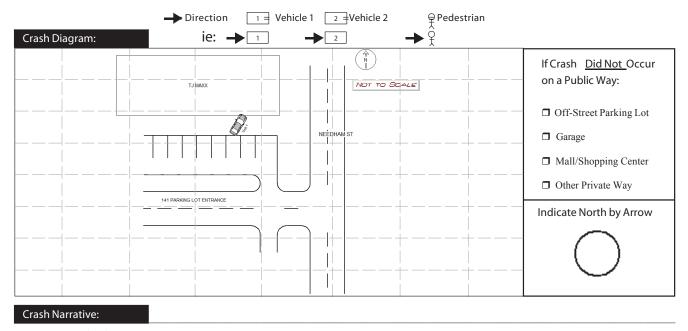
	Poli	ce Use Only		Commonwea	lth o	of Massa	ichu	setts			RMV	Docum	ent Number	
	Date of Crash 04/11/2021	Time of Crash 12:19 24HR	City/Town NEWTON			icle Cra Report	sh	Number Vehicles 1		ed Latit	d Limit ude gitude_	5	State Police Local Police MBTA Police Other:	XI D
			RSECTION:		LOCAT		>		NO				TION:	
						NORTH	141		NEED	HAM S	Γ			
1 1	Route# Direction Name of Roadway/Street At				I	Route# Direction Address # Name of Roadway/Street							_ 2	
						Feet NSEW of or Mile Marker Exit Number								
	Route# Direc	tion N	Name of Intersecting R Also at Intersect		Feet NSEW of									
2 2						Route# Intersecting Roadway/Street Feet N S E W of								1
-	Route# Direct	tion	g Roadway/Street	Landmark								┩		
	XVehicle1	1_#Occupants	Hit/Run	Moped Case	Number		210	0000256						
	License#	18 1	St MA	DOB/Age	Reg # 2	2ZWM29			_Reg T	ype_PAN	N	Reg S	tate MA	
	Sex_F Lic. 0	Class D	Lic. Restrictions	B CDL		ear_2020		Make_TO	OYT			Veh Con	fig. 1	
⁴ 1	Operator LIN		BEVERLY	L Middle		(Same as oper						Middle		7
	Address O EXT		Stata	MA Zip 02459		S						7	in	
	,	pany COMMER		Zip_ <u></u>	City State Zip Vehicle Action Prior to Crash									:)
5	Vehicle Travel	Direction: X	S E W Respond	ling to Emergency? N	Event S	Sequence 35 ²	2 22	22	22 2	!	3		4	
	Citation # (If Is	ssued)				Iarmful Event	35 23			—	9	/	10 Undercarria 5 11 Totaled	.ge
5	Violation	1: ChSec	Violation 2:	ChSec	Driver	Contributing Co	ode 10		24		VŢ.	, لـلـا	5	
⁵ 1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved				Underride/Override Towed 1							4		
-	Name (Last Firs		ator and an occupar	Address		Age/DOB	Sex Po	s. \$ystem	Status Sw	itch Code	Code i	status Code	e Medical Facility	. 9
-	Operator			See Above				99	4 9	9 0	0	10 1	N/A	_
									\vdash					_
-														_
7 1	Please Select C	One Vehicle	#0	X Non-Motorist A Typ	1	4			16		17		Dun Mana	
╧	of the Followin	ng: Verlicie	# Occupants	Non-Motorist A Typ	97	Action 97	Locat	99	Con	dition	97	Hit/	Run Mope	<u> </u>
	License#	18 1		DOB/Age	Reg # Reg Type Reg State						20			
8	Sex Lic. Operator TJ M		Lic. Restrictions	CDL Endorsment		ear		Make				Veh Con	fig.	
4		Last IEEDHAM ST.	First	Middle		Last			First			Middle		
	City NEWTON State MA Zip 02461					CityStateZip								
	Insurance Com	Vehicle	e Action Prior to	Crash	2	1	Damage	d Area	Code: (Ci	ircle Up to Three	;)			
	Vehicle Travel	Event Sequence 22 22 22 22 22 22 3 4 10 Undercarriage 5 11 Totaled												
	Citation # (If Is								ge					
				ChSec		Contributing Co	ode				7	$\sum_{i} f_{i}$	5	
			operator and all oc		Underr	ide/Override		Towed		29 30 rbag Eject	31 Trap I	32 3	33	\dashv
ŀ	Name (Last Fi			Address See Above		Age/DOB		os. Systen	Airbag Ai Status S	rbag Eject witch Code	e Code	njury Fran Status Coo		У
-	Operator/	14011-1410101181		See Audve				-		+		10 1		\dashv
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On Sunday 4/11/2021, at approx 1219hrs, while assigned to N498, I responded to 141 Needham St in Newton for a MVA car into a building.

There I observed MV1 in contact with the building used by retail store TJ MAXX. The operator, Beverly
Linsky, was already outside the vehicle. I assisted Linsky to a bench where she was evaluated by Fallon
medics. Linsky refused medical treatment. She stated that she was "fine". It should be noted that despite
the heavy front end damage to MV1 the airbag did not deploy. Linsky states that while attempting to park her
vehicle she accidently stepped onto the gas pedal instead of the brakes and drove into the TJ MAXX store
building.

MV1 was towed from the scene by Tody's towing service.

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
A CONTENCON TOTAL	171 BROOK ST BOSTON,MA 02128		Y

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property 141 NEEDHEAM ST NEWTON,MASSACHUSETTS 0; 617-244-4916 97 WALL OF BUILDING

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		25
Carrier Name				_ Carrier Issu	ting Authority Code
Address		City		St	Zip
US DOT #: S	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	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

KEVIN DURICKAS			NEWTON POLICE DEPARTM		04/11/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

•	→ Direction	1 = V	ehicle 1	2 =Vehicle 2	₽ Pedesti	rian		
Crash Diagram:	ie: →[1	→[2	→ 🖁			
						I	Crash <u>Did Not (</u> n a Public Way:	Occur
		_		L			Off-Street Parking	z Lot
								S Lot
		_ ·					Garage	
		_		<u> </u>			Mall/Shopping Co	
							Other Private Way	<i>y</i>
				++		Inc	dicate North by A	rrow
		-		++				
		 -						
							-	
Crash Narrative:								
The store manager was not	ified.							
Due to the statements made	le by the opera	tor a	and witne	ess, I will b	e submittin	g an Immediat	e Threat form	to the
RMV. See incident report	#21015576							
Pictures of the accident	were submitted	to 1	IT.					
Witnesses:		100	ddress			Phon	- #	Ctatamant
Name (Last, First, Middle)		AC	acress			Phon	е #	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Dan	naged Property	
Truck and Bus Information:	Registration #			(From	Vehicle Section)			
Carrier Name	-			-		Carrier I	ssuing Authority Cod	le 35
Address				City		St	Zip	
US DOT #:	State Number			Issuing State _	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38						
Trailer Reg #:			Reg State	Reg Ye	nr Tr	ailer Length	9	
Hazmat Information:	0 *) }**			105 100	• ••			
Placard 40 Material 1 digi	t # 41 Material	Name_			Material 4	digit #	Release code	42
KEVIN DURICKAS				:	NEWTON POLICE DEPART	N.	04/11/20	021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)