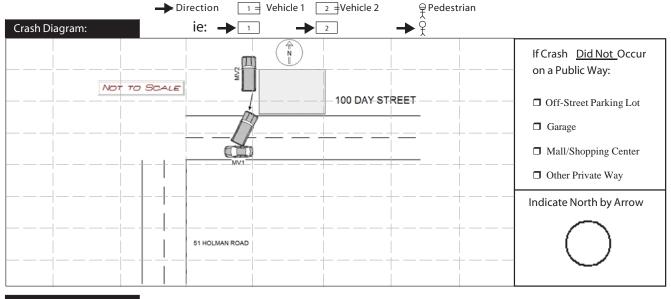
|                       | Poli   | ice Use Only           |                       | Commonw               | ealth | of Mass  | achu    | setts               | 5                      |                          | RM                 | V Docun          | nent Number                                 |          |
|-----------------------|--|------------------------|-----------------------|-----------------------|-------|--|---------|---------------------|------------------------|--------------------------|--------------------|------------------|---|----------|
|                       | Date of Crash<br>06/19/2019  | Time of Crash<br>10:45 | City/To<br>NEWTON     | 14101                 |       | nicle Cra  | sh      | Number<br>Vehicles  | Inju                   | red Lat                  | ed Limi            |                  | State Police<br>Local Police<br>MBTA Police | XI<br>XI |
|                       |  | 24HR                   |                       |                       |       | Report   |         | 2                   | 0                      |                          | ngitude_           |                  | Other:                                      | _        |
|                       |  | AT INTER               | RSECTION:             | <                     | LOCA  | TION   | >       |                     | N                      | OT AT                    | INT                | ERSE             | CTION:                                      |          |
|                       |  |                        |                       |                       |       | WEST   | 51      |                     | ноі                    | MAN R                    | D                  |                  |   |          |
| 1<br><b>1</b>         | Route# Direc   | tion                   |                       | Roadway/Street        |       | Route# Directi   | on Ado  | dress #             |                        | N                        | ame of I           | Roadway          | /Street                                     | -        |
| _                     | At   |                        |                       |                       |       | Feet NSEW of or  |         |                     |                        |                          |                    |                  |   |          |
|                       | Route# Direction Name of Intersecting Roadway/Street   |                        |                       |                       |       | Mile Marker Exit Number  |         |                     |                        |                          |                    |                  |   |          |
|                       |  |                        | Also at Inter         |                       |       | Feet   | N S E   | W of                | Rou                    |                          | Interco            | ting Doo         | dway/Street                                 | _ L      |
| <sup>2</sup> <b>1</b> |  |                        |                       |                       |       | Feet   | N S E   | W of                | Kot                    | пен                      | intersec           | tilig Koa        | uway/Sireet                                 |          |
| 1                     | Route# Direction Name of Intersecting Roadway/Street   |                        |                       |                       |       | Landmark   |         |                     |                        |                          |                    |                  |   |          |
| 3                     | XVehicle1 0_#Occupants         ☐ Hit/Run         ☐ Moped         Case I                        |                        |                       |                       |       | r  | 19/     | 00000630            | 1                      |                          |                    |                  |   |          |
|                       |  | •                      |                       | <u> </u>              |       |  |         |                     |                        |                          | _                  |                  |   | _        |
|                       | License # St DOB/Age   |                        |                       |                       | _     | Reg #         859VY4         Reg Type PAS         Reg State MA   20    |         |                     |                        |                          |                    |                  |   | -        |
|                       | Sex Lic.   |                        | Lic. Restriction      | S CDL<br>Endorsment   |       | Year 2015  | Veh     | Make_N              | ISSAN                  |                          |                    | _Veh Co          | nfig. 1                                     |          |
| 4<br><b>1</b>         | Operator   | Last                   | First                 |                       | Own   | er PERKINS   | st      | PETER               | First                  |                          |                    | Middle           |   | - 1      |
| 1                     |  |                        |                       |                       | Addr  | ess 1 ORCHOR   | D LANE  |                     |                        |                          |                    |                  |   | _        |
|                       | City   |                        | Sta                   | teZip                 | City  | SOUTHBOROU   | JGH     |                     |                        |                          | State              | MA               | Zip <u>01772</u>                            | _        |
|                       | Insurance Com  | npany AMICA M          | IUTUAL                |                       | Vehic | cle Action Prior to  | o Crash | 11 2                | 21                     | Damag                    | ed Area            | Code: (0         | Circle Up to The                            | ree)     |
| 5                     | Vehicle Travel   | Direction: N           | S E X Resp            | onding to Emergency?_ | Even  | t Sequence 1   | 22 22   | 22                  | 22                     | 2                        | •                  |                  | <b>(4)</b>                                  |          |
|                       | Citation # (If I   | ssued)                 |                       |                       | Most  | Harmful Event  | 23      |                     |                        |                          |                    | /  `             | 10 Undercar                                 | riage    |
|                       |  |                        |                       | 2: ChSec              |       | er Contributing C  |         | 24                  | 24                     | 1                        | 9                  | <b>┤</b> │ ,     | 5 11 Totaled                                |          |
| <sup>6</sup> 1        |  |                        |                       |                       |       | erride/Override  | 25      |                     | a N                    | 8                        | 7                  |                  | 6   |          |
