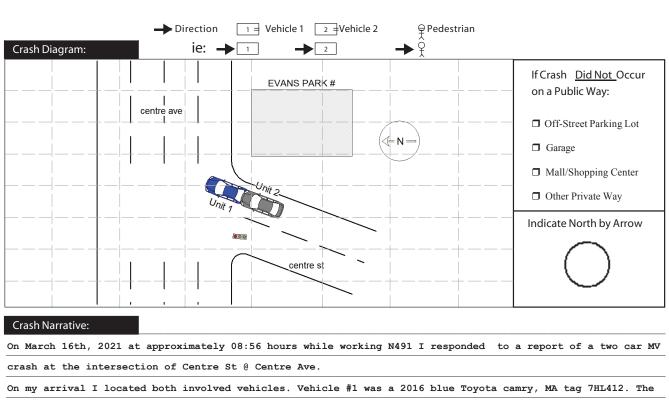
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3	_			 	Landmark									\dashv
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⁴ 5	Operator JOS	Last	RENEE	Endorsment TATIANA Middle	Owne	(Same as ope	rator)		Firs	t		Middl	e	_ 1
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	City SHARON	N	St	ate_MA Zip_02067	CityZip									
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⁶ 1				4: ChSec	Under	ride/Override		Tov	ved N	-	20 21	1 22 1		_
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 2 Seat Safe Pos. Syste	y Airbag m Status	29 Airbag E Switch C	30 31 Eject Trap Code Code	32 Injury Tr Status C	ransp. Code Medical Faci	ility 1
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8 4	Operator WALKER JACOB A Endorsment Last First Middle				Owner (Same as operator) Last First Middle							_		
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							+ +							



operator was identified as Renee Joseph.

She stated she was on Centre St N/B and was attempting to merge out onto Centre Ave E/B when she was rear ended by vehicle #2. She reported having head and neck pain from the crash. However she declined medical attention at this time.

Vehicle #2 was a 2020Toyota prius, MA tag 8ZZ382. The operator was identified as Jacob A Walker. He stated he was stopped behind vehicle #1 at the intersection of Centre St @ Centre Ave. As vehicle #1 began to enter

(Continued of	n next page)								
Witnesses:									
Name (Last, First, Middle)	Ac	ddress			Phone :	#	Statement		
Property Damage:					·				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	iged Property			
Truck and Bus Information:	Registration #		(From Vehic	cle Section)					
Carrier Name					Carrier Issu	uing Authority Cod	e 35		
Address			City		St	Zip			
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36		
37] 38]									
Cargo Body Type Code Gros	s venicie weight				39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr					
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Name			Material 4	digit #	Release code	42		

THOMAS J MCCARTHY			NEWTON POLICE DEPARTM		03/16/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

From the content of this crash Address Phone Statement	_	Direction 1	☐ Vehicle 1 ☐ 2	₂ ≢Vehicle 2	Pedestria	an	
Crash Narrative: out into the intersection he looked back to his left for oncoming traffic not realizing vehicle #1 has stopped again in front of him. He then crashed into the rear of vehicle #1. No towa were required from this crash. Operator #1 reported an injury but declined an Ambulance. Witnesses: Name (last First Middle) Address Phone # Settlement Property Damage: Currer Last First Middle) Address Phone # Settlement Truck and Sos information: Carrier Name Carrier Name	Crash Diagram:	ie: → 🗆	→	2	₽Ŷ		
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Mull/Shopping Center Other Private Way Indicate North by Arrow							ing Lot
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Police Officer Name (Please Print)

Date