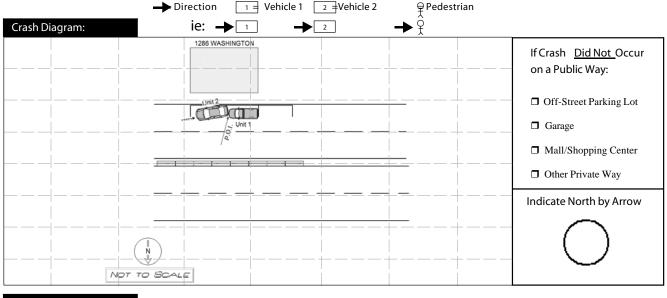
Route# Direction		Poli	ce Use Only		Commonwea	lth (of Massa	achu	ısett	S		RM	V Docu	ıment	Number	
AT INTERSECTION: LOCATION NOT AT INTERSECTION: 2 1 1 1 1 1 1 1 1 1			11:24	NEWTON	Motor			sh	Vehicle	s Inju	ired La	titude _		Lo MI	cal Police DETA Police	ត
Touted Direction Name of Readway/Stevet Frouter Direction Address # Name of Readway/Stevet Provided Direction Address # Name of Re								>								┪
Rouge Direction Name of Roadway/Street Rouge Direction Name of Roadway/Street Prec N S W Mile Marker Test Number							EAST	126	26	WA	SHINGT	ON ST				2
Foot Name of Intersecting Roadway/Street Poot Name of Intersecting Roadway/Street Poot NS E V	1	Route# Direct	tion	Name o	f Roadway/Street								Roadway	y/Stree	et	- -
Routed Direction Name of Intersecting Readway/Street Aho at Intersecting Readway/Street Aho at Intersecting Readway/Street Aho at Intersecting Readway/Street Feet N S E W d Routed Touches Readway/Street Feet N S E W d Routed Touches Readway/Street	1														_ 2	
Peace No. E W of Rouse Intersecting Roadway/Street S E W of Roadway Intersecting Roadway/Street Intersection Roadway/Street Intersecting Roadway/Street Intersecting R		Route# Direction Name of Intersecting Roadway/Street														
Peac Fire Foot Name of Intersecting Roadways/Street Landmark Land															L	
Rouse Direction Name of Intersecting Rouseways Steet License # _ Sy MA DOBAge Reg # 358077 Reg Type CON Reg State MA See M Lic. Class D N Reg State MA See M Lic. Class D N Reg State MA See M Lic. Class D N Reg State MA See M Lic. Class D N Reg State MA See M Lic. Class D N Reg State MA See M Lic. Restrictions	²						Feet [SE	W of	Ko	ше#	merse	Allig Ko	auway	Silect	3
1 Agree 1		Route# Direct	tion	Name of Interse	ecting Roadway/Street	Landmark									┙	
Sec. M Lic. Class D S Lic. Restrictions T 9 CDL Veh Year 2012 Veh Make, TOYOTA Veh Config. 2 1 1 1 1 1 1 1 1 1	3 1	XVehicle1	_1_#Occupants	Hit/Run	Moped Case	Number 1900000930										
Sec. M Lic. Class D S Lic. Restrictions T 9 CDL Veh Year 2012 Veh Make, TOYOTA Veh Config. 2 1 1 1 1 1 1 1 1 1		License#		St M	A DOB/Age	Reg#	P53677			Rec	Type C	ON	Red	o State	MA	1
Operator KING ANDREW Address 80 WARREN ST City SOUTHBRIDGE State MA Zip 01550 Insurance Company COMMERCE INSURANCE Vehicle Tavel Direction: NS KW Responding to Emergency? N Violation 1: Ch Sec Violation 2: Ch Sec Underride Override Please fill out for operator and all occupants involved Name (Last First Middle) Address Agentia State Ma Zip 01001 Please Select One The Following Address So BARTILETT WAY (apt 205) Insurance Company COMMERCE INSURANCE Vehicle Tavel Direction: NS KW Responding to Emergency? N See Above Operator Select One State Ma Zip 02452 City Make HONDA Veh Year 2013 Veh Make HONDA Veh Year 2015 Veh Year 2015 Veh Year 2015 Veh Wast Horn to Crash Insurance Company COMMERCE INSURANCE Vehicle Tavel Direction: NS KW Responding to Emergency? N See Above Operator GOLDMAN JOAN Operator GOLDMAN JOAN State MA Zip 01001 Address Overlice Action Prior to Crash Joan Joan Joan Veh Year 2015 Veh Wast HonDA Veh Year 2015 Veh Year 2015 Veh Wast HonDA Veh Year 2015			Class D 18 1	18	19	_		Vel	h Make T					_	20	
