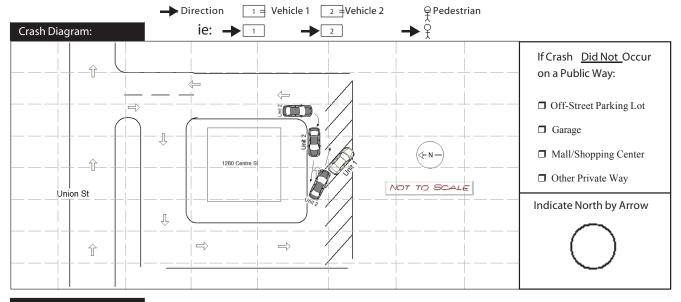
|   | Poli  | ice Use Only   |                                      | Commonwe                                  | alth o   | of Massa  | achu   | setts                   | }            |                     | RM                             | V Docui   | ment Number   |        |
|---|---|--|--------------------------------------|---|--|---|--------|-------------------------|--------------|---------------------|--------------------------------|-----------|---|--------|
|   | Date of Crash 04/09/2021                                    | Time of Crash<br>15:47<br>24HR   | NEWTON                               | MIOTOI                                    |  | icle Cra<br>Report                                | sh     | Number<br>Vehicles<br>2 |              | red Lat             | ed Limi<br>itude _<br>ngitude_ |           | State Police<br>Local Police<br>MBTA Police<br>Other: | e 🛄    |
|   |   |  | RSECTION:                            | <   | LOCA   |   | >      |                         | N(           |                     |                                |           | CTION:  |        |
|   |   |  |                                      |   |  | SOUTH   | 128    | 0                       | CEN          | TRE ST              |                                |           |   |        |
|   | Route# Direc  | Route# Direction Name of Roadway/Street  At  |                                      |   |  | Route# Direction Address # Name of Roadway/Street |        |                         |              |                     |                                |           |   |        |
|   |   |  |                                      |   |  | Feet [  | N S E  | W of                    | — Mil        | e Marker            | • —                            | or        | Exit Number   | _      |
|   | Route# Direc  | ction 1  | Name of Intersectin<br>Also at Inter | ·   |  | Feet [  | N S E  | W of                    |              |                     |                                | ·         | 1 /0.   |        |
| 1   |   |  |                                      |   |  | Feet [  | N S E  | W of                    | Rou          | te#                 | Intersec                       | ting Koa  | dway/Street   |        |
| Route# Direction Name of Intersecting Roadway/Street                            |   |  |                                      |   | Landmark   |   |        |                         |              |                     |                                |           |   |        |
|   | XVehicle1   | _1_#Occupants  | Hit/Run                              | Moped Case                                | e Number   |   | 21     | .00000253               | ;            |                     |                                |           |   |        |
|   | License#  | 18   | St M                                 | A DOB/Age                                 | _ Reg#_  | 1ESL74  |        |                         | Reg          | Type_PA             | N                              | Reg       | State MA 20   | 1      |
|   | Sex_F Lic.  | Class D  | Lic. Restriction                     |   | _  | ear_2016  |        | Make_K                  | IA           |                     |                                | _Veh Co   | onfig. 2  |        |
| 1   | Operator WIN  |  | SARAH                                | Middle                                    |  | (Same as open                                     |        |                         |              |                     |                                | Middle    | е   | _ [    |
|   | Address   |  | Ct.                                  | ate MA Zip 02451                          |  | 38  |        |                         |              |                     |                                | ,         | 7in   | -      |
|   |   | npany GARRISC  |                                      | Zip                                       | City State Zip  Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three) |   |        |                         |              |                     |                                |           |   |        |
|   | Vehicle Travel  | Direction: N   | X E W Resp                           | onding to Emergency? N                    | Event  | Sequence 2  | 22 22  |                         | 22           | 2                   | 3                              |           | 4   |        |
|   | Citation # (If I  | ssued)   |                                      |   | Most I   | Harmful Event                                     | 2 23   |                         |              | 1 4                 | 9                              |           | 10 Underca  | rriage |
|   | Violation   | 1: ChSe  | c Violation                          | 2: ChSec                                  | Driver   | Contributing Co                                   | ode 1  |                         | 24           | 8                   |                                |           | 6   |        |
| 1   |   | Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved |                                      |   |  | Underride/Override Towed N                        |        |                         |              |                     |                                |           |   |        |
