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|--|--|--------------------------------|-------------------------------|---|--|--|---------------------|---|---------------------|--|--|--|--|--|--|----------|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | | | |
| Date of Crash 07/15/2020 | | Time of Crash 01:19 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 1 | Number Injured 0 | Speed Limit 5 Latitude _____ Longitude _____ | | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/> | | | | |
| AT INTERSECTION: | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | 9 | | | | |
| Route# Direction Name of Roadway/Street At | | | | EAST 2014 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark | | | | | | | | 2 10 11 4 | | | | |
| 1 4 | | 2 1 | | 3 | | <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 200000380 | | | | |
| License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator TARAJ JONIDA Address 113 COMMANDER SHEA BLVD (apt. 401) City QUINCY State MA Zip 02171 Insurance Company GOVERNMENT EMPLOYEE INS | | | | Reg # 296XK5 Reg Type PAN Reg State MA Veh Year 2013 Veh Make LEXUS Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 10 21 Event Sequence 23 22 22 22 22 2 Most Harmful Event 23 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled | | | | | | | | 12 1 | | | | |
| 5 6 1 | | | | Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility Operator See Above ----- --- 1 4 4 0 0 10 1 N.A | | | | | | | | 13 23 |
| 7 1 | | | | Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | | | |
| 8 4 | | | | License # --- St DOB/Age --- Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled | | | | | | | | |
| | | | | Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility Operator/Non-Motorist See Above ----- --- | | | | | | | | | | | | |

Crash Narrative:

On 7/15/2020 the operator of MV 1 was parked in the parking garage and as she was reversing the drivers side corner of her vehicle hit the concrete column. The column had pulled off the bumper and caused major damage.

No injuries reported. Vehicle was towed by Todys

| Property Damage: | | | | |
|-----------------------------|---|---------|---------|---------------------------------|
| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
| ,NWH, | 2014 WASHINGTON SY NEWTON,MASSACHUSETTS 02 | | 97 | CEMENT POLE |
| | | | | |

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|------------------------------------|-----------|------------|--------------------|-------------------|------------|
| TIFFANY L HAMANN | | | NEWTON POLICE DEPT | | 07/15/2020 |
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |
| CDP1 11:24:00 | | | | | |