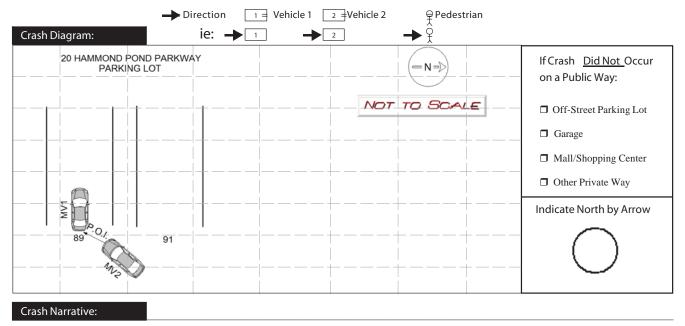
Poli	ice Use Only		Commo	onweal	th o	f Massa	achu	setts	}		RMV	V Docur	ment Numbe	er
Date of Crash 07/27/2020	Time of Crash 16:09	City/T NEWTON	own	Motor \	Vehi	cle Cra	sh	Number Vehicles			ed Limi itude		State Polic Local Polic MBTA Pol	e 🔲
07/27/2020	24HR			Poli	ce F	Report		2	0		ngitude_		Other:	ice 🔲
	AT INTER	RSECTION:		< L(OCAT	ION	>		NO	T AT	INTI	ERSE	CTION:	
						WEST	20		HAM	иOND	POND	PKWY		
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street									
_			At			Feet 1	N S E	w of			•	or		
Route# Direc	etion N	Name of Intersect	ing Roadway/Street		— F				Mile	Marker			Exit Numb	er
		Also at Inte	ersection with		-	Feet 1	N S E	W of	Route	#	Intersec	ting Roa	dway/Street	
]					-	Feet [N S E	W of					,	
Route# Direct	tion	Name of Inters	ecting Roadway/Str	eet							Laı	ndmark		
XVehicle1	#Occupants	Hit/Rur	Moped	Case Nu	umber		20	00000407						
License#		St N	IA DOB/Age		Reg#9	38XC4			Reg T	vne PA	N	Reg	State MA	
Sex_F_ Lic. 0	18 1		19		_	ar 2013			_			_		20
Operator SIN		MEDHA	Endo	rsment		(Same as open	to)							
Address 20 H	Last AMMON PONE	PKWY (apt. 40	4)	ldle		Las	t					Middle		
City NEWTO			tate_MA Zip_024										Zip	
,	pany AMICA IN				•	Action Prior to							Circle Up to	
\neg			sponding to Emerge	ency? N	Event S	equence 1 2	22 22		22 2		3		(4)	
	ssued)		1 5 5			armful Event	23					<u>/</u>] `	10 Under	_
· ·			n 2: ChSec_			Contributing Co		24	24	-	9		11 Totale	ed
Violation	3: ChSec	c Violatio	n 4: ChSec_			de/Override	25	Towe	_{d Y} 8		7		0	
Please	fill out for opera	ator and all occ	upants involved				l s	26 27 eat Safety		29 3 bag Ejec	0 31 ct Trap le Code	32 Injury Tra	33 ansp.	
Name (Last Fire Operator	st Middle)	1	Add See A	bove bove		Age/DOB	Sex P	os. System	Status Sw	itch Cod	le Code	\$tatus Co	ode Medical F	acility
1										+		10 12		
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Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupa	nts Non-Mote	orist A Type	14	Action 1	5 Loca	tion	Con	dition	17	Жні	it/Run 🔲 N	Noped
License#		St N	IA DOB/Age		Reg#2	59WN4			Pag T	ype_PA	N	Pag	State MA	
Sex_F_ Lic. 0	18 1		19		_		Veh	Make_IN				Veh Co	2	20
Operator MA		CAROL		rsment		(Same as oper		wake				_ ven ee	mig	
1	Last AMMOND PON	First ND PKWY (apt. 1	105)	idle		Las	t		First			Middle	•	
City NEWTO			tate_MA Zip 024			·					State		Zip	
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Name (Last Fi	rst Middle)	·	Ac	ldress		Age/DOB		Pos. Syster	n Status Sv	vitch Co	de Code	Status C	ansp. Code Medical	Facility
Operator/	Non-Motorist		See A	oove				1	4 9	9 0	0	10 1	:	
										_	-			



Owner of MV1 stated this morning at approximately 0830 hrs she observed damage on the rear end of her vehicle. It should be noted the owner of MV1 was not home the last couple days and observed the damage today. Owner stated she spoke to building management and was able to retrieve a video of MV2 colliding with her vehicle, which I was able to view. Owner stated MV2 which has an assigned parking spot #91 next to hers (#89), and is seen on video on 07/25/2020 at 0942 hrs back up, attempt to turn and collide with the rear end of her vehicle. MV2 is then observed returning back to #91 at 0946 hrs. The operator and owner of MV2 is then observed exiting the vehicle and walking away.

I was able to speak to owner and operator of MV2 who stated she took her vehicle for a spin around the

parking lot that morning because she wanted to see if she could hear a noise coming from the vehicle that she

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	ption of Damage	d Property	
_								
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				2.5
Carrier Name						Carrier Issuin	g Authority Cod	e 35
Address			City			St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Ler	ngth 39		
Hazmat Information:								
Placard 40 Material 1 digit #	Material Nat	me		Material 4	digit#_	1	Release code	42
l								

JUSTIN MARCH			NEWTON POLICE DEPARTM		07/27/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	→ Direction 1		=Vehicle 2	⊋ Pedestrian		
Crash Diagram:	ie: → 1	2		→Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	ig Lot
					☐ Garage	
					☐ Mall/Shopping C	'enter
					☐ Other Private Wa	
					Indicate North by A	Arrow
Crash Narrative:						
heard the day before. Own	er and Operator	of MV2 state	d she was n	ot aware that	she struck MV1. No inj	juries.
MV1 sustained minor damag	e to the rear er	nd. MV2 susta	ined minor	damage to the	right front end. No veh	nicles
towed.						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	1					
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From	Vehicle Section)		
Carrier Name				,	Carrier Issuing Authority Co	de 35
Address			City		St Zip	
US DOT #:						36
37		38	13341115 54440	ree #	Interstate	
	oss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	r Trailer	Length	
Hazmat Information: 40	41					42
Placard Material 1 digit	# Material Na	ame		Material 4 digit	t# Release code	72
HISTIN MARCH				HENTON BOY FOR DEC.	מד ומד ו	2020
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Date	

CDP1 11 ·24·00