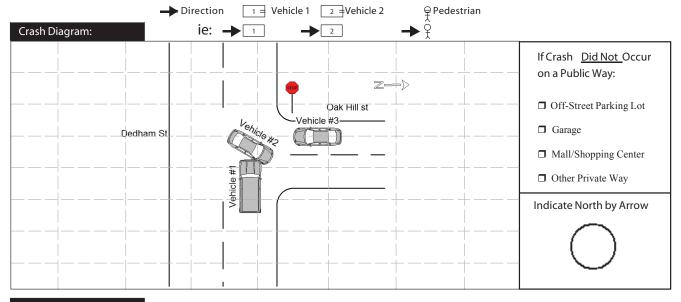
	Poli	ice Use Only		Commonwea	alth o	of Massa	achus	setts			RM	V Docu	ment Number	
	Date of Crash 06/29/2022	Time of Crash 14:20	City/To NEWTON	Motor Motor	· Veh	icle Cra	sh [Number Vehicles			ed Limi		State Police Local Police MBTA Police	N X
	00/27/2022	24HR				Report		3	2		gitude_		Other:	•
		AT INTER	RSECTION:	<	LOCA	ΓΙΟN	>		NO	T AT	INT	ERSE	CTION:	2
	WES	T DEDHA	AM ST											
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion	Name of	Roadway/Street At		Route# Direction	on Add	ress #		Na	ame of I	Roadway	//Street	2 ¹
	SOU	тн оак н	ILL ST	Al		Feet [N	N S E V	of		• Marker	·	or	Exit Number	_
	Route# Direc	etion N		ng Roadway/Street		Feet N	N S E V	v of	Mile	Marker			Exit Number	_
			Also at Inte	rsection with	ľ			_	Route	#	Intersec	ting Roa	adway/Street	- 1
² 1	Route# Direc	tion	Name of Interse	ecting Roadway/Street	I	Feet	N S E V	of			T a			3
3	[V]	Landmark												
	Vehicle1	1_#Occupants		- 1 Case	Number		220	00587						_
	License#	18 1	St M	A DOB/Age		6YZ550							State MA	_
	Sex_M_ Lic.	Class D	Lic. Restriction	1 CDL		ear_2018		Make_H	ONDA			Veh Co	onfig. 2	
⁴ 2	Operator MC	Last	JAMES First	Middle	Owner	(Same as open	rator)		First			Middl	e	$ 1^1$
		CKERHILL RD			Addre	SS								-
	City WEST RO	OXBURY	St	ate MA Zip 02132	City_									
	Insurance Com	pany ALLSTAT	E		Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									ree)
5 1	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency? N	Event	Sequence 1 2	22 22	22	22 2		3	$\overline{}$	4	
	`	ssued)			Most I	Harmful Event	1 23	24		+	9		10 Undercar 5 11 Totaled	Tiage
6]			1 2: ChSec	Driver	Contributing Co	ode 1	24			<u> </u>		6	
⁶ 1				1 4: ChSec	Under	ride/Override		Towe	d <u>Y</u>		0 21	22		1
	Name (Last Fir	fill out for opera st Middle)	N. 17.17.1						ode Medical Faci	1^{1}				
	Operator				99	3	0	0	8 2	NWH				
⁷ 3	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupan	ts Non-Motorist A Ty	уре 1	Action 1	5 Locati		16 Con	dition	17	Пн	it/Run Mo	ped
	License#		StM		Reg#	Reg # 1XZN66 Reg Type PAI								_
	Sex_M Lic.	Class D 18 1	Lic. Restriction		Veh Y	ear 2021	Veh !	Make_A	UDI			_Veh Co	onfig. 20	
8 1	Operator KA	ΓZ Last	BENJAMIN First	Endorsment ROBERT Middle	Owner	VW CREDIT		LEASI	NG LTE)		Midal		_
1	Address 74 O	AK HILL ST	First	Middle	Addre	dress 1401 FRANKLIN BLVD							_	
	City NEWTO	N	City_LIBERTYVILLE State IL Zip_60048							_				
	Insurance Com	pany_BANKERS	STANDARD		Vehicl	e Action Prior to	Crash	4 2	1	Damage	_		Circle Up to The	ree)
	Vehicle Travel	Event	Event Sequence 1 22 1 22 22 2 Q 4											
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	Violatio	Driver Contributing Code 4 24 24												
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	Pl Name (Last Fi		operator and al	l occupants involved		Age/DOB	Sex Po	26 27 Safety Systen	28 Airbag Air Status Sv	29 30 bag Ejec vitch Coo) 31 Trap de Code		33 ransp. Code Medical Fac	eility
		Non-Motorist		See Above				99	3 9		0	8 2		
														-