Address SWARRN ST City SOUTHBRIDGE State MA Zip 01550 Univer Contributing Code Please fill out for operator and all occupants involved See Above Address South MA Zip 01500 Please fill out for operator and all occupants involved See Above Address SWARRN DIRVE Address MA Zip 01500 City AGAWAM State MA Zip 01500 Vehicle Action Prior to Crash 1 2 22 22 22 22 23 4 10 Undercarriage State MA Zip 01500 Damaged Area Code: (Circle Up to Turee) Event Sequence 1 2 3 4 10 Undercarriage State MA Zip 01500 To Vehicle Action Prior to Crash 1 2 3 4 10 Undercarriage State MA Zip 01500 To Vehicle Action Prior to Crash 1 2 3 5 Towed N See Above Please fill out for operator and all occupants involved Address Age DOR Sex Sex Sex South Sex Sex South Sex Sex Sex South Sex Sex Sex South Sex	4				Endorsment								_			
City SOUTHBRIDGE State MA Zip 01550 City AGAWAM State MA Zip 01001	1	Address 80 W	Last ARREN ST	First	Middle	Addre	Lasi 147 ALMGRI	EN DRI	VE	Firs	t		Midd	lle		
Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: NS				Sı	ate MA Zip 01550							State	MA	Zip 0	1001	
Vehicle Travel Direction: NSXW Responding to Emergency? Non-Motorist A Type Vehicle Travel Direction: NSXW Responding to Emergency? Non-Motorist A Type 14 Action 15 Location 16 Condition 17 License #		,			-	Value Action Prior to Creek 21 Damaged Area Code; (Circle Up to Three)								,		
Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 24 24 24 24 24 24 24 24 24 24 24	5		· ·			Event	Sequence 1 2	2 22		22	2	3		4		
Violation 1: Ch. Sec	1							1 23								ge
Please fill out for operator and all occupants involved Name (Last First Middle) Address AgeDDB Sex Pox. \$207 NR Nothing Egist Printing Nothing Nothing Egist Printing Nothing Nothing Egist Printing Nothing Nothin		Violation	1: ChSec	c Violation	n 2: ChSec	Driver	L Contributing Co		1 24	24	⊕) 1	1 Totaled	
Please fill out for operator and all occupants involved Name (Last First Middle) Address AgeDDB Sex Pox. \$207 NR Nothing Egist Printing Nothing Nothing Egist Printing Nothing Nothing Egist Printing Nothing Nothin	⁶ 1	Violation	3: ChSec	c Violation	1 4: ChSec	Under	ride/Override	25	Tow	ed N	8	7		6		
Operator See Above Depart of the Following: Depart of the Following:				ator and all occu	*	26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.							2			
of the Following: Wehicle 2 1 #Occupants Non-Motorist A Type			st Middle)				Age/DOB	Sex 1	Pos. Syster	n Status	Switch Co	de code	status (Code		 _
of the Following: Wehicle 2 1 #Occupants Non-Motorist A Type																1
of the Following: Wehicle 2 1 #Occupants Non-Motorist A Type																-
of the Following: Wehicle 2 1 #Occupants Non-Motorist A Type																_
of the Following: Wehicle 2 1 #Occupants Non-Motorist A Type	7															
Sex_F_Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2013 Veh Make HONDA Veh Config. 1 Operator GOLDMAN JOAN First Middle Address 53 BARTLETT WAY (apt. 205) Address 53 BARTLETT WAY (apt. 205) Address	1		I A Venicle	e 2 <u>1</u> # Occupar	Non-Motorist A Typ	pe			ation	16 C	ondition	17	□ ^H	Hit/Rur	Mopeo	k
