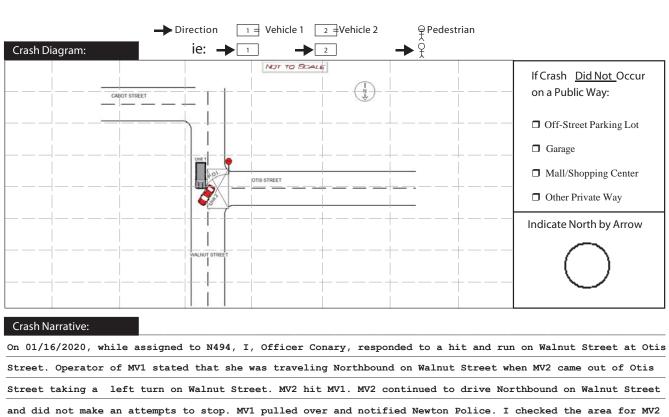
	Poli	ice Use Only		Commonwea	alth (	of Mass	achı	isett	S		RM	V Docu	ıment	Number	
	Date of Crash 01/16/2020	Time of Crash 16:16	City/To NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicle		red Lat	ed Lim		Sta Lo MI	ate Police cal Police BTA Police her:	NA NA
		AT INTER	SECTION:		LOCA'		>			T AT					1
	EAST														2
1 1	Route# Direc			Roadway/Street		Route# Directi	on Ac	ldress #		N	ame of I	Roadwa	y/Stree	et	2 <sup>1</sup>
	At NORTH WALNUT ST					Feet N S E W of						or			_   2
	Route# Direc		Jame of Intersectin	ng Roadway/Street	<u> </u>				Mil	e Marker			Ex	it Number	
			Also at Inter	section with			N S E		Rou	te#	Intersec	ting Ro	adway	/Street	- 1
<sup>2</sup> <b>1</b>	Route# Direc	tion	Name of Interse	cting Roadway/Street	I	Feet	N S E	W of							4
3			I _	T_ T							La	ndmark			$\dashv$
	Wehicle1	2_#Occupants	Hit/Run	Moped Case	Number		20	00000005	9						_
	License#	18 1	St M	A DOB/Age	_									20	-
	Sex_F_ Lic.	Class D	Lic. Restriction		Veh Y	ear_2019	Vel	h Make_E	UICK			_Veh C	onfig.	2	
<sup>4</sup> 1	Operator GO	TTESMAN Last	NANCY First	Middle	Owner Came as operator) Last First Middle								- <b>1</b>		
		JBURNDALE A				ss									-
	City NEWTON State MA Zip 02465  Insurance Company BANKERS STANDARD INS														
5	1				22 22 23 2 3 4									(e)	
1	]			oonding to Emergency? N		bequence 1	23					$\overline{A}$		0 Undercarri	iage
		ssued)		2: ChSec		Harmful Event	1	1 24	24	<b>1</b>	9			1 Totaled	
<sup>6</sup> 1	1					Contributing C	25		ed N	<b>0</b>	(	)	6		
_	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ilde/Override		26 27 Seat Safety		29 3 irbag Eje	0 31	32 Injury T	33 ransp.		1
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos. System	n Status S	witch Coo	le Code	status (	Code 1	Medical Facilit	1 1
	KURLANDSK	Y. RACHEL		AUBURNDALE AVE			F :	3 1	+	4 0	0	+	1		
	TOTEL II (BOI	. 1, 10122	NI	EWTON, MA 02465					1				-		
															_
7															
3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupan	ts Non-Motorist A Ty	pe 1	Action Action	Local	ation	16 Co	ndition	17	□⊦	Hit/Rur	Мор	ed
	License # St MA DOB/Age					Reg # <u>589LG8</u>					Reg Type PAN Reg State			MA 20	-
	Sex_F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment					Veh Year 2015 Veh Make HONDA Veh Config. 1									
8 <b>1</b>	Operator HAMADY BRENDA  Last First Middle				Owner (Same as operator)  Last First Middle								-		
	Address 484 LOWELL AVE (apt. 2)				Address								-		
	City NEWTON State MA Zip 02460				CityStateZip								-		
	Insurance Company STANDARD FIRE INS				Vehicle Action Prior to Crash  21  Damaged Area Code: (Circle Up to Three)  22  22  22  22  20  3  4								e)		
	Vehicle Travel Direction: N S W W Responding to Emergency? N				Event Sequence 1 22 10 Undercarriage							iage			
	Citation # (If Issued)				Most Harmful Event 1 9 5 11 Totaled										
	l	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 4 Towed N 8 7 6  Underride/Override Towed N 8 7 6								
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	Name (Last Fi	rst Middle)	- I	Address		Age/DOB	Sex	Pos. Syste	m Status	Switch Co	ode Code	Status I	ransp. Code	Medical Facil	ity
	Operator/	Non-Motorist		See Above				99	99	4 0	0	99	1		$\dashv$
									+			+	_		$\dashv$
		<u></u>		<u> </u>											



with negative results.

There is damage to MV1 left front bumper and left side. Operator of MV1 said there should be damage to MV2 right side. MV1 was able to be driven from the scene.

Newton Dispatch contacted the Operator of MV2 and left a message. I went by the address at 484 Lowell Ave,

but the owner was not he	ome nor was the ve	hicle invol	ved. I left a m	nessage w	with her neighbo	or to contac	t Newton
(Continue	d on next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	ŧ	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	and Draparty	
Owner (Last, First, Middle)	Address		Priorie #	34-Type	Description of Damas	ged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			
Carrier Name			`	, i	Carrier Issu	ning Authority Cod	35 le
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State _	Reg Year	Tr	railer Length		
Hazmat Information:							
Placard 40 Material 1 di	igit # 41 Material Na	me		_ Material 4	digit #	Release code	42

If Crash Did Not Occur on a Public Way:		Direction 1	∃ Vehicle 1 2	yehicle 2	₹ Pedestrian		
Crash Narrolive:  Police, and I also left an additional volcemail.  Later in the evening, I was able to speak to the Operator of MV2. Operator of MV2 stated she was traveling Eastbound on Otis Street and taking a left Northbound on Walnut Street. She said that the driver Southbound on Walnut Street ist her out to turn, and made the left turn onto Walnut Street. Operator of MV2 stated that she did not know that she hit another vehicle. She said she could have hit a curb. At one point, she said "they hit me". She checked the damage on her car and found a scratch on the right side back bumper area. I confirmed all her information and updated the report as accordingly. Operator of MV2 said she has Traveller's Inavance, but RMV is showing Standard Fire. Operator of MV1 was also notified. No further incident to report.  Witnesses:  Name (Last, First, Middle)  Address  Phone # 34Type Description of Damaged Property  Truckand Bus Information:  Carrier Name  Address  City St. Zip  US DOT: Said Name Valce Weight  38  Harmst Mommation:  Registration # Reg State Reg Year Trailet Length  189  Harmst Mommation:  Reg Type. Reg State Reg Year Trailet Length  39  Harmst Mommation:	Crash Diagram:	ie: 🕕 🛚	2	□ →	▶ ♀		
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Cargo Body Type Code 37 Gross Vehicle Weight 38  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information:	Address			City		St Zip	
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NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

01/16/2020

Date

Precinct/Barracks

KRISTINA CONARY

Police Officer Name (Please Print)