restrictions B 19 CDL				Veh Year 2014 Veh N			Make_HONDA			Veh Config. 20 2		
Operator KO	NTOROVITCH	ELENA First	Endorsmer L		er (Same as ope	rator)		First		Mide	dla		.
Address 1915	BEACON ST			Add	ress								.
City NEWTO	N	St	nte MA Zip 02468	City					Sta	ite	_Zip		.
Insurance Con	npany STANDAR	RD FIRE		Vehi	cle Action Prior to	Crash	1 21	Da	maged Ar	ea Code:	(Circle U _J	ρ to Thre	e)
Vehicle Travel	Direction: N	S E X Re	sponding to Emergency	? <u>N</u> Ever	nt Sequence 1	22 22	22 2	22 0		3	4		
Citation # (If I	ssued)			Mos	t Harmful Event	1 23		_	_ \	9	10 U 5 11 T	Indercarria Totaled	age
Violatio	n 1: ChSe	ec Violatio	n 2: ChSec	Driv	ı er Contributing Co	ode 1	24	24	- //	ÍV	J" " "		
Violatio	n 3: ChSe	ec Violatio	n 4: ChSec	Und	erride/Override	25	Towed_	N 8		7	6		
		operator and all	occupants involved			26 Seat	27 Safety Air	28 29 rbag Airbag	30 3 Eject Trap	1 32 Injury I	33 Transp.		\exists
Name (Last F	Non-Motorist		Address See Above		Age/DOB	Sex Pos	System S - 1 4	Status Switch	0 0	de Status	Code Me	edical Facili	ty
1,11101							- *	1	- 1		-		\dashv
										+			\dashv



Crash Narrative:

MV1 was pulling out of the parking lot of KG Motors with a dealership car. An employee at KG Motors, Dennis Cronin, was assisting in getting him out of the parking lot safely and into rush hour traffic on Washington St/West Newton Square. MV1 operator pulled out into the first WESTBOUND lane and Mr. Cronin stepped out on Washington St and tried to hold up traffic in the other WESTBOUND traffic lane. MV1 operator, William Bradshaw, believed that it was clear to pull further out into traffic when it collided with MV2. MV2 was driving WESTBOUND straight on Washington St when she thought she saw a man standing in the middle of traffic, she looked twice and when she did, she collided with MV1 who had pulled into her lane of travel. No injuries reported and both cars were drivable.

Witnesses:									
Name (Last, First, Middle)	Address		Phone	Phone #					
Property Damage:									
Owner (Last, First, Middle)		Phone #	34-Type	Description of Dama	cription of Damaged Property				
Truck and Bus Information: Registration #(From Vehicle Section)									
Carrier Name					Carrier Iss	suing Authority Coo			
Address			City		St	Zip			
US DOT #:			Issuing State	ICC #:_		Interstate	36		
Cargo Body Type Code Gross	s Vehicle Weight	38			39	1			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr					
Hazmat Information:						ı			
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	_ Release code	42		