Sex_F Lic. Class D Lic. Restrictions 1 CDL Veh Year 2013 Veh Make HONDA Veh Config. 1 Operator GOLDMAN JOAN Operator S BARTLETT WAY (apt. 205) City WALTHAM State MA Zip 02452 Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 97 24 24 Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Medical Facility Veh Config. 1 Veh Config. 1 Owner (Same as operator) Owner (Same as operator) Damaged Area Code: (Circle Up to Three) To Vehicle Travel Direction: N S X W Responding to Emergency? N Underride/Override S Towed N Please fill out for operator and all occupants involved Address Age/DOB Sex Pos. System Status Switch Code Medical Facility		License#				Reg#	Reg # 365KH6 Reg Type PAN Reg State M					MA	7			
Operator GOLDMAN JOAN Address 53 BARTLETT WAY (apt. 205) Address City WALTHAM State MA Zip 02452 City WALTHAM Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: NS XW Responding to Emergency?N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address Owner (Same as operator) Last First Middle Address Owner (Same as operator) City State Zip Damaged Area Code: (Circle Up to Three) Vehicle Action Prior to Crash 10 Undercarriage 10 Undercarriage 11 Totaled Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility		Sex_F Lic. Class D Lic. Restrictions 1 CDL				Veh Y	Veh Year 2013 Veh Make HONDA Veh Config. 20									
Address S3 BARTLETT WAY (apt. 205) Address Size MA Zip 02452 City WALTHAM Insurance Company COMMERCE INSURANCE Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: N S W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address Address Address Address Address City State Zip Damaged Area Code: (Circle Up to Three) Event Sequence 2 222 22 22 22 22 22 22 22 22 22 22 22	⁸ 2	Operator GOLDMAN JOAN Endorsment					Owner (Same as operator)									
Insurance Company COMMERCE INSURANCE Vehicle Action Prior to Crash Vehicle Action Prior to	_	Address 53 BA		(apt. 205)		Addre										
Vehicle Travel Direction: NSWW Responding to Emergency? N Event Sequence 2 22 22 22 22 22 22 22 20 2 3 4 10 Undercarriage Status Switch Code Status Code Medical Facility Vehicle Travel Direction: NSWW Responding to Emergency? N Event Sequence 2 22 22 22 22 22 22 22 20 10 10 Undercarriage Status Switch Code Code Status Code Medical Facility Most Harmful Event 2 23 10 Undercarriage Status Switch Code Code Status Code Medical Facility		City WALTH	AM	City State Zip												
Vehicle Travel Direction: NS NS N Responding to Emergency? Event Sequence 2		Insurance Company COMMERCE INSURANCE					Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three))		
Citation # (If Issued)		Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					Event Sequence 2									
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 97 Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed N Please fill out for operator and all occupants involved Name (Last First Middle) Address Address Age/DOB Sex Pos. System Status Switch Code Status Code Medical Facility		Citation # (If Is	Most Harmful Event 2 5 11 Totaled							де						
Violation 3: ChSec Violation 4: ChSec Underride/Override		Violation 1: ChSec Violation 2: ChSec D					Driver Contributing Code 97 24 24									
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility One of the control of the		Violation	n 3: ChSe	ecViolatio	on 4: ChSec	Under	ride/Override	25	Towe					√		
	ĺ			operator and al			Age/DOR			28 Airbag	29 Airbag Eje	30 31 Ect Trap	Injury II	ransp.	Medical Facility	7
	İ															7
																1
														+		7
										-						4



