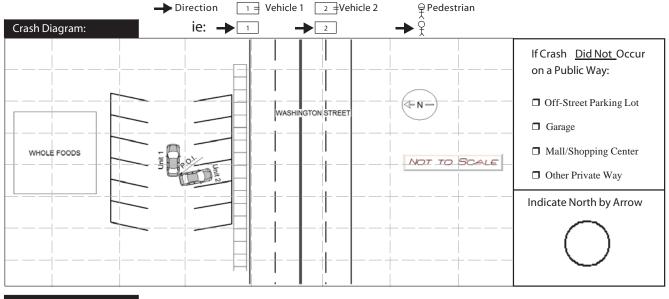
Poli	ice Use Only		Comm	onweal	th o	f Massa	achu	setts					nent Number	
Date of Crash 09/30/2019	Time of Crash	n City/1	Town	Motor	Vehi	icle Cra	sh	Number Vehicles			ed Limi tude _		State Police Local Police MBTA Police	Xi
03/30/2013	24HR					Report		2	0		gitude_		Other:	· 🔟
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						EAST	647		WASH	INGTO	ON ST			
Route# Direction Name of Roadway/Street				:	Route# Direction Address # Name of Roadway/Street									
\dashv			At			Feet [N S E V	V of		•		or		
Route# Direc	etion 1	Name of Intersec	ing Roadway/Stre	et	— F				Mile	Marker			Exit Number	_
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		N. CY.	·		-	Feet	N S E V	V of					-	
Route# Direc	tion	Name of Inter	secting Roadway/S	Street							Laı	ndmark		\blacksquare
XVehicle1	_1_#Occupants	s Hit/Ru	n Mope	ed Case N	umber		190	00000992						
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Sex_F Lic.	18	18 Lic. Restricti	19	DL	_	ar_2017							20	
	NGELO Last	ANN	M End	dorsment		(Same as open								<u> </u>
Address 42 CA	Last APITAL STREE	First E T	N	Middle		Las	t					Middle		_
City NEWTO			State_MA_Zip_0)2467									Zip	
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Name (Last Fir	st Middle)	1		Address Above		Age/DOB	Sex Po	s. \$ystem	Status \$w	tch Code	e Code 0	Status Co	ode Medical Faci	lity
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Please Select (of the Followi		le 2 <u>1</u> # Occupa	nts Non-Mo	otorist A Type	14	Action 1	5 Locat	ion	Con	dition	17	Hi	t/Run Mo	ped
License#		St ^I	MA DOB/Age		Reg#3	3274AX			Reg T	ype PA	N	Reg	State_MA	┫
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Operator SET		CONSTAN	TINA	dorsment		(Same as open	rator)					-		
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City_WATER	ΓΟWN		State_MA Zip_0	02472							State		Zip	
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			all occupants inv		Cildeiii	lade, o verrido [26 27 eat Safety		29 30 bag Ejec	31 Trap	32 Injury Tra	33 ansp.	
Name (Last Fi		<u>-</u>		Address Above		Age/DOB		os. Systen	Status Sv	ritch Coo	de Code	Status C	Code Medical Fac	cility
Operator/	TAOH-MOTOLISE		366	AUUVE				1	4 4	0	0	10 1		\dashv
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Crash Narrative:

On 09/30/2019, while assigned to N494, I, Officer Conary, responded to Whole Foods parking lot, 647
Washington Street, for a report of a MVA. Upon arrival, I spoke with the operator of MV1 who stated that she entered the Whole Foods' parking lot and came to a stop, put on her directional signal, and waited to turn into a parking spot on her left. During this time, MV2 began to reverse out of a parking spot on the right side. MV2 hit MV1.

Operator of MV2 stated that she was trying to reverse from her parking spot when she saw that she was blocked by MV1. Operator of MV2 stated that she did not hit MV1. She did not hear or feel that she hit anything.

There was damage to MV1 rear right bumper. There was a damage to MV2's rear bumper on both sides. Operator of MV2 stated that it was old damage.

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	Addr	ress				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damag	ged Property	
_								
Truck and Bus Information:	Registration #		(From Vehic	le Section)				
Truck and Bus Information: Carrier Name			(From Vehic	le Section)		Carrier Issu	ing Authority Co	de 35
								de
Carrier Name		(City			St	Zip	de
Carrier NameAddressUS DOT #:		(City			St	Zip	de
Carrier NameAddressUS DOT #:	State Number	(City Issuing State	ICC #:_		St	Zip	de
Carrier Name Address US DOT #: Cargo Body Type Code37 Gros	State Number	(City Issuing State	ICC #:_		St	Zip	de
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Growth Grailer Reg #:	State Number	eg State	City Issuing State	ICC #:_ Tr	railer L	St	Zip _ Interstate	de

KRISTINA CONARY		1	NEWTON POLICE DEPARTM		09/30/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1	∃ Vehicle 1 2	2_≢Vehicle 2	₹ Pedestri	an		
Crash Diagram:	ie: 🕕 🛚 1	→ 2	2	→Ŷ			
Crash Diagram:	ie: → 1			• Ŷ. 	If Cr on a	ash Did Not Occur a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Tate North by Arrow	
C IN C							
Crash Narrative:							
Both parties were offered		edical attent	cion. Both ve	hicles were	able to be dr	riven from scene	. No
further incident to repor	t. 						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	State	ement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)			25
Carrier Name					Carrier Issu	ing Authority Code	35
Address			City		St	Zip	
			•			36	_
US DOT #:	_ State Number	38	Issuing State	ICC #:		Interstate	
Cargo Body Type Code Gr	oss Vehicle Weight	30					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39		
Hazmat Information:							
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Placard Material 1 digit	# Material Na	ame		iviaterial 4 d	igit #	Release code	
KRISTINA CONARY			NE	WTON POLICE DEPARTM		09/30/2019	
Police Officer Name (Please Print)	Signature		ID/Badge # I	Department	Precinct/Barra	cks Date	

CDP1 11 ·24·00