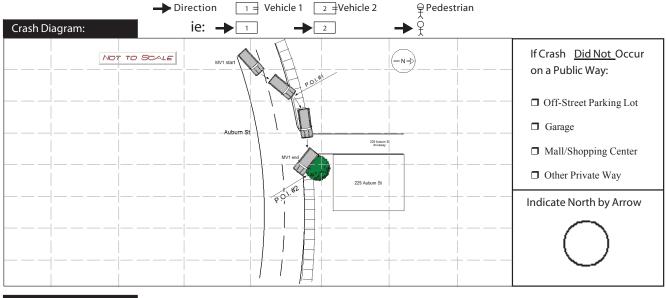
Date of Crash   Time of Crash   Oliv/Town   NewTon   Police Report   Police
AT INTERSECTION:    AT INTERSECTION:   CATION   NOT AT INTERSECTION:
Route# Direction Name of Roadway/Street  At  Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with  Also at Intersection with  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet N S E W of  Feet N S E
At  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet N S E W of  Route# Direction Name of Intersecting Roadway/Street  Feet N S E W of  Route# Direction Name of Intersecting Roadway/Street  Feet N S E W of  Landmark  Adverse Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL  Endorsment  Operator SAUNDERS CHARLOTTE  Address 6 COLGATE CIRCLE  City NEWTON State MA Zip 02462  Insurance Company USAA  Vehicle Travel Direction: N S X W Responding to Emergency? N  Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)  Event Sequence 42 22 20 22 41 22 21 22  Most Harmful Event 21 23  Most Harmful Event 21 23  To Undercarriage  To Undercarriage
Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet N S E W of  Route# Direction Name of Intersecting Roadway/Street  Feet N S E W of  Route# Intersecting Roadway/Street  Landmark  License # — St MA DOB/Age — Reg # 1DCY97 Reg Type PAN Reg State MA  Sex F Lic. Class D 8 18 18 Lic. Restrictions B 19 CDL Veh Year 2015 Veh Make JEEP Veh Config. 2 20  Operator SAUNDERS CHARLOTTE Owner SAUNDERS ELIZABETH  Address 6 COLGATE CIRCLE  City NEWTON State MA Zip 02462 City NEWTON State MA Zip 02462  Insurance Company USAA Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S XW Responding to Emergency? N Event Sequence 42 22 20 22 41 22 21 22  Vehicle Travel Direction: N S XW Responding to Emergency? N Most Harmful Event 21 23 40 40 40 40 40 40 40 40 40 40 40 40 40
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Feet N S E W of  Route# Direction Name of Intersecting Roadway/Street    St   MA   DOB/Age
Address 6 COLGATE CIRCLE  City NEWTON  Insurance Company USAA  Vehicle 1 1 #Occupants
License # — St MA DOB/Age — Reg # 1DCY97 Reg Type PAN Reg State MA  Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment  Operator SAUNDERS CHARLOTTE  Address 6 COLGATE CIRCLE  City NEWTON State MA Zip 02462  Insurance Company USAA  Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) T2015088  Violation 1: Ch 90/17/Sec Violation 2: Ch 89/4A Sec Driver Contributing Code 7 24 9 24  Reg # 1DCY97 Reg Type PAN Reg State MA  Owner SAUNDERS ELIZABETH  Owner SAUNDERS ELIZABETH  City NEWTON State MA Zip 02462  City NEWTON State MA Zip 02462  Event Sequence 42 22 20 22 41 22 21 22  Operator SAUNDERS ELIZABETH  Damaged Area Code: (Circle Up to Three)  State MA Zip 02462  Event Sequence 42 22 20 22 41 22 21 22  Operator SAUNDERS ELIZABETH  Address 6 COLGATE CIRCLE  Owner SAUNDERS ELIZABETH  Damaged Area Code: (Circle Up to Three)  State MA Zip 02462  Damaged Area Code: (Circle Up to Three)  Totaled Driver Contributing Code 7 24 9 24  Operator SAUNDERS ELIZABETH  Address 6 COLGATE CIRCLE  Owner SAUNDERS ELIZABETH  Damaged Area Code: (Circle Up to Three)  State MA Zip 02462  Damaged Area Code: (Circle Up to Three)  Damaged Area Code: (Circle Up to Three)  Totaled Driver Contributing Code 7 24 9 24  Operator SAUNDERS ELIZABETH  Address 6 COLGATE CIRCLE  Owner SAUNDERS ELIZABETH  Owner SAUNDERS ELIZABETH  Damaged Area Code: (Circle Up to Three)  State MA Zip 02462  Damaged Area Code: (Circle Up to Three)  Totaled Driver Contributing Code 7 24 9 24  Operator SAUNDERS ELIZABETH  Owner SAUNDERS ELIZABETH  Address 6 COLGATE CIRCLE  Owner SAUNDERS ELIZABETH  Owner SAUNDERS ELIZABETH
Sex_F_ Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment  Operator SAUNDERS CHARLOTTE  Address 6 COLGATE CIRCLE  City_NEWTON  Insurance Company USAA  Vehicle Travel Direction: N S X W Responding to Emergency? N  Citation # (If Issued) T2015088  Veh Year 2015 Veh Make JEEP Veh Config. 2 20  Owner SAUNDERS ELIZABETH  Last First Middle  Address 6 COLGATE CIRCLE  City_NEWTON  State MA Zip_02462  City_NEWTON  State MA Zip_02462  Vehicle Action Prior to Crash 1 21  Damaged Area Code: (Circle Up to Three)  Event Sequence 42 22 20 22 41 22 21 22  Oven Yeh Config. 2 20  Veh Year 2015 Veh Make JEEP Veh Config. 2 20  Owner SAUNDERS ELIZABETH  Address 6 COLGATE CIRCLE  State MA Zip_02462  Vehicle Action Prior to Crash 1 21  Damaged Area Code: (Circle Up to Three)  Sex_F_ Lic. Class D 18 18 Lic. Restrictions B 19 CDL  Endorsment Owner SAUNDERS  ELIZABETH  Address 6 COLGATE CIRCLE  Otty NEWTON  State MA Zip_02462  Vehicle Action Prior to Crash 2 21 21 22 21 2
