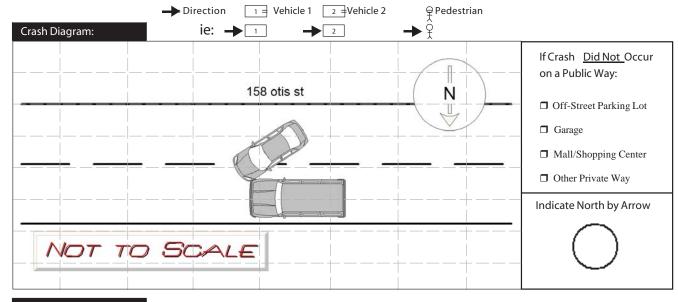
[Poli	ice Use Only		Common	wealth	of Ma	ssac	huse	etts			RM	V Docu	ument	Number	
	Date of Crash 02/03/2020	Time of Crash	NEWTON	Mo	otor Vel Police			Ve.	mber hicles	Numb	d Lat	ed Limi itude _ igitude_		Sta Lo M	ate Police ocal Police BTA Police her:	Z Z Z
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	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of										
2	The at an execution with					Route# Intersecting Roadway/Street									3	
2 1	Route# Direction Name of Intersecting Roadway/Street					Landmark									- -	
3	XVehicle 1 1 #Occupants Hit/Run Moped Case N					<u> </u>									7	
	Venicie i	#Occupant		— .	Case Numbe	r		20000	00121							4
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	City NEWTO	City NEWTON State MA Zip 02458				NEWTON						State	MA	_Zip_)2458	
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	Please fill out for operator and all occupants involved Name (Last First Middle) Address					26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Age/DOB Sex Pos. \$ystem Status \$\frac{1}{2}\subsetem \text{Status} \text{System} \text{System} \text{Status} \text{System} \text{Status} \text{System} \text{System} \text{System} \text{Status} \text{System} \te							1			
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2	Operator JEAN JEAN Last First Middle Address 8 DALMOR RD					Owner SANDELIN ERICA Last First Middle 8 DAI MOR RD										
						Address 8 DALMOR RD										
	City BELLINGHAM State MA Zip 02019					City BELLINGHAM State MA Zip 02019										
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ļ	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					erride/Overrid	e	1	Towed_	<u>Y</u>		,	1 22 1			_
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Crash Narrative:

(Continued on next page)

ON 2-3-2020 AT APPROX. 1200HRS, WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 158 OTIS ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS PARKED IN FRONT OF 158 OTIS ST. AND WAS PREPARING TO ENTER THE TRAFFIC LANE E-BOUND ON OTIS. SHE CHECKED HER REAR VIEW MIRROR TO SEE IF THERE WAS ANY ONE COMING. DRIVER STATES WHEN SHE SAW IT WAS CLEAR SHE ENTERED THE TRAFFIC LANE. SHE STATES WHEN SHE WAS IN THE LANE VEHICLE #2 HIT HER IN HER LEFT FRONT FENDER. DRIVER OF VEHICLE #2 STATES HE WAS TRAVELING E-BOUND ON OTIS ST. WHILE DRIVING HE STATES VEHICLE #1 ENTERED FROM A PARKED POSITION AND HIT HIM IN THE FRONT RIGHT QUARTER PANEL. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE AND WAS TOWED BY PERFECTION.

VEHICLE #2 HAD RIGHT FRONT QUARTER PANEL DAMAGE AND SCRAPES ALONG THE RIGHT SIDE OF THE VEHICLE. VEHICLE WAS STILL OPERATIONAL AND DID NOT REQUIRE A TOW. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT

Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # ______(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code _____ City_____ Address__ US DOT #: ___ Issuing State ____ ICC #:___ State Number Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information: Material Name______ Material 4 digit # ______ Release code Placard Material 1 digit #

THOMAS P WALSH		NEWTON POLICE DEPARTM	02/03/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction	1 = Vehicle 1	2 #Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →	1	2	Ŷ			
Crash Diagram: Crash Narrative: THEIR INSURANCE COMPANIE				* £		If Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	Lot
Witnesses:		Address			1	Dhana #	Ctatamannt
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:			1				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	of Damaged Property	
Truck and Bus Information:	Registration # _		(From Vehi	cle Section)			35
Carrier Name					(Carrier Issuing Authority Code	
Address			City			St Zip	
US DOT #:	Stata Number		Issuing State	ICC#		Interstate	36
37		38	Issuing State	ICC #		Interstate	
Cargo Body Type Code C	Gross Vehicle Weight					20	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39	
Hazmat Information:							
Placard 40 Material 1 dig	rit # 41 Material	Name		Material 4	digit#	Release code	42
Timenta I dig	Widefidi			27141C1141 + C		Release code	
THOMAS P WALSH			NEWTO	N POLICE DEPARTM		02/03/20)20

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)