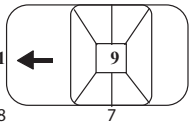
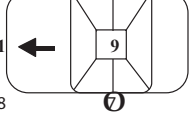


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 01/15/2021		Time of Crash 14:33 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>																																																																
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																																																																						
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>29</div> <div>EAST 55 WALKER ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>																																																																						
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<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____</div> <div>Operator COSIER HEATHER</div> <div>Address 17 IRELAND RD.</div> <div>City NEWTON State MA Zip 02459</div> <div>Insurance Company METROPOLITAN</div> <div>Vehicle Travel Direction: N S X W Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>						<div>12</div> <div>Reg # 6NX888 Reg Type PAN Reg State MA</div> <div>Veh Year 2015 Veh Make NISSAN Veh Config. 2 20</div> <div>Owner (Same as operator)</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Vehicle Action Prior to Crash 10 21</div> <div>Event Sequence 2 22 22 22 22 2</div> <div>Most Harmful Event 2 23</div> <div>Driver Contributing Code 19 24 24</div> <div>Underride/Override 25 Towed Y</div> <div></div> <div>10 Undercarriage 5 11 Totaled</div>																																																																						
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

55 walker st

Unit 1

Unit 2

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

ON 1-15-21 AT APPROX. 1433HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 55 WALKER ST. I SPOKE TO THE OWNER OF VEHICLE #1. OWNER STATES SHE WAS BACKING HER VEHICLE OUT OF THE DRIVEWAY OF 55 WALKER ST. AND HIT VEHICLE #2 (WHICH WAS PARKED ON WALKER ST). THERE WAS SCRATCHES ON THE LEFT REAR BUMPER OF VEHICLE #1. THERE WAS SCRATCHES ON THE LEFT SIDE OF VEHICLE #2. CARLOS BARRERA CAME OUT OF 54 WALKER ST. HE STATED HE DID NOT HEAR THE CRASH BUT HE IS FRIENDS WITH THE OWNER OF VEHICLE #2 AND WOULD ADVISE HIM OF WHAT HAPPENED. ALL PARTIES REPORT NO INJURIES AND NEITHER VEHICLE WAS TOWED.. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COPMANIES.AND I CLEARED WITHOUT FURTHER INCIDENT.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

THOMAS P WALSH **NEWTON POLICE DEPTA** **01/15/2021**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00