Operator SAUNDERS CHARLOTTE Endorsment  Owner SAUNDERS ELIZABETH  Address 6 COLGATE CIRCLE  City NEWTON State MA Zip 02462  Insurance Company USAA  Vehicle Travel Direction: NS NW Responding to Emergency? N  Citation # (If Issued) T2015088  Violation 1: Ch 90/17/Sec Violation 2: Ch 89/4A Sec Driver Contributing Code 7 24 9 24  Owner SAUNDERS ELIZABETH  Address 6 COLGATE CIRCLE  City NEWTON  State MA Zip 02462  Vehicle Action Prior to Crash 1 21  Event Sequence 42 22 20 22 41 22 21 22  Owner SAUNDERS ELIZABETH  Address 6 COLGATE CIRCLE  State MA Zip 02462  Vehicle Action Prior to Crash 1 21  Damaged Area Code: (Circle Up to Three)  State MA Zip 02462  Vehicle Action Prior to Crash 1 21  Damaged Area Code: (Circle Up to Three)  State MA Zip 02462  Vehicle Action Prior to Crash 1 21  Downer SAUNDERS ELIZABETH  Address 6 COLGATE CIRCLE  Owner SAUNDERS ELIZABETH  Address 6 COLGATE CIRCLE  Otity NEWTON  State MA Zip 02462  Vehicle Action Prior to Crash 1 21  Damaged Area Code: (Circle Up to Three)  To Undercarriage 5 11 Totaled  Driver Contributing Code 7 24 9 24  Driver Contributing Code 7 24 9 24
Address 6 COLGATE CIRCLE  City NEWTON  Insurance Company USAA  Vehicle Travel Direction:  N S X W  Responding to Emergency? N  Citation # (If Issued) T2015088  Violation 1: Ch 90/17/Sec Violation 2: Ch 89/4A Sec Driver Contributing Code 7 24 9 24  Damaged Area Code: (Circle Up to Three)  Event Sequence 42 22 20 22 41 22 21 22  Most Harmful Event 21 23  Driver Contributing Code 7 24 9 24  Driver Contributing Code 7 24 9 24
City NEWTON State MA Zip 02462  Insurance Company USAA  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction: N S N W Responding to Emergency? N  Citation # (If Issued) T2015088  Violation 1: Ch 90/17/Sec Violation 2: Ch 89/4A Sec Driver Contributing Code 7 24 9 24  Damaged Area Code: (Circle Up to Three)  Event Sequence 42 22 20 22 41 22 21 22  Most Harmful Event 21 23  Driver Contributing Code 7 24 9 24  Driver Contributing Code 7 24 9 24
Vehicle Travel Direction: NSXW Responding to Emergency? N Event Sequence 42 22 20 22 41 22 21 22    Citation # (If Issued) T2015088  Violation 1: Ch 90/17/Sec Violation 2: Ch 89/4ASec Driver Contributing Code 7 24 9 24
Citation # (If Issued) T2015088  Violation 1: Ch_90/17/Sec Violation 2: Ch_89/4ASec Driver Contributing Code 7 24 9 24  Driver Contributing Code 7 24 9 24
Violation 1: Ch_90/17/Sec Violation 2: Ch_89/4A/Sec Driver Contributing Code 7 24 9 24  Driver Contributing Code 7 24 9 24
Violation 1: Ch_30/1/8ec Violation 2: Ch_37 Sec Driver Contributing Code 7 9
Violation 3: ChSec Violation 4: ChSec Underride/Override
Please fill out for operator and all occupants involved    26   27   28   29   30   31   32   33
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System  Status Switch  Code  Status Code  Medical Facility  Operator  See Above   1 1 4 0 0 9 2 NEWTON-WELLESLEYF
Please Select One of the Following: Vehicle#Occupants
License#         St         DOB/Age         Reg #         Reg Type         Reg State           18         18         19         20
Sex Lic. Class Lic. Restrictions CDL Veh Year Veh Make Veh Config
Operator Owner Last First Middle Last First Middle
Address Address City StateZip City StateZip StateZ
City State Zip City State Zip Damaged Area Code: (Circle Up to Three)  Insurance Company  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22 22 22 23 4
Citation # (If Issued) 10 Undercarriage 5 11 Totaled
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 24 24
Violation 3: ChSec Violation 4: ChSec Underride/Override         Underride/Override         25         Towed8         7         6
Name (Last First Middle)  Address  Age/DOB  Seat Safety Airbag Airbag Eject Trap Injury Transp.  Address  Age/DOB  Sex Pos. System Status Switch Code Code Status Code Medical Facility
Operator/Non-Motorist See Above



