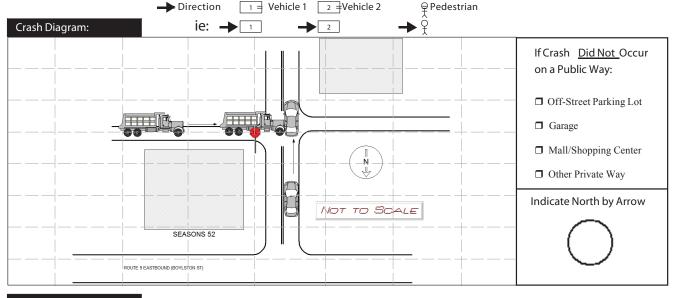
[Poli	ice Use Only		Commonwea	alth o	f Massa	achu	setts			RM	V Docui	ment Number	
	Date of Crash 04/08/2021	Time of Crash	NEWTON	MIOTOI		icle Cra	sh	Number Vehicles	Inju	red La	eed Lim		State Police Local Police MBTA Police	e 🚨
		24HR	RSECTION:		LOCAT	Report	>	2	0 N/		ngitude		Other:	
		ATIME	RSECTION.		LOCAL	ION			111	JIAI	11111	PINSIE	CHON.	
					9		220		BOY	LSTON				
	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street									
						Feet NSEW of or Mile Marker Exit Number								-
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of								
\neg			Also at Intel	section with				_	Rou	ite#	Intersec	cting Roa	idway/Street	- ⊦
L	Route# Direc	tion	Name of Interse	ecting Roadway/Street	Feet NSEW of									
_	[W]				Landmark									\dashv
1	Vehicle1	#Occupants	s Hit/Run	Moped Case	Number		210	0000242						
	License#	10	St M		Reg#2	GBP47			Reg	Type_P	AN	Reg	State MA	_
	Sex_F Lic.	Class D 18	Lic. Restriction		Veh Ye	ar_2021	Veh	Make_M	AZDA			_Veh Co	onfig. 2	
,	Operator KR	AUSE	LIZA First	Endorsment Middle	Owner	TOYOTA LE	ASE TRU	l	First			Middle	8	_
2	Address 14 LA	ARASON FARM	M RD		Addres	PO BX 10538	6		- 1131					_
	City SHARON	N	St	ate_MA Zip_02067	City ATLANTA State GA Zip 30348								_	
	Insurance Com	pany ARBELLA	A INSURANCE		Vehicle	Action Prior to	Crash	1 2	1	Damag	ged Area	Code: (Circle Up to Th	ree)
1	Vehicle Travel	Direction: N	K E W Res	oonding to Emergency? N	Event S	Sequence 1	22 22	22	22	2	3		4	
	Citation # (If I	ssued)			Most H	armful Event	1 23					\mathcal{L}	10 Undercar 5 11 Totaled	rriage
	Violation	1: ChSe	ec Violation	1 2: ChSec	Driver	ı Contributing Co	ode 1	24	24				3 11 Totaled	
	Violation	3: ChSe	ec Violation	1 4: ChSec	Underride/Override 25 Towed Y 8 O									
	Please fill out for operator and all occupants involved						Se	26 27 at Safety	28 Airbag	29 Airbag Eje	30 31 Frap	32 Injury Tr	33 ansp.	_
	Name (Last Fir Operator	st Middle)		Address See Above		Age/DOB	Sex Po		Status 5	witch Co	de Code	\$tatus Co	ode Medical Fac	ility
	1							+				10 1	-	
1	Please Select C of the Followi		le2 1_#Occupan	ts Non-Motorist A Typ	pe 14	Action 1	5 Locat	ion	16 Co	ondition	17	Пн	it/Run	ped
	License#		St M	A DOB/Age	Reg#3	Reg # 3688AP Reg Type CON Reg State NH					State NH			
	Sex_M Lic. Class B 18 M 18 Lic. Restrictions 1 CDL					Veh Year 2000 Veh Make KW Veh Config. 7						_		
L	Operator BEN	NETT JR	PAUL	A Endorsment	Owner M & F TRUCKIN									
	Address 84 LA	Last	First	Middle		S 81 HEMLOC	t		First			Middle	e	_
	City MALDEN State MA Zip 02148					City DANBURY State NH Zip 03230							_	
	Insurance Company PROGRESSIVE INSURANCE					Damaged Area Code: (Circle IIn to Three)							ree)	
	Vehicle Travel Direction: N S E W Responding to Emergency? N					vehicle Action Filot to Clash 1								
	Citation # (If Issued)					Event Sequence 1 10 Undercarriage								rriage
	· ·	Most Harmful Event 1 9 5 11 Totaled Driver Contributing Code 4 24 24												
				on 2: ChSec		ide/Override	25	Towed	N	8	7	للا	6	
[Violatio			on 4: ChSec	Underr	iue/Override				29 Eje	30 31 Trap	32	33	
	Name (Last Fi	rst Middle)	- >p=:a:o: a:ia a:	Address		Age/DOB	Sex P	os. Systen	Airbag / Status	Switch C	ode Code	Status C	ansp. Code Medical Fac	cility
	Operator/	Non-Motorist		See Above			-	1	4	4 0	0	10 1		



Crash Narrative:

On Thursday 4/8/21 at approximately 0728 hours while assigned to marked unit n499 I was dipatched to the parking lot of Seasons 52 (220 Boylston St) for a report of a motor vehicle crash with minor injuries.