|   | Name (Last Fir  | rst Middle)  | ator and all occu                    | Address                                   |  | Age/DOB   | Sex P  | os. System              | Status 8     | witch Coc           | le Code                        | status (C | ode Medical Fac                                       | ility  |
|   | Operator  |  |                                      | See Above                                 |  |   |        | 0                       | 4            | 4 0                 | 0                              | 10 1      | -   |        |
|   |   |  |                                      |   |  |   |        |                         |              |                     |                                | ++        |   |        |
|   |   |  |                                      |   |  |   |        |                         |              |                     |                                |           |   |        |
| 7<br>1  | Please Select (<br>of the Followi                           | IX Vehicle   | e2 1_#Occupan                        | s Non-Motorist A T                        | ype 1  | 4 Action 1  | 5 Loca | ution                   | 16 Co        | ndition             | 17                             | Жн        | it/Run  | ped    |
|   |   |  | St M.                                | A DOD/A =======                           | Reg # 9RES40 Reg Type PAN Reg State MA   |   |        |                         |              | State MA            | _                              |           |   |        |
|   | License #   St   MA   DOB/Age                               |  |                                      | Veh Year 2018 Veh Make AUDI Veh Config. 1 |  |   |        |                         |              |                     |                                |           |   |        |
| 4   | Operator KU   |  | GEOFFREY                             | Endorsment                                | Owner (Same as operator)   |   |        |                         |              |                     |                                |           |   |        |
| ±   | Address 1 BR  | IDLE TRAIL RI  | First<br>D                           | Middle                                    | Addres   | Las   | t      |                         | First        |                     |                                | Middle    | e<br>   | _      |
|   | City NEEDH  |  |                                      | nte_MA Zip_02492                          | City State Zip   |   |        |                         |              |                     | Zip                            | _         |   |        |
|   | Insurance Company GOVERNMENT INSURANCE                      |  |                                      |   | Vehicle Action Prior to Crash 8 21 Damaged Area Code: (Circle Up to Three)               |   |        |                         |              |                     |                                | rree)     |   |        |
|   | Vehicle Travel  | _  | 178                                  | ponding to Emergency?N                    | 10 Undercarriage   |   |        |                         |              |                     |                                | rriage    |   |        |
| Citation # (If Issued) T2014614  Violation 1: Ch 90/24/Csec Violation 2: Ch Sec |   |  |                                      |   | Most Harmful Event 2 2 5 11 Totaled  Driver Contributing Code 97 24 3 24 5 11 Totaled    |   |        |                         |              |                     |                                |           |   |        |
|   | Violation 1: Ch Sec Violation 2: Ch Sec Violation 4: Ch Sec |  |                                      |   |  | Underride/Override 25 Towed N 6                   |        |                         |              |                     |                                |           |   |        |
|   | Pl  | ease fill out for  |                                      | occupants involved                        |  |   |        | 26 27<br>Seat Safety    | 28<br>Airbag | 29 3<br>Lirbag Ejec | 0 31<br>Trap                   |           | 33<br>ansp.   | ailit: |
|   | Name (Last Fi   | /Non-Motorist  |                                      | See Above                                 |  | Age/DOB   | Sex    | Pos. System<br>99       |              | 4 0                 | de Code<br>0                   | 10 1      | Code Medical Fa                                       | cility |
|   |   |  |                                      |   |  |   |        |                         |              |                     |                                |           |   |        |
|   |   |  |                                      |   |  |   |        |                         |              |                     |                                |           |   |        |
|   |   |  |                                      |   |  | +   |        |                         |              |                     |                                |           |   |        |