## Crash Narrative:

On Saturday January 2, 2021 at approximately 0115 hours I was dispatched to 229 Auburn St for a motor vehicle accident into a tree.

MV1 was operating eastbound on Auburn St when it crossed over the marked center lane. MV1 struck the westbound side curb and jumped onto the sidewalk. MV1 then continued on the sidewalk until it struck the tree in front of 229 Auburn St. MV1 sustained total front end damage, as well as driver side damage. The driver side damage was to both driver side doors and both driver side tires were flat. MV1 was towed by Todys.

MV1 operator was injured but conscious. However MV1 operator was unable to speak due to possible concussion injuries. MV1 was transported by Newton medics to Newton-Wellesley Hospital. MV1 was issued MA Uniform

Citation T2015088 for marked lanes and speeding over reasonable and proper rate, and it will be sent to the

(Continued o	n next page)				
Witnesses:					
Name (Last, First, Middle)	Address			Phone #	Statement
Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damage	d Property
Truck and Bus Information:	Registration #	(From Vehic	cle Section)		35
Carrier Name		•		Carrier Issuing	g Authority Code
		·			g Authority Code
Carrier Name		City		St	g Authority Code
Carrier NameAddressUS DOT #:		City		St	g Authority Code Zip
Carrier NameAddressUS DOT #:	State Number	City Issuing State	ICC#:_	St	g Authority Code Zip
Carrier Name Address US DOT #: Cargo Body Type Code37 Gros	State Number	City Issuing State	ICC#:_	St	g Authority Code Zip
Carrier Name	State Number	City Issuing State	ICC#:_	St	g Authority Code  Zip  Interstate  36

 MARK HATFIELD
 NEWTON POLICE DEFARTS
 01/02/2021

 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 bragidin.					on	Crash Did Not Occur a Public Way:  Off-Street Parking Lot Garage  Mall/Shopping Center Other Private Way  Coate North by Arrow	
							╛
Crash Narrative:							
MV1 operator via mail.							-
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Witnesses:							
Name (Last, First, Middle)		Address			Phone	# Statemer	nt
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
							_
Truck and Bus Information:	Registration #		(From V	ehicle Section)			
Carrier Name					Carrier Iss	uing Authority Code	35
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	
Cargo Body Type Code 37 G	ross Vehicle Weight	38					
		Dog Ct-t-	D V-	TP.	ailar Langth		
Trailer Reg #:	Keg Type	Keg State	keg year	1r	anei Lengin		
Hazmat Information:	41					42	
Placard Material 1 dig	it # 41 Material	Name		Material 4	digit #	_ Release code	
MARK HATFIELD			NIE	WTON POLICE DEPART		01/02/2021	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)