Poli Date of Crash	Time of Crash		Commonwea		i Massa icle Cra		Number	Number		RMV D		tate Police	
06/29/2022	14:20	NEWTON	MIOTOI		icie Cra Report	SII ;	Vehicles 3	Injured	Latitu	de	L	State Police Local Police MBTA Police Other:	
	24HR	RSECTION:		LOCAT		>	3	NOT		NTER			
	AT INTE	RSECTION.			1011			1101	711 1	1111211	SECI	1011.	
Route# Direc	tion	Name of Ro	adway/Street		Poute# Direction	n Add	ress #		Nam	e of Rose	lway/Str	eet	
. Kouten Brice	At					Route# Direction Address # Name of Roadway/Street							
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Koute# Direc	ction	Name of Intersecting R Also at Intersect		[-	Feet N	S E W	V of	-				10.	
				-	Feet N	N S E W	V of	Route#	In	tersecting	g Roadwa	ay/Street	
Route# Direc	tion	Name of Intersectin	g Roadway/Street							Landm	ark		
XVehicle 3	_1_#Occupants	s Hit/Run	Moped Case N	Number		220	00587						
License#		St MA	DOB/Age	Reg#5	KWE20			Reg Tyr	e PAN		Reg Sta	te MA	
Sex_F Lic.	18		19 CDL		ar 2012							20	
Operator BAI		DANA	Endorsment								,	5· []	
II .	Last 32 OLD FARM	RD First	Middle	Owner (Same as operator) Last First Middle Address									
City NEWTO			MA Zip 02459										
Insurance Com	npany_COMME	RCE		Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel	Direction: N	X E W Respond	ling to Emergency? N	Event S	Sequence 1 2	2 22	22	22 2		3	4		
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Violation	1: ChSe	ec Violation 2:	ChSec	Driver	Contributing Co		24	24				TT Touriou	
Violation	Violation 3: ChSecViolation 4: ChSec					25	Towe			/	6		
Please		rator and all occupar	ats involved Address		Age/DOB	Sex Pos	26 27 at Safety s. System	28 29 Airbag Airba Status Swite	g Eject Code	31 3 Trap Injui Code \$tati	2 33 ry Transp us Code	Medical Facility	
Operator			See Above				99	4 99	0	0 10	1		
Please Select C of the Followi	I Vehicl	le# Occupants	Non-Motorist A Type	e 14	Action 1	5 Locati	ion	Condi	tion	17	Hit/R	un Mope	
License#		St	DOB/Age	Reg #									
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Name (Last F	irst Middle)	r operator and all oc	Address		Age/DOB	Sex Po	safety . System	28 29 Airbag Airba Status Swit	Eject Code	Trap Injui	ry Transp		
Operator/	Non-Motorist		See Above										



Crash Narrative:

Operator of vehicle #1 stated he was travelling westbound on Dedham St. Operator #1 stated he observed an unknown vehicle make a left turn from Oak Hill St. onto Dedham St. eastbound. Operator #1 stated vehicle #2 was travelling Eastbound on Dedham St. and suddenly attempted to make a left turn onto Oak Hill St. in front of vehicle #1 and collided with vehicle #2. Operator of vehicle #2 stated he was travelling Westbound on Dedham St. and observed a white vehicle exit Oak Hill St. and make a left onto Dedham St. Operator #2 stated he then made a left turn onto Oak Hill St. and did not see vehicle #1. Vehicle #2 then collided with vehicle #1. _\circ_\

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:				,				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descripti	ion of Damag	ged Property	
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	ele Section)		Carrier Issui	ing Authority Coo	35 le
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	ICC#:			Interstate	36
37	s Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Lengt			
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	→ 🖁		
	 				If Crash <u>I</u> on a Publi	<u>Did Not</u> Occur c Way:
		_			Off-Stre	eet Parking Lot
					☐ Garage	
				+		opping Center
					☐ Other P	
	· — — — — -	_		 +		orth by Arrow
					illuicate N	Sitirby Allow
)
		_		 	·	→
Crash Narrative:						
						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Pro	perty
Truck and Bus Information:	Registration #		(From	vehicle Section)		25
Carrier Name					Carrier Issuing Au	thority Code 35
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC #:	Inte	rstate 36
Cargo Body Type Code 37	Gross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg S	tate Reg Ye	ear Tra	niler Length 39	
Hazmat Information:						
Placard 40 Material 1 di	git # 41 Materia	l Name		Material 4 d	ligit#Relea	se code 42
DANIEL NARDELLI				NEWTON POLICE DEPARTM		06/29/2022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)