Upon arrival I spoke with the operator (KRAUSE Liza) of MV#1 (Mazda CX-5). KRAUSE states she pulled into the parking lot from rte9 EB and was travelling straight when she observed a dump truck about to enter her lane of travel from the left. KRAUSE states she blew her horn, but the dump truck coninued on striking her vehicle on the drivers side rear. Impact from the collision caused significant damage to the drivers side of the vehicle in addition to deploying the side air bags in her vehicle. KRAUSE was evaluated by medics and refused transport to the hospital. She states she is uninjured just shaken up.

Secondly, I spoke with the operator (BENNETT Paul A Jr) of MV#2 (KW Dump Truck). BENNETT states

(Continued on next page) 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 # 3688AP (From Vehicle Section) 35 Carrier Name M&F TRUCKING Carrier Issuing Authority Code Address 215 S. BROADWAY STE 101 City_SALEM Zip 03079 St NH US DOT #: 2859735 Issuing State NEW HA ICC#: State Number Cargo Body Type Code Gross Vehicle Weight Trailer Reg #: Reg Type_____ Reg State _____ Reg Year___ Trailer Length

ALAN JR RICHARD SOLOMAN.		1	NEWTON POLICE DEPARTM		04/08/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Material 4 digit # Release code

Hazmat Information:

Material 1 digit #

Material Name

Placard

→	► Direction	1 Vehicle 1 Z	₂ =Vehicle 2	₽ Pedestrian		
Crash Diagram:	ie: →□	1 -	2	Ŷ		
			<u> </u> 		If Crash <u>Did Not</u> Oon a Public Way:	Occur
	_	<u> </u>			☐ Off-Street Parking	g Lot
					☐ Garage	
				į	☐ Mall/Shopping Ce	enter
		-			☐ Other Private Way	
	_	+	+-	+	Indicate North by A	rrow
			 -			
Crash Narrative:						
he was following another du	ımp truck thro	ough the parki	ing lot to the	back exit on F	lorence Street to de	eliver
asphalt to a construction j	ob. In front	t of Seasons 5	52 he states he	stopped at the	stop sign and proce	eeded
through unaware that MV#1 w	as in front o	of him strikin	ng the MV on th	ne drivers side.	There was no damag	ge to
the dump truck other than s	ome marks on	the front bum	mper.			
Motor vehicle crash occurre	d in a parki	ng lot contair	ning many store	es, restaurants	and a supermarket	
(Wegmans). Where the crash	occurred was	s in front of	Seasons 52 at	a stop sign.	At the stop sign is	
an island angled in such a	manner to pus	sh vehicles to	stay to the	right and not ma	ke any turns. Howeve	er,
there are no signs displayi	ng turning re	estrictions.	The dump truck	attempted to c	ross over the main e	entrance
from rte9 to the parking lo	t containing	the tent for	SoulCycle and	exit through th	e back of the parking	ng lot.
(Continued or	next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Description	on of Damaged Property	
				,		
Truck and Bus Information:	Registration # _		(From Veh	icle Section)		35
Carrier Name					Carrier Issuing Authority Cod	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Lengtl	n 39	
Hazmat Information:						
Placard 40 Material 1 digit #	Material	Name		_ Material 4 digit #	Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

04/08/2021

Date

Precinct/Barracks

ALAN JR RICHARD SOLOMAN.

Police Officer Name (Please Print)

_	Direction	_1 ≢ Vel	nicie I	2 #Vehicle 2	₹ Pedestr	ıan		
Crash Diagram:	ie: →[1	→	2	→ ĝ			
Crash Diagram:	ie: ->[If Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	g Lot
Vehicles entering from rte	a 9 do not has	70 a et	on sign	and have t	ne right of	way to tr	eavel straight und	
						, 55 61		- -
entry.								
Witnesses:		1						1-
Name (Last, First, Middle)		Add	ress				Phone #	Statement
Property Damage:				DI "	24.7	5	(5 15 .	
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	of Damaged Property	
T 1 10 16 1								
Truck and Bus Information:	Registration #			(Fron	Vehicle Section)			35
Carrier Name						Ca	arrier Issuing Authority Code	e
Address				City			StZip	
US DOT #:	State Number_			Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38						
						Γ	39	
Trailer Reg #:	Reg Type	R	Reg State	Reg Ye	ar Tr	ailer Length		
Hazmat Information:						_		
Placard 40 Material 1 digit	# 41 Materia	l Name			Material 4	digit #	Release code	42
ALAN JR RICHARD SOLOMAN.					NEWTON POLICE DEPARTS		04/08/20	121

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)