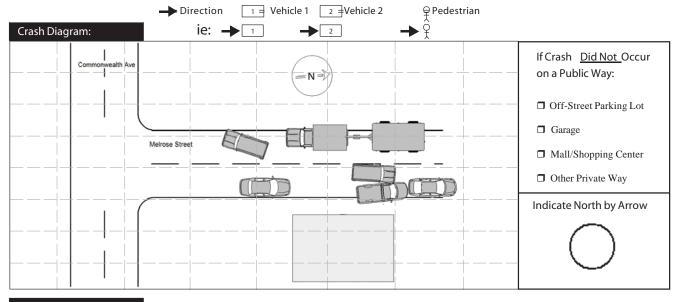
	Poli	ice Use Only		Commonw	ealth	of Mass	achı	usett	S		RM	V Docun	nent Number			
	Date of Crash 12/01/2020	Time of Crasl 14:03	NEWTON	14101		nicle Cra Report	sh	Number Vehicle 3		ired La	eed Lim titude _ ngitude		State Police Local Police MBTA Police Other:	Xi		
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	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of or Exit Number										
						Feet NSEW of										
² 2						Route# Intersecting Roadway/Street Feet N S E W of										
	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	XVehicle1	_1_#Occupant	s Hit/Run	Moped	Case Number	r	2	00000068	36							
	License#		St M		Reg #	6VCW10			Reg	g Type_P	AN	Reg		_		
	Sex_F_ Lic.		Lic. Restrictio	ns 9 19 CDL		Veh Year 2014 Veh Make HOND Veh Config. 20										
4 1	Operator SEN		BETHANY	Middle	Owne	(Same as ope	rator)		Firs	t		Middle		- 1		
		ADSWORTH		ate MA Zip 02453		Address										
	City WALTH			Demond And Code (Circle He to Thurs)												
5	1	pany PROGRE			Vehicle Action Prior to Clash 1											
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			rator and all occu				26 2 Seat Safet	7 28 ty Airbag	29 Airbag Eje	30 31 ect Trap	32 Injury Tra	33 unsp.	ity 1			
	Name (Last First Middle) Address Operator See Above					Age/DOB Sex Pos. \$ystem Status \$witch Code Code \$tatus Code							ity -			
7 1	Please Select C of the Followi		le2 1_#Occupar	nts Non-Motorist A	Туре	14 Action	15 Loc	ation	16 C	ondition	17	Hi	t/Run Mop	ed		
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8 1	Operator OG	RADY	Owne	Owner (Same as operator) Last First Middle												
	Address 23 REGINA RD					Last First Middle Address										
	City NEWTO	N	City_	City State Zip												
	Insurance Company LIBERTY					Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel	Direction:	(SEW) Re	N Event	Event Sequence 23 4 10 Undercarriage											
	Citation # (If I	ssued)		Most	Most Harmful Event 1 24 5 11 Totaled Driver Contributing Code 1 24 24 5 5 11 Totaled											
	l		Sec Violation													
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	Operator/	Non-Motorist		See Above				1	4	4 0	0	10 1		_		
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Police Report State Direction Name of Intersecting Roadway/Street	Pol Date of Crash	Time of Crash		Commonwea				lumber	Number			State Police			
Route Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Foot N E W of Milk Marker or Exit Number		14:03	NEWTON				l v	ehicles	Injured	Latitude _		Local Police MBTA Police	X		
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Address 230 MELROSE ST City State Zip City NEWTON State MA Zip 02459 Unsurance Company AMICA Vehicle Travel Direction: X S E W Responding to Emergency? Notation 2: Ch Sec Violation 3: Ch Sec Violation 2: Ch Sec Violation 4: Ch Sec Underride Override 22 Towed Y Please Select One Sec Above Please Selec				Endorsment											
CityState Zip City NEWTON					Address	230 MELROS	E ST		First		Middle		_		
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Please fill out for operator and all occupants involved Name (Last First Middle) Please Select One of the Following: Please Select Cone of the Following: Please Select Cone of the Following: Address AgeDoB Sex Sea	Violation	n 1: ChSec	c Violation 2: 0	ChSec	Driver (Contributing Co	ode 1	24							
Operator See Above Non-Motorist A Type Italy Action It	Violation	n 3: ChSec	c Violation 4: 0	ChSec	Underri	de/Override	25	Towed	<u>Y</u> 8	7	7	6			
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			operator and all occ	*		A ga/DOD		Safety A	28 29 irbag Airbag	30 31 Eject Trap	32 Injury Tra	nsp.	ilite		
								- System	Junua SWIIC	Couc Cod	- Biatus Ci	wicurear rac	y		
													—		



Crash Narrative:

The operator of MV#1 stated that she entered Melrose St from Commonwealth Ave and after stopping to let another MV pass south bound, she proceeded north on a very congested Melrose St. The operator of MV#1 then noticed that something was wrong with her MV and pulled to the side of the road. Operator was then approached by the operator of MV#2 and informed that she had struck his MV.

The operator of MV#2 stated that he was attempting to pull to the side of Melrose St (#230) because it was very congested with parked MV's on both sides, when his MV was side swiped (same direction) by MV#1. MV#2 was then pushed into MV#3, which was parked and unoccupied at the time of the crash.

The operator of MV#2, a witness and an uninvolved resident all stated to me that the operator of MV#1 had attempted to leave the scene and lie about what MV actually struck the damaged MV's. I discussed this with

(Continued on next page)

Witnesses: Name (Last, First, Middle) Address Phone # Statement 49 GROVE HILL PK SANDERS-GLINNER, ELLEN, P NEWTON,MA 02460 **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 Address___ US DOT #: State Number __ Issuing State _____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Trailer Reg #:_ Reg Type_____ Reg State _____ Reg Year____ ____ Trailer Length Hazmat Information: _____ Material 4 digit # _____ Release code Placard Material 1 digit # Material Name_

-	Direction 1	Vehicle 1	≥ =Vehicle 2	₽ Pedestri	an	
Crash Diagram:	ie: 🕕 🛚	→ [2	₽Ŷ		
					I	n <u>Did Not</u> Occur ublic Way:
					Off-	Street Parking Lot
					☐ Gar	
						l/Shopping Center
						er Private Way
	 - — — — — —					
					Indicat	e North by Arrow
				+ +	. — —	
Crash Narrative:						
operator #1 who stated she	was unaware sh	ne had struck	another MV u	intil she i	noticed issues wi	th her car and at
first assumed it must have	been the MV tr	aveling in f	front of her.			
There were no reported inj	uries and MV#1	was towed du	e to a front	broken axe	el.	
With						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
D						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged	Property
2 (,,,			1			
Truck and Bus Information:	Registration #		(From Ve	*		35
Carrier Name					Carrier Issuing	Authority Code
Address			City		St	·
US DOT #:	State Number		Issuing State	ICC #:		Interstate 36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	iler Length	
Hazmat Information:						
Placard 40 Material 1 digit #	Material Na	ame		Material 4 d	ligit#R	elease code 42
GEORGE M CLAFLIN			NEW	TON POLICE DEPARTS		12/01/2020
Police Officer Name (Please Print)	Signature			epartment	Precinct/Barracks	

CDP1 11 ·24·00