|                       | Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved |                        |                       |                       |       | 26 27 28 29 30 31 32 33  |         |                     |                        |                          |                    |                  |   |          |
|                       | Name (Last Fir   |                        |                       | Address               |       | Age/DOB  | Sex Po  |                     | Airbag Airbag Status S | Airbag Eje<br>Switch Coo | et Trap<br>le Code | Status Co        | nnsp.<br>ode Medical Facil                  | lity 1   |
|                       | Operator   |                        |                       | See Above             |       |  |         |                     |                        | _                        | _                  | $\perp$          |   |          |
|                       |  |                        |                       |                       |       |  |         |                     |                        |                          |                    |                  |   |          |
|                       |  |                        |                       |                       |       |  |         |                     |                        |                          |                    |                  |   |          |
|                       |  |                        |                       |                       |       |  |         |                     |                        |                          |                    |                  |   |          |
| 7                     |  |                        |                       |                       |       | 14   | 15      |                     | 16                     |                          | 177                | $\vdash$         |   |          |
| 1                     | Please Select C<br>of the Followi  | IX Vahicle             | 2 <u>1</u> # Occupant | s Non-Motorist A      | Туре  | Action Action  | Locat   | tion                | 16 Co                  | ondition                 | 17                 | Hi               | t/Run Mor                                   | ped      |
|                       |  |                        |                       |                       | D d   | Reg # RW71AM Reg Type PAS Reg State MA                                 |         |                     |                        |                          |                    | Ctata MA         | -   |          |
|                       | 18 18 19   |                        |                       |                       | _     | 2  |         |                     |                        |                          |                    | 20               | -   |          |
| 0                     | Sex_F Lic. Class D Lic. Restrictions 1 CDL   |                        |                       |                       |       | Veh Year 2008 Veh Make CHEVY Veh Config. 2                             |         |                     |                        |                          |                    |                  |   |          |
| 8<br>1                | Operator HOPKINS-WALSH JANE  Last First Middle   |                        |                       |                       | Own   | Owner (Same as operator)  Last First Middle                            |         |                     |                        |                          |                    |                  |   | -        |
|                       | Address 100 DAY ST   |                        |                       |                       |       | Address  |         |                     |                        |                          |                    |                  |   | -        |
|                       | City NEWTON State MA Zip 02466   |                        |                       |                       |       | StateZip   |         |                     |                        |                          |                    |                  |   | -        |
|                       | Insurance Company SAFETY   |                        |                       |                       |       | Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three) |         |                     |                        |                          |                    |                  |   | ree)     |
|                       | Vehicle Travel Direction: NSEX Responding to Emergency?  |                        |                       |                       |       | Event Sequence 2 22 22 22 22 3 4                                       |         |                     |                        |                          |                    |                  |   |          |
|                       | Citation # (If Issued)   |                        |                       |                       |       | Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled                  |         |                     |                        |                          |                    |                  | riage                                       |          |
|                       | Violation 1: ChSec Violation 2: ChSec  |                        |                       |                       |       | Driver Contributing Code 19 24 24                                      |         |                     |                        |                          |                    |                  |   |          |
|                       | Violation 3: ChSec Violation 4: ChSec  |                        |                       |                       |       | Underride/Override Z5 Towed N 8 7 6                                    |         |                     |                        |                          |                    |                  |   |          |
|                       |  |                        | operator and all      | occupants involved    |       |  |         | 26 27<br>eat Safety | 28<br>Airbag           | 29 3<br>Airbag Eje       | 0 31<br>Ct Trap    | 32<br>Injury Tra | 33<br>insp.                                 | $\neg$   |
|                       | Name (Last Fi  | Non-Motorist           |                       | Address<br>See Above  |       | Age/DOB  | Sex I   | os. Syster          | n Status               | Switch Co                | de Code<br>0       | Status C         | ode Medical Fac                             | ility    |
|                       | Орега:01/  | 14011-14101011181      |                       | See Above             |       |  | -       | - 1                 | 4                      | 99 0                     | U                  | 10 1             |   | -        |
|                       |  |                        |                       |                       |       |  |         |                     |                        |                          |                    |                  |   |          |
|                       |  |                        |                       |                       |       |  |         |                     |                        |                          |                    |                  |   |          |
|                       |  |                        |                       |                       |       |  |         |                     |                        |                          |                    |                  |   |          |



