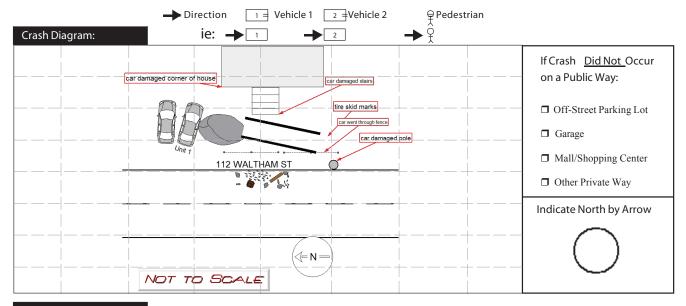
	Poli	ice Use Only		<u>Com</u> monweal	lth o	f Massa	achu	isetts			RMV	/ Docun	nent Number	
	Date of Crash 03/28/2021	Time of Crash 14:43 24HR	NEWTON			icle Cra Report	sh	Number Vehicles		d Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	N N
			RSECTION:		OCAT	_	>		NO				CTION:	
						NORTH	112	!	WALT	HAM S	ST			
1 1	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street									
						Feet NSEW of orExit Number								-
	Route# Direc	etion I	Name of Intersecting R Also at Intersect			Feet [N S E	W of	D	<u></u>	T	D	lway/Street	
2 3					-	Feet [N S E	W of	Route	# .	intersec	ting Koac	iway/Street	1
3	Route# Direc	tion	Name of Intersecting	me of Intersecting Roadway/Street			Landmark							
	XVehicle1	#Occupants	Hit/Run	Moped Case N	lumber		21	.00000212						
	License#	License # St MA DOB/Age 18 18 19 19				BRZ74						Reg S	State MA	
		Class D	Lic. Restrictions	1 CDL		ar 2018		Make_M	ERCED	ES		Veh Cor		
4 1	Operator ZHZ	AI Last OOPER ST. (apt.	ZHUANGZHUA First . 312)	Middle		(Same as oper			First			Middle		- 3
	City WALTH			MA Zip 02453	Address State Zip								-	
	Insurance Com		State_			Action Prior to							Circle Up to Thr	_
5	Vehicle Travel	Direction: X	S E W Respond	ling to Emergency?_N	Event S	Sequence 40 2	22 97 22	_	22 2		3		4	
		ssued) T2080806			Most H	armful Event	97 23		1	+	9	$\left\{ \mid \ \mid \right\}$	10 Undercarr 5 ① Totaled	riage
5	1			Ch90/17/sec	Driver	Contributing Co	ode 1	10 24	24		<u> </u>		6	
⁶ 2	Violation 3: Ch Violation 4: Ch Sec Please fill out for operator and all occupants involved					Underride/Override Towed Y Seat Safety Airbag Rivage Lege Traph Physics Cape Medical Eacility Ana/OOR Saw Pen Street Surger Lege Lege Traph Physics Cape Medical Eacility Ana/OOR Saw Pen Street Surger Lege Lege Traph Physics Cape Medical Eacility Towed Y Seat Safety Airbag Rivage Lege Traph Physics Cape Medical Eacility Towed Y Seat Safety Airbag Rivage Lege Traph Physics Cape Medical Eacility Towed Y Seat Safety Airbag Rivage Lege Traph Physics Cape Medical Eacility Towed Y Seat Safety Airbag Rivage Lege Traph Physics Cape Medical Eacility Towed Y Seat Safety Airbag Rivage Lege Traph Physics Cape Medical Eacility Towed Y Seat Safety Airbag Rivage Lege Traph Physics Cape Medical Eacility Towed Y Seat Safety Airbag Rivage Lege Traph Physics Cape Medical Eacility Towed Y Seat Safety Airbag Rivage Lege Traph Physics Cape Medical Eacility Towed Y Seat Safety Airbag Rivage Lege Traph Physics Cape Medical Eacility Towed Y Seat Safety Airbag Rivage Lege Traph Physics Cape Medical Eacility Towed Y Seat Safety Airbag Rivage Lege Traph Physics Cape Medical Eacility Towed Y Seat Safety Airbag Rivage Lege Traph Physics Cape Medical Eacility Towed Y Seat Safety Airbag Rivage Lege Traph Physics Cape Medical Eacility Towed Y Seat Safety Airbag Rivage Lege Traph Physics Cape Traph Physics							\dashv	
	Name (Last Fir			Address See Above		Age/DOB	Sex I	os. System	Status Sw	itch Code	Code	Status Co	nsp. de Medical Facili	ity
	Operator			See Above				1	4 4	0	0	10 1		\dashv
														\dashv
														_
7 1	Please Select C	One Vehicle	e# Occupants	Non-Motorist A Type	14	Action 1	5 Loca	ntion	16 Con	dition	17	Hit	:/Run Mop	and
	of the Followi	ng: Verlicie	# Occupants	Non-Motorista Type		Action	Loca	ition	Con	uitioii			/Kull Wop	,eu
	License # St DOB/Age 19 19				_	Reg # Reg Type Reg State Veh Year Veh Make Veh Config.							-	
3 2	Sex Lic.		Lic. Restrictions	CDL Endorsment				i Make				Veh Cor	nfig.	
2	Operator					Owner Last First Middle Address								-
	City State Zip				City State Zip								_	
	Insurance Company												ee)	
	Vehicle Travel Direction: NSEW Responding to Emergency?				Event Sequence 22 22 22 22 22 3 4 M. H. C. F. T. 23 10 Undercarriage							riage		
	Citation # (If Issued)				Most Harmful Event 9 5 11 Totaled							.uge		
		Violation 1: ChSecViolation 2: ChSec Violation 3: Ch Sec Violation 4: Ch Sec				Driver Contributing Code Underride/Override Towed Towed								
	Pl	ease fill out for	operator and all oc	cupants involved	Ondern			26 27 Seat Safety	28 Airbag Air	29 30 bag Eject	31 Trap	32 Injury Tra	33 nsp.	\dashv
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Syster	n Status S	vitch Coo	de Code		ode Medical Faci	lity
	*													\dashv
														\dashv