## Crash Narrative:

(Continued on next page)

Vehicle 1 was parked in a proper parking spot on the right side of 1280 Centre St. Witness 1 stated that she saw vehicle 2 traveling westbound around the corner of 1280 Centre St building. (should be noted that

Vehicle 2 was driving the wrong way down a one way road) Witness 1 stated vehicle 2 then attempted to

make a U-Turn (3 point turn) to properly turn around and drive the correct way. Witness 1 stated she

saw vehicle 2's front bumper make contact with vehicle 1's rear bumper approximately 4 times to the point of

vehicle 1 being pushed forward twice. Witness 1 then took out her cell phone and took 2 pictures of Vehicle 2

leaving the scene without leaving proper information. Witness 1 left a note on vehicle 1 car with proper

information of vehicle 2. Dispatcher Capoli contacted the owner of Vehicle 2. Vehicle 2 owner denied he was

in a motor vehicle accident. Needham Officer went to Vehicle 2 residence to check damage on vehicle. Vehicle

| Witnesses:                 |                 |         |           |  |
|----------------------------|-----------------|---------|-----------|--|
| Name (Last, First, Middle) | Address         | Phone # | Statement |  |
|                            | 1280 CENTRE ST  |         |           |  |
| BURTON, GINNI,             | NEWTON,MA 02465 | *****   | N         |  |
|                            |                 |         |           |  |
|                            |                 |         |           |  |
| Property Damage:           |                 |         |           |  |

| Property Damage:              |                     |                                       |             |                      |                    |
|-------------------------------|---------------------|---------------------------------------|-------------|----------------------|--------------------|
| Owner (Last, First, Middle)   | Address             | Phone #                               | 34-Type     | Description of Damag | ged Property       |
|                               |                     |                                       |             |                      |                    |
|                               |                     |                                       |             |                      |                    |
|                               |                     |                                       |             |                      |                    |
| Truck and Bus Information:    | Registration #      | (From Vehic                           | le Section) |                      |                    |
| Carrier Name                  |                     | · · · · · · · · · · · · · · · · · · · |             | Carrier Issu         | ing Authority Code |
| Address                       |                     | City                                  |             | St                   | Zip                |
| US DOT #:                     | State Number        | Issuing State                         | ICC #:_     |                      | Interstate 36      |
| Cargo Body Type Code Gross    | S Vehicle Weight 38 |                                       |             | 39                   |                    |
| Trailer Reg #:                | Reg Type Reg State  | Reg Year                              | Tr          |                      |                    |
| Hazmat Information:           |                     |                                       |             |                      |                    |
| Placard 40 Material 1 digit # | Material Name       |                                       | Material 4  | digit #              | Release code 42    |

| KATELYN MARY POHLMAN               |           |            | NEWTON POLICE DEPARTM |                   | 04/09/2021 |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department            | Precinct/Barracks | Date       |

| •                                      | Direction           | 1 = Vehicle 1 | 2 #Vehicle 2   | ₹ Pedestr           | ian  |                 |
|--|---------------------|---------------|----------------|---------------------|--|-----------------|
| Crash Diagram:                         | ie: →               | 1             | 2              | <b>▶</b> ♀          |  |                 |
| Crasii Diagrami.                       |                     |               |                |                     | If Crash Did Not on a Public Way:  Off-Street Parkin Garage Mall/Shopping C Other Private Wa | g Lot<br>Center |
| Crash Narrative:                       |                     |               |                |                     |  |                 |
| 2 owner would not allow N              | eedham Officer      | into his gar  | age to inspect | t damage.           |  |                 |
|  |                     |               |                |                     |  |                 |
| W itnesses: Name (Last, First, Middle) |                     | Address       |                |                     | Phone #  | Statement       |
| Name (Last, First, Middle)             |                     | Address       |                |                     | riione #   | Statement       |
|  |                     |               |                |                     |  |                 |
|  |                     |               |                |                     |  |                 |
| Property Damage:                       |                     |               |                |                     |  |                 |
| Owner (Last, First, Middle)            | Address             |               | Phone #        | 34-Type             | Description of Damaged Property  |                 |
|  |                     |               |                |                     |  |                 |
|  |                     |               |                |                     |  |                 |
| - I IO I C                             | <u> </u>            |               |                |                     |  |                 |
| Truck and Bus Information:             |                     |               |                | ehicle Section)     | Control to the Article Co  | 35              |
| Carrier Name                           |                     |               |                |                     |  |                 |
| Address                                |                     |               | City           |                     | St Zip   | 36              |
| US DOT #:                              | State Number        |               | Issuing State  | ICC #:_             | Interstate   | 30              |
| Cargo Body Type Code 37 Gr             | ross Vehicle Weight | 38            |                |                     |  |                 |
| Trailer Reg #:                         | Reg Type            | Reg State     | Reg Year_      | Tra                 | ailer Length   |                 |
| Hazmat Information:                    |                     |               |                |                     |  |                 |
| Placard 40 Material 1 digi             | t# 41 Material      | Name          |                | Material 4 o        | digit# Release code  | 42              |
| KATELYN MARY POHLMAN                   |                     |               | NEW            | VTON POLICE DEPARTM | 04/09/2  | 2021            |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)