## Crash Narrative:

OWNER OF MV1STATED THAT HIS VEHICLE WAS PARKED ACROSS THE STREET FROM 100 DAY STREET AND HIS VEHICLE WAS
STRUCK BY MV 2 WHICH WAS BACKING OUT OF A DRIVEWAY AND STRUCK HIS VEHICLE ON THE PASSENGER REAR SIDE.

MODERATE DAMAGE SUSTAINED AND NO INJURIES. A WORKER AT 51 HOLMAN ROAD STATED HE HEARD A LOUD NOISE, LOOKED

OVER THE FENCE AND OBSERVED A LARGE GRAY SUV THAT HAD JUST STRUCK MV 1. HE OBSERVED MV 2 LEAVE THE SCENE

WITHOUT STOPPING. THE WITNESS STATED HE OBSERVED THE DRIVER TO BE A WHITE FEMALE MIDDLE AGED AND BELIEVED

THE VEHICLE BACKED OUT OF 100 DAY STREET.

I ALSO SPOKE TO THE OPERATOR OF MV 2 IDENTIFIED AS JANE HOPKINS-WALSH WHO STATED THAT SHE DID BACK OUT OF
HER DRIVEWAY AT THE TIME FRAME IN QUESTION AND STATED SHE MAY HAVE STRUCK MV 1 BUT DID NOT REALIZE SHE HAD
DONE IT. SHE WAS ADVISED I WOULD DOCUMENT THE ACCIDENT WITH A CRASH REPORT.

| Witnesses:   |                        |  |               |            |                  |                               |    |  |  |  |
|--|------------------------|--|---------------|------------|------------------|-------------------------------|----|--|--|--|
| Name (Last, First, Middle)   | A                      | Address                                |               |            |                  | Phone #                       |    |  |  |  |
| GASHI , DURIM,   |                        | 13 HILLSDALE ROAD<br>RANDOLPH,MA 02368 |               |            |                  |                               |    |  |  |  |
|  |                        |  |               |            |                  |                               |    |  |  |  |
| Property Damage:   |                        |  |               |            |                  |                               |    |  |  |  |
| Owner (Last, First, Middle)  | Address                | Phone # 34-Type Des                    |               |            | Description of I | scription of Damaged Property |    |  |  |  |
|  |                        |  |               |            |                  |                               |    |  |  |  |
|  |                        |  |               |            |                  |                               |    |  |  |  |
| Truck and Bus Information: Registration #(From Vehicle Section)  Carrier Name Carrier Issuing Authority Code |                        |  |               |            |                  |                               |    |  |  |  |
| Carrier Name   |                        |  |               |            | Carri            | er Issuing Authority Coo      | le |  |  |  |
| Address  |                        |  | City          |            | St_              | Zip                           |    |  |  |  |
| US DOT #:  |                        |  | Issuing State | ICC #:_    |                  | Interstate                    | 36 |  |  |  |
| Cargo Body Type Code 37  | ross Vehicle Weight 38 |  |               |            |                  | 39                            |    |  |  |  |
| Trailer Reg #:   | Reg Type               | Reg State                              | Reg Year      | Tr         | ailer Length     |                               |    |  |  |  |
| Hazmat Information:  |                        |  |               |            |                  |                               |    |  |  |  |
| Placard 40 Material 1 dig  | it # 41 Material Name  |  |               | Material 4 | digit #          | Release code                  | 42 |  |  |  |
| •  |                        |  |               |            |                  |                               |    |  |  |  |

| MATTHEW W COLELLA                  |           | NEWTON POLICE DEPARTM | 06/19/2019 |                   |      |
|------------------------------------|-----------|-----------------------|------------|-------------------|------|
| Police Officer Name (Please Print) | Signature | ID/Badge #            | Department | Precinct/Barracks | Date |