Crash Narrative:

Witnesses:

ON 3-28-21 AT APPROX. 1443HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 112 WALTHAM ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING N-BOUND ON WALTHAM ST. HE STATES HE STARTED TO SLIP AND SWERVED RIGHT OFF-ROAD ONTO THE FRONT YARD OF 112 WALTHAM ST. DRIVER DID DAMAGE TO EVERSOURCE TELEPHONE POLE (# 439) ON THE WAY TO THE FRONT YARD OF 112 WALTHAM ST. DRIVER DID EXTENSIVE DAMAGE TO THE FRONT YARD OF 112 WALTHAM (WOODEN FENCE, FRONT WOODEN STEPS, GRASS, SMALL GARDEN AND A BOULDER THAT SEPARATED THE DRIVEWAY FROM THE FRONT YARD). I SPOKE TO THE OWNER OF 112 WALTHAM ST (BRIGITTE LAMARCHE, 112 WALTHAM ST., NEWTON, MA., 02465, DOB: 3-7-71). OWNER STATES SHE WAS IN THE REAR OF THE HOUSE WHEN SHE HEARD THE CRASH AND THEN CAME AND FOUND VEHICLE #1 IN HER YARD AFTER DOING DAMAGE TO HER FRONT YARD. IT IS UNKNOWN AT THIS TIME IF THE VEHICLES IN THE DRIVEWAY HAD DAMAGE FROM THE

(Continued on next page)

Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:	,						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	iged Property	
, LAMARCHE, BRIGITTE	112 WALTHAM ST NEWTON,MASSA		9787710521	97	FENCE,GRASS,STE	PSETC	
, EVERSOURCE,	100 CAVALRY ST WALTHAM,MAS	SACHUSETTS		4	TELEPHONE POLE		
Truck and Bus Information:	Registration #		(From Veh	icle Section)			25
Carrier Name					Carrier Iss	uing Authority Coo	le 35
Address		(City		St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38			20		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Length		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Nar	me		_ Material 4	digit #	_ Release code	42

→	▶ Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestria:	า	
Crash Diagram:	ie: → 1	→ □	2	₽Ŷ		
					If Crash <u>Did Not</u> O	ccur
					Off-Street Parking	Lot
					☐ Garage	
					☐ Mall/Shopping Cer	ntar
				+-		itei
					☐ Other Private Way	
			+		Indicate North by Arı	row
Crash Narrative:						
CRASH DUE TO MUD AND GRASS	ALL OVER THE V	ZEHICLES. OF	WNER OF VEHIC	LE #1 REPORT	ED NO INJURIES. VEHICLE #	1 WAS
TOWED BY TODYS. AS A RESUL	T OF THE CRASH	I HAVE CHARG	GED THE OPERA	TOR OF VEHIC	LE #1 WITH (T2080806,	
CRIMINAL APPLICATION, 90/2	4 DRIVING RECKI	LESSLY, 90/1	7 SPEED GREAT	ER THAN REAS	ONABLE, 90/23 ATTACHING P	LATES
). PICTURES OF DAMAGE AND	SCENE WERE TAKE	EN BY SGT. F	LEMING AND SE	NT TO I.T.	BOTH PARTIES WERE ADVISED	TO
CONTACT THEIR INSURANCE CO	MPANIES. CLEARE	ED WITHOUT FO	URTHER INCIDE	NT.		
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property	
Truck and Bus Information:						
Carrier Name	Registration #		(From V	ehicle Section)	Carrier Issuing Authority Code	35
			G:4			
Address					St Zip	36
US DOT #:	State Number	38	Issuing State	ICC #:	Interstate	
Cargo Body Type Code Gros	s Vehicle Weight				30	
	Reg Type	Reg State	Reg Year_	Traile	er Length 39	
Hazmat Information:	41				_	42
Placard 40 Material 1 digit #	Material N	ame		Material 4 dig	it # Release code	42
THOMAS P WALSH				WTON POLICE DEPARTA	03/28/202	21
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Date	

CDP1 11 ·24·00