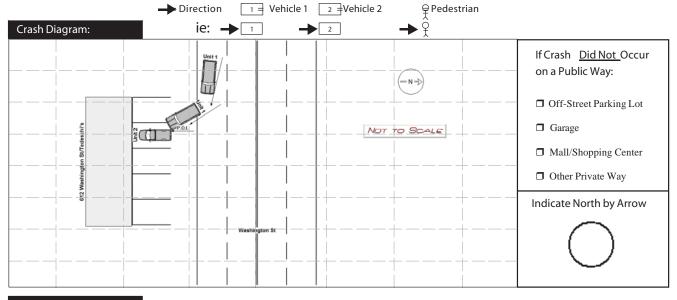
		ce Use Only					of Massa									nt Number	
	Date of Crash 03/30/2021	Time of Crash 09:58	City/T NEWTON	own I			icle Cra	sh			Numbe Injured		ed Limi tude _			tate Police ocal Police IBTA Police	X
ļ		24HR					Report		2		0		gitude		O	other:	
ļ		AT INTER	RSECTION:		< Lo	OCAT	ION	>			NO	AT	INT	ERS	ECT	ION:	
							SOUTH	61	12	,	WASH	NGTO	ON ST				
	Route# Direct	tion	Name o	of Roadway/Street		R	Route# Direction	on A	Address	#		Na	me of F	Roadw	ay/Stre	eet	
┨	At						Feet NSEW of or										
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									_		
			Also at Inte	ersection with			Feet [N S E	W of		Route#	<u> </u>	Intersec	ting R	oadwa	ıy/Street	_
						Feet NXEW of PARKING LOT OF TEDESCHI'S											
4	Route# Direction Name of Intersecting Roadway/Street					Landmark											
	XVehicle1	2_#Occupants	Hit/Rur	n Moped	Case N	umber		1	2100000	0215							
7	License#		St N	MA DOB/Age		Reg#9	9TM745				Reg Ty	ne PA	N	Re	eg Stat	te MA	
	Sex_F Lic. (18 1		19			ar_2018								Config	20	_
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٦							Underride/Override 25 Towed N 6										
+	Please fill out for operator and all occupants involved						The state of the s				28 2 irbag Airb tatus \$wit	9 30 ag Eject	31 Trap Code	32 Injury	33 Transp.		
ŀ	Name (Last First Operator				ldress		Age/DOB	Sex		system S			Code		Code	Medical Facili	ity
}	*	CII A IA/NI	1	32 NORTH ST (apt						1 4			0	10			
ŀ	FINKLEA, DA	SHAWN	N	NEWTON, MA 0246	i0			IVI	3	1 4	99	0	0	10	1		
	Please Select O	IX Vahida	2 <u>0</u> #Occupa	nts Non-Mot	torist A Type	14	4 Action 1	I5 Loc	cation	16	Cond	ition	17		Hit/Ru	un Mop	oed
	of the Followin	ng:	•														
	License#	18 1	St	DOB/Age		Reg# N					Reg Ty	pe_MV	'N	R	eg Stat	te MA 20	_
╝	Sex Lic. Class Lic. Restrictions CDL Endorsment			orsment		Yeh Year 2014 Veh Make FORD Veh Config. 2											
١	Operator Last First Middle					Owner CITY OF NEWTON DPW Last First Middle 60 ELLIOT ST								_			
	Address						Address 60 ELLIOT ST							_			
	CityStateZip					City N	City NEWTON State MA Zip 02458							-			
	Insurance Company SELF INSURED					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)								ee)			
	Vehicle Travel Direction: $N X E W$ Responding to Emergency? N				Event Sequence 2 10 Undercarriage												
	Citation # (If Issued)				Most Harmful Event 2 2 5 11 Totaled 5 11 Totaled							uge					
					Driver Contributing Code 1												
ļ				ion 4: ChSe		Underri	ide/Override		To	owed_	<u>N</u>	0 20	, ,	1 22			
	Ple Name (Last Fir		operator and a	ll occupants invol	lved ddress		Age/DOB	Sex		27 Safety Ai System	28 2 irbag Airb Status Swi	9 30 ag Eject	31 Trap le Code	32 Injury Status	33 Transp. Code	Medical Faci	ility
	Operator/	Non-Motorist		See A	bove							\perp					
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Crash Narrative:

on 03/30/21 at 09:58 hours, Ofc. Marini (N537) and I (Ofc. Wilson (N523) responded to the parking lot of Tedeschi's located at 612 Washington Street for a two car motor vehicle accident involving a city motor vehicle which belonged to the Newton D.P.W.. At the time of the accident, weather conditions were clear and sunny with dry road conditions.

The operator of M/V # 1, Danielle Finklea MA D/L S09835151, states she was eastbound on Washington Street in her 18' Mitsubishi Outlander (MA reg. # 9TM745) and turned right in to the parking lot of Tedeschi's.

While pulling in, Finklea misjudged the distance that M/V # 2 was parked in a spot to the left of her. She then struck the right side of M/V # 2's rear bumper which sustained scrape marks to it. The Outlander sustained scrapes to the driver's side front quarter panel area and a broken headlight lens cover to that

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	ption of Damag	ed Property	
Truck and Bus Information: Carrier Name	Registration #			,		Carrier Issui	ng Authority Coo	35 le
Address			City			St	_ Zip	
US DOT #:	State Number		Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Len	ngth		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#_		Release code	42

	Direction 1	Vehicle 1	2 =Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: 🕕 🛚 1	→	2	Ŷ		
					If Crash <u>Did No</u> on a Public Way:	
					☐ Off-Street Park	ing Lot
		 			Garage	
		į į	į	į	☐ Mall/Shopping	Center
				+	Other Private W	vav
	· — — - — — — — —	 		+		
		į į		į	Indicate North by	Allow
	· — — — — — —					
Crash Narrative:						
same side.						
The other vehicle (M/V #	2) was a 2014 F	ord F350 pick	tup bearing MA	Official	Reg.# M87258 which is ow	med
by the City of Newton De	partment of Publ	ic Works. At	the time, the	F350 was	parked in a parking spot	in front
of the store unoccupied.	The operator,	Robert Mazzar	rella, stated h	e saw th	e F350 shake as it had be	en struck
so he walked over to the	other operator	involved.				
No injuries reported.						
Ofc. Marini took digital	. photos of the s	cene and subm	mitted them to	the I.T.	Bureau.	
Witnesses:		1				1.
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 Vehi	cle Section)		
Carrier Name	Registration #		(From ven		Carrier Issuing Authority C	ode 35
Address			City		St Zip	
					Interstate	36
37	Gross Vehicle Weight	38		100 #	Interstate	
		.	_		39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year	Tra	ailer Length	
Placard Material 1 di	git # 41 Material N	Jame		Material 4	ligit # Release code	42
r racard viraterial I di	511 of Ivialerial N	variic		_ 1v1atC11äl 4 (ngit π Release code	
JEREMY L WILSON		2522	7 NEWTO	N POLICE DEPARTM	03/30	/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)