Crash Narrative:

Vehicle 1 was parked facing eastbound in a parking stall located in the eastbound lane of Washington St in front of 1286 Washington St. Vehicle 2 was attempting to parallel park in a parking stall located mediately in front of Vehicle 1. While backing Vehicle 2 backed into the front bumper of Vehicle 1. The operator of Vehicle 2 then left the scene without leaving any information. As a result of the impact Vehicle 1 sustained minor damage to the center of its front bumper.

The operator of Vehicle 1 stated he was sitting in Vehicle 1 while parked when Vehicle 2 backed into his front end. The operator of Vehicle 1 stated that after the collision Vehicle 2 left the area without leaving any information. The operator of vehicle 1 described Vehicle 2 as a red Honda Accord bearing MA Reg 365KH6.

The operator of Vehicle 1 described the operator of Vehicle 2 as a white female approximately 70 years of age

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	Addr	ress				Phone #	‡	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	tion of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)				25
Truck and Bus Information: Carrier Name			(From Vehic			_ Carrier Issu	ning Authority Co	ode 35
								ode
Carrier Name		C:	ity			St	Zip	ode
Carrier NameAddressUS DOT #:	State Number38	C:	ity			St	Zip	ode
Carrier NameAddressUS DOT #:	State Number	C:	ity			St	Zip	ode
Carrier NameAddressUS DOT #:	State Number	C:	ity Issuing State	ICC #:_		St	Zip	ode
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gros	State Number	C:	ity Issuing State	ICC #:_		St	Zip	ode
Carrier Name	State Number	eg State	ity Issuing State	ICC #: Tr	railer Lenş	St	Zip Interstate	ode

	→ Direction 1	Vehicle 1	2 =Vehicle 2	Pedestria	า	
Crash Diagram:	ie: → 1] →[2	₽ Ŷ		
					I	n <u>Did Not</u> Occur ublic Way:
					□ Off-	Street Parking Lot
					☐ Gara	age.
			- -	+-		l/Shopping Center
					□ Othe	er Private Way
					Indicate	e North by Arrow
				+-		\frown
						しノー
Crash Narrative:						
with blonde/white hair.	The operator of	Vehicle 1 s	tates that Vehi	cle 2 had	minor damage to	the drivers side
rear bumper.						
No injuries were reported	d on scene.					
No vehicles were towed.						
An RMV check revealed Ve	nicle 2's registe	ered owner a	s Joan Goldman	of 53 Bart	lett Way Apt 20	5 Waltham, MA. I
was able to contact Gold	man over the phor	ne. Goldman	identified her	self as th	e operator and	owner of Vehicle
2. Goldman states that w	hile she was bac	king into a p	parking stall s	she was goi	ng very slow.	Goldman states
she did not feel any imp	act and left the	scene becau	se she did not	think she	collided with V	ehicle 1. Goldman
states she was not injure	ed. Goldman was p	provided wit	h the informati	on of Vehi	cle 1 and was a	dvised to contact
(Continued	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged	Property
T 1 10 16 4						
Truck and Bus Information:				icle Section)	Coming Insuing	Authority Code
Carrier Name					Carrier Issuing	
			•			Zip
US DOT #:	State Number	38	Issuing State	ICC #:	·	Interstate
Cargo Body Type Code	Gross Vehicle Weight	36			30	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length 39	
Hazmat Information:	41					
Placard Material 1 dig	it # Material N	[ame		Material 4 dig	it# R	elease code 42
JASON M. SCHLEGEL			NEWTO	ON POLICE DEPARTM		09/11/2019
Police Officer Name (Please Print)	Signature			partment	Precinct/Barracks	

	→ Direction	1 = Vehicle 1	₂ ≢Vehicle 2	₽ Pedestrian	1	
Crash Diagram:	ie: →□	1 -	2	₽Ŷ		
					If Crash <u>Did Not</u> O	ccur
					Off-Street Parking	Lot
		 <u> </u>			Garage	
					☐ Mall/Shopping Cer	nter
			+ ·		☐ Other Private Way	
		<u> </u>			Indicate North by Arı	row
 		 -				
					()	
Cua ala Na mua ti una	I					
Crash Narrative:						
her insurance company. I	also called and	d provided the	e owner of Vel	nicle 1 with	the information of Vehic	le 2.
W itnesses: Name (Last, First, Middle)		Address			Dhone #	Ctatament
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name	Registration # _		(11011 V		Carrier Issuing Authority Code	35
Address			City		St Zip	
US DOT#:						36
27		38	issuing State	100 #	merstate	
	Gross Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	r Length	
Hazmat Information:	41					42
Placard Material 1 dig	it # Material	Name		Material 4 digi	it # Release code	
JASON M. SCHLEGEL				VTON POLICE DEPARTM	09/11/201	19
Police Officer Name (Please Print)	Signatur	re	ID/Badge # D	epartment	Precinct/Barracks Date	

CDP1 11 ·24·00