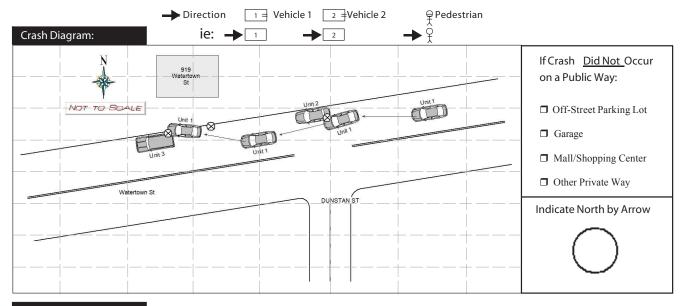
	Poli	ice Use Only		Commonweal	lth o	f Massa	achi	usett	S		RM	V Docui	ment Number	
	Date of Crash 06/26/2022	Time of Crash 03:20 24HR	NEWTON	MIOTOI		cle Cra Report	sh	Number Vehicle 3		red La	eed Limititude _ ngitude_		State Police Local Police MBTA Police Other:	XI D
			RSECTION:		OCAT		>		N				CTION:	
						16 NORTH 919 WATERTOWN ST								
1 2	Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Route# Direction Address # Name of Roadway/Street								
						Feet NSEW of or Exit Number							-	
						30FT Feet N X E W of DUNSTAN ST								
2 1						Route# Intersecting Roadway/Street Feet N S E W of								
1	Route# Direction Name of Intersecting Roadway/Street					Landmark								
3	XVehicle1	Number 22000570								7				
	License#		St XX	DOB/Age	Reg#1	DKR35			Reg	Type PA	AN	Reg	State MA	_
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⁵ 1	Violation 3: ChSecViolation 4: ChSec					de/Override	25	Tov	ved Y	8	/		6	
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7 1	Please Select C of the Followi	I A Venicle	e2 <u>0</u> #Occupants	Non-Motorist A Type	14	Action 1	5 Loc	eation	16 C	ondition	17	Пні	it/Run Mor	ped
	License# St DOB/Age				Reg#_K	eg# KVE7969 Reg Type								
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1	Operator					Owner READE DANIEL J								_
_	Address					Address 20 NORTHWOOD DR								_
	CityStateZip					City BALLSTON SPA State NY Zip 12020							-	
	Insurance Company ALLSTATE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ree)
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Pol Date of Crash	Time of Crash		Commonwea				Number	Number		RMV Doc Limit <u>35</u>			
06/26/2022	03:20	NEWTON			icle Cra Papart	'	/ehicles	Injured	Latitud	le	Lo	te Police cal Police BTA Police	
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Violation 3: ChSec Violation 4: ChSec					ide/Override	25	Towed	N 8		7	6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB	Sex Pos	26 27 t Safety A	28 29 Airbag Airbag Status Switch	30 Eject T	31 32 Trap Injury Code Status	33 Transp. Code	Medical Facility	
Operator			See Above										
Please Select (of the Followi	Vehicle	e# Occupants	Non-Motorist A Typ	pe 14	Action 1	5 Locati	on 1	6 Condit	ion	17	Hit/Rur	n Mopeo	
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	License # St DOB/Age Sex Lic. Class Lic. Restrictions CDL				Reg # Reg Type Reg State /eh Year Veh Make Veh Config.								
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Address	Last	First	Middle		Last			First		Mic	ddle		
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Pl Name (Last F		operator and all occ	cupants involved Address		Age/DOB	Sex Po	6 27 t Safety 2 s. System	28 29 Airbag Airbag Status Swite	30 Eject T ch Code	31 32 Trap Injury Code Status	Transp. Code	Medical Facility	
Operator/	Non-Motorist		See Above				-						



Crash Narrative:

(Continued on next page)

MV1 was traveling WESTBOUND on Watertown St when it collided with two parked cars. MV2 (NY Reg:KVE7969)
was parked facing Westbound on Watertown St across from Dunstan St and MV3 (FL Reg:IGF7B) was parked in
front of 919 Watertown St also facing Westbound. MV1 collided with MV2 and then continued Westbound, hit the
curb and then collided with MV3. MV1 sustained heavy front end damage and airbag deployment. MV2 sustained
heavy rear end driver's side damage. MV3 sustained minor rear end passenger side damage. MV1 operator signed
a refusal with the medics. No medical issues. Operator was in a high emotional state due to a recent breakup
with their partner. Tody's towed MV1. Owner of MV2, resides at 919 Watertown St, came out during the
incident and was able to provide her information. MV2 was still driveable. A note was placed on MV3 with
crash information. There was already existing damage to the stone wall and the fire hydrant outside of 919

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) 35 Carrier Name_ ___ Carrier Issuing Authority Code Address_ US DOT #: ___ Issuing State ____ ICC #:___ State Number Cargo Body Type Code Gross Vehicle Weight Trailer Reg #: Reg Type_____ Reg State _____ Reg Year____ Trailer Length Hazmat Information: _____ Material 4 digit # _____ Release code Placard Material 1 digit # Material Name

ALEX N KANE		38800	NEWTON POLICE DEPARTM		06/26/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction	1 = Vehicle 1	2 = Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: →□	1 -	2	₽ Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	_Occur
					☐ Off-Street Parki	ng Lot
					☐ Garage	ing Dot
		- + 	_ — — — + -	+	☐ Mall/Shopping ©	Center
					Other Private W	
	 	 		+		
				į	Indicate North by	Arrow
Crash Narrative:						
Watertown St. There was	no new damage fr	com this accid	dent to eithe	r wall of	hydrant.	
W itnesses: 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 Vel	nicle Section)		
Carrier Name					Carrier Issuing Authority Co	ode 35
Address			City		St Zip	
US DOT#:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37	Pross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39	
Hazmat Information:						
Placard 40 Material 1 dig	it # 41 Material N	Name		_ Material 4 d	digit # Release code	42
ALEX N KANE		3880	0 NEWI	ON POLICE DEPARTM	06/26/	/2022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)