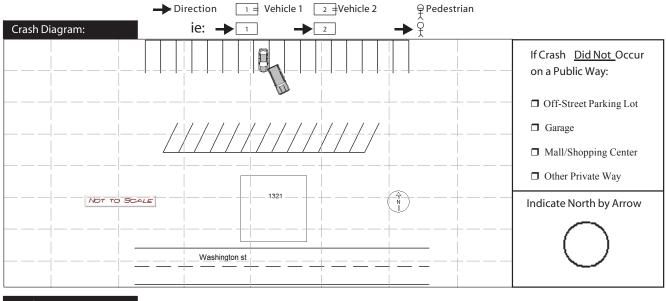
[Poli	ce Use Only		Common	wealth	of Mass	sact	ıuse	etts			RMV	Docun	nent Numl	oer
	Date of Crash 01/09/2021	Time of Crash	City/To	wn Mo	otor Ve	ehicle Cr	ash	Nui Vel		Number Injured		l Limit ide		State Poli Local Pol MBTA Pol	ice 🔲
	01/09/2021	24HR	NEWTON		Police	Report		2		0		itude_		Other:	olice
		AT INTER	SECTION:	<	LOC	ATION	>			NOT	AT I	NTE	RSEC	CTION:	
						NORT	гн :	1321	v	VASHIN	IGTO	N ST			
7	Route# Direct	tion	Name of	Roadway/Street		Route# Direc	tion	Address	s #		Nam	ne of R	oadway/	Street	
\dashv	At					Feet NSEW of or									
	Route# Direct	tion N	ame of Intersectin	g Roadway/Street		-			-	Mile Ma	ırker			Exit Num	ber
			Also at Inters	<u> </u>		Feet	N S	E W		Route#	In	itersect	ing Road	dway/Street	
						Feet	N S	E W		reduce	111	iterseet	mg reout	атау/Висси	
4	Route# Direction Name of Intersecting Roadway/Street					Landmark									
	XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Numb	er		210000	00016						
7	License#		St MA	OOB/Age	- Pay	g # 8132			1	Dog Tym	, PAR		Pag	State MA	
	Sex F Lic. (18 18 18 D		19		1 Year 2014									20
4		UDREAU Last		Endorsme	ent								v en coi	iiiig	
	Address 94 CL	Last EARWATER RE	First).	Middle		ner (Same as op				First			Middle		
	City NEWTON			te_MA Zip_02462		Address City State Zip									
		pany COMMERO		.teZip_ <u></u>		nicle Action Prior		1 [21			_		Circle Up to	
\dashv	1			onding to Emergency		ent Sequence 2	22		10	2 2	Ü	3		4	,
				onding to Emergency				23				\coprod	\overline{A}	10 Unde	ercarriage
		ssued)		2: Ch Sec		st Harmful Event	_	10 2	4	1 4	←	9		5 11 Tota	led
				4: Ch Sec		ver Contributing	Code	18		V 8	Ų	7		6	
		fill out for opera			Und	derride/Override			Fowed 27		30 Eject	31	32 njury Tra	33	
	Name (Last Firs			Address		Age/DOB	Sex			28 29 bag Airbag atus Switch		Code S	status Co	nsp. de Medical	Facility
	Operator			See Abov	e 		-		1 4	4	0	0	10 1		
İ															
	Please Select O of the Followir		2 <u>0</u> #Occupant	s Non-Motorist	t A Type	14 Action	15 L	ocation	16	Conditi	ion	17	Hit	t/Run	Moped
		ig				MDCE					MVA	.T			
	License # St DOB/Age 18											20			
_	Sex Lic. C	Class	Lic. Restriction	S CDL Endorsme	ent				ke_FOR				Veh Co	nfig. 1	
	Operator Last First Middle					Owner CITY OF NEWTON Last First Middle 1321 M/A SHINICTON STREET									
	Address					Address 1321 WASHINGTON STREET									
	CityStateZip				City	City NEWTON State MA Zip 02465							TI		
	1 7					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)							(Inree)		
- 7						Event Sequence 2 22 22 22 22 2 3 4 10 Undercarriag							ercarriage		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Mo	Most Harmful Event 2 1 5 11 Totaled							_		
	Citation # (If Is	ssucu)						Driver Contributing Code 1							
	· `	/	c Violation	n 2: ChSec		Č		25		(S)		7		6	
	Violation Violation	n 1: ChSec	c Violation	n 4: ChSec	Uno	derride/Override		Т	owed_		1 20	7	22	6	
	Violation Violation	n 1: ChSec n 3: ChSec ease fill out for o	c Violation		Uno	Č	Sex	26 Seat	27 Safety Air		30 Eject Code	7 31 Trap I Code	njury [[ra	33 nsp.	ıl Facility
	Violatior Violatior Ple Name (Last Fir	n 1: ChSec n 3: ChSec ease fill out for o	c Violation	n 4: ChSec	Uno	derride/Override	Sex	26 Seat	27 Safety Air	28 29 bag Airbag	30 Eject Code	7 31 Trap I Code	njury [[ra	33 nsp.	ıl Facility
	Violatior Violatior Ple Name (Last Fir	n 1: ChSec n 3: ChSec ease fill out for out	c Violation	1 4: ChSec occupants involved	Uno	derride/Override	Sex	26 Seat	27 Safety Air	28 29 bag Airbag	30 Eject Code	7 31 Trap I Code	njury [[ra	33 nsp.	ıl Facility
	Violatior Violatior Ple Name (Last Fir	n 1: ChSec n 3: ChSec ease fill out for out	c Violation	1 4: ChSec occupants involved	Uno	derride/Override	Sex	26 Seat	27 Safety Air	28 29 bag Airbag	30 Eject h Code	7 Trap I Code	njury [[ra	33 nsp.	ıl Facility



Crash Narrative:

ON 1-9-21 AT APPROX. 0727HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE REAR OF 1321 WASHINGTON (NEWTON POLICE STATION PARKING LOT) I SPOKE TO THE DRIVER OF VEHICLE #1.

DRIVER STATES SHE WAS BACKING HER PERSONAL VEHICLE INTO ONE OF THE PARKING STALLS AT THE REAR OF THE POLICE STATION. SHE STATES WHILE BACKING SHE LIGHTLY TAPPED THE FRONT OF NEWTON POLICE VEHICLE 1309 WITH THE REAR OF HER VEHICLE. DRIVER STATES THERE WAS NO DAMAGE TO HER VEHICLE. THERE WAS A SLIGHT SCRAPE TO THE FRONT FENDER OF NEWTON VEHICLE 1309. DRIVER STATES HER VISIBILTY WAS OBSTRUCTED BY THE SUN SHINING IN THE REAR VIEW MIRROR. WHEN HER REAR PROXIMITY ALARM FAILED TO SOUND SHE THOUGHT SHE HAD CLEARED VEHICLE #2. APPROX. 8

PICTURES WERE TAKEN BY NEWTON 491 (OFF CONARY) AND WERE PLACED IN I.T. BOX. DRIVER REPORTED NO INJURIES. DRIVER ADVISED TO CONTACT HER INSURANCE COMPANY.

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	ption of Damag	jed Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				25
Carrier Name						Carrier Issui	ing 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				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Ler			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#_		Release code	42

THOMAS P WALSH		NEWTON POLICE DEPARTM	01/09/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date