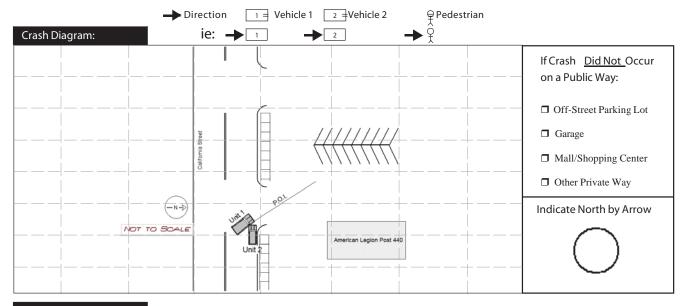
	ice Use Only					f Massa							ment Number	
Date of Crash 12/09/2020	Time of Crash	City/T NEWTON	own			icle Cra	sh	Number Vehicles			ed Limi itude		State Police Local Police MBTA Polic	
1409/2020	24HR					Report		2	0		ngitude_		Other:	е 🔟
	AT INTER	RSECTION:		< L	OCAT	TION :	>		NO	T AT	INTI	ERSE	CTION:	
						WEST	295		CALIE	ORNIA	A ST			
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street									
-			At			Feet N	N S E V	W of		'	•	or		
Route# Direc	etion N	Name of Intersect	ing Roadway/Stree	et	-				Mile	Marker			Exit Number	
		Also at Inte	ersection with			Feet N	SEV	V of	Route	#	Intersec	ting Roa	dway/Street	_
]					-	Feet [SEV	V of				J	•	
Route# Direc	tion	Name of Inters	ecting Roadway/S	treet							La	ndmark		
XVehicle 1	#Occupants	Hit/Rur	Mope	d Case N	umber		200	00000718						
License#		St N	IA DOB/Age		Reg#1	PA929			Reg T	vpe PA	N	Reg	State_MA	
Sex_F_ Lic.	18 1		19		-	ar 2014			_				20	
Operator VAI		DIANE	End	lorsment		(Same as open								
Address 32 FII	Last ELDS WAY (apt	First t. 151)	M	fiddle		Las	t					Middle	3	
City BRIGHT			tate_MA Zip_0	2135									Zin	
Insurance Com		~	<u></u>		-	Action Prior to		2					Circle Up to Th	
\dashv		S E W Res	sponding to Emer	gency? N			22 22	22	22 @)	3		4	
	ssued)		ponding to Emer	gency		armful Event	23					Λ)	10 Underca	ırriage
,			n 2: ChSe	r		Contributing Co		24	24 (1	—	9		5 11 Totaled	
			n 4: ChSe			ide/Override	25	Towe	8		7		6	
			upants involved		Undern	lde/Override [29 30 bag Ejec	0 31	32 Injury Tra	33	
Name (Last Fir		1	A	ddress		Age/DOB	Sex Po		28 Airbag Air Status \$w		e Code	Status Co	ansp. ode Medical Fac	ility
Operator			See 2	Above				1	4 9	9 0	0	10 1		
Please Select C of the Followi		2 <u>1</u> #Occupa	nts Non-Mo	otorist A Type	14	Action 1	5 Locat	ion	16 Con	dition	17	Пні	t/Run Mo	ped
License#		St_N	IA DOB/Age		Reg # 7NS416				Reg Type_PAN			Reg State_MA		_
Sex_F_ Lic.	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Ye	Veh Year 2019 Veh Make HC			_ 0 ,, 0			onfig. 20		
Operator WA	Operator WALSH MARY					Owner (Same as operator)								
Address 36 LC	OKER STREET	First	N	Aiddle	Address	Las:			First			Middle		
City NATICK		S	tate_MA_Zip_0	1760	City						State	:	Zip	_
Insurance Com	pany QUINCY I	MUTUAL			Vehicle	Action Prior to	Crash	1 2	21	Damage	ed Area	Code: (Circle Up to Th	nree)
Vehicle Travel	Direction: N	S E X	esponding to Emer	rgency?N	Event S	Sequence 1 2	22 22	22	22 6		3		4	
Citation # (If Issued) Most Harmful Event 1 23							10 Underca 5 11 Totaled	ırriage						
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Pl	ease fill out for	operator and a	Il occupants invo	olved			Se	26 27 eat Safety		29 30 bag Ejec	0 31 Trap	32 Injury Tra	33 ansp.	
Name (Last Fi	rst Middle) Non-Motorist			Address Above		Age/DOB		os. Syster	Status Sv	vitch Co	de Code		Code Medical Fa	cility
Operator/	1410101131			.13016				1	z 9	, 0	U	10 1		
										-				



Crash Narrative:

Operator of Motor Vehicle #1 stated she was traveling Westbound on California Street and had her right turn signal on to take a right turn into the parking lot of the American Legion Nonantum Post 440. Operator of Motor Vehicle # 1 stated while she was taking the right turn she was struck in the front right side of her vehicle from vehicle #2 who was traveling behind her causing moderate damage.

Operator of Motor Vehicle #2 stated she was traveling Westbound on California Street and vehicle #1 had her left blinker on so she thought she was taking a left turn and drove around on the right side to continue Westbound on California Street. Operator of Motor Vehicle#2 stated motor vehicle #1 quickly made a right turn into the parking lot and she did not have time to brake and struck motor vehicle #1. Motor vehicle #2 sustained moderate front end damage.

Witnesses:										
Name (Last, First, Middle)		Address		Phone #	Statement					
Property Damage:										
Owner (Last, First, Middle)	Phone # 34-Type De			scription of Damaged Property						
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code										
Address City St Zip										
US DOT #:			Issuing State	ICC #:	Inte	erstate 36				
Cargo Body Type Code Gross	s Vehicle Weight	38			39					
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42										