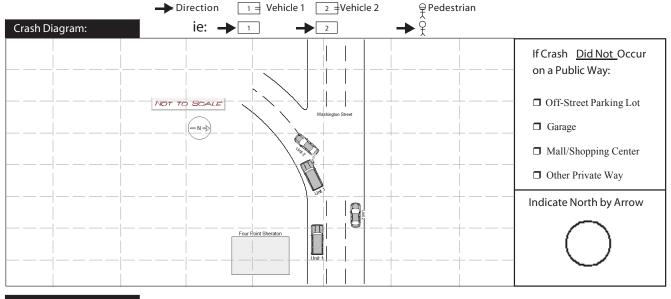
Pol	ice Use Only		Common	wealth	of Massa	achus	etts					nt Number	
Date of Crash 04/28/2021	Time of Crash 15:44	City/Tov NEWTON	vn Mo	otor Ve	hicle Cra	sh N		Number Injured		Limit <u>2</u> ide	25	State Police Local Police MBTA Police	XI
04/20/2021	24HR	NEWTON			Report	:	2	0		itude		Other:	
	AT INTER	RSECTION:	<	LOC	ATION	>		NOT	AT I	NTE	RSECT	ΓΙΟΝ:	
					WEST	320	1	WASHIN	NGTON	N ST			
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street							reet	
_		1	At		Feet [	N S E W	of _		_ •	or			
Route# Direc	ction N	Vame of Intersecting	g Roadway/Street					Mile Ma	arker			Exit Number	_
		Also at Inters	ection with		Feet [	N S E W	l	Route#	—In	tersectin	g Roadw	ay/Street	_
<b>1</b>					Feet [	N S E W	,				-8	,	
Route# Direc	etion	Name of Intersec	ting Roadway/Street				-			Landı	mark		_
XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Numbe	er	2100	000293						-1
License#		St MA	DOB/Age	- Reg	# 678XD2			Reg Typ	e PAN		Reg Str	ate MA	
Sex F Lic.	18 1	8	19		Year_2017							20	-
	IO Last		Endorsme	ent	ner (Same as oper							15.	ŀ
Address 4619	Last WASHINGTON	First I ST (apt. 2)	Middle		ress						Middle		_
City BOSTO			te_MA _ Zip_02131								7ir		-
7			NCE COMPANY		icle Action Prior to		21					cle Up to Thr	_
_			onding to Emergency		nt Sequence 1		22 2	 22 <b>(</b> )		3	4	-	
	Issued)		onding to Emergency		t Harmful Event	23				$\prod$		10 Undercarr	riage
	,		2: ChSec		er Contributing Co	ode 1	24	24 1	←	9	5	11 Totaled	
			4: Ch Sec		erride/Override	25	Towed	N 8		7	6		
		ator and all occup		Ond	erride/Override [	20 Seat			30 Eject	31 .	32 33 ury Trans	3	$\dashv$
Name (Last Fi	rst Middle)		Address		Age/DOB	Sex Pos.		28 29 irbag Airbag tatus Switch		Code Sta	atus Code	Medical Facil	ity
Operator			See Abov	<u> </u>			- 1 4	4	0	0 1	0 1		$\dashv$
Please Select ( of the Followi		2 <u>1</u> # Occupant	s Non-Motorist	t A Type	14 Action 1	Locatio	n 16	Condit	ion	17	Hit/F	Run Mop	oed
License#		St NY	DOB/Age	Reg	# JJS2280			Reg Typ	e PAN		_ Reg Sta	ate NY	
Sex F         Lic. Class         D         18         18         Lic. Restrictions         1         CDL					Veh Year 2010 Veh Make VOLKSWAGON Veh Config. 1								_
Operator BEDNARCZYK DEANDRA LYNN					Owner (Same as operator)								_
Address 1 MU	JSCOOT RD S	First	Middle	Add	ress	t		First			Middle		
City MAHOR	PAC	Sta	te NY Zip 10541	City						State	Ziŗ	)	_
Insurance Con	<sub>npany</sub> UNKNOW	Veh	Vehicle Action Prior to Crash 9 21 Damaged Area Code: (Circle Up to Three)								ee)		
Vehicle Travel			ponding to Emergency	?N Ever	nt Sequence 1	22 22	22	22 2		3	4		
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		ec Violation			erride/Override	25	Towed_	N 8		Ø	6		
			occupants involved			26 Seat			g 30 Eject	31 Trap Inj	32 33 ury Trans	3 p.	$\dashv$
Name (Last F	irst Middle) /Non-Motorist	<u> </u>	Address See Above		Age/DOB	Sex Pos	. System S	Status Switc	h Code	Code Si	tatus Code		ility
Орегасог	1 1011-1010101181		Sec Auovo				- 1 4	4	0	0 1	0 1		$\dashv$
							+						



## Crash Narrative:

Operator of MV1 stated she was traveling Westbound on Washington Street passing Four Points Sheraton, approaching the rotary. She stated she was in the far left lane, making a slight left turn over the Mass pike bridge. As she was approaching the left, MV2 made two lane changes, toward her vehicle, cutting her off. As MV2 attempting to drive in front of her, MV2 struck the passenger side front bumper. Operator of MV1 stated, the Operator of MV2 then got out of her vehicle, began yelling at her and hit her passenger side window. Hand prints were visible on the window.

I asked the Operator of MV2 what had happened and what led up to the accident. The operator of MV2 stated she didn't recall what had happened. She stated she was following MV1 from a previous accident that had just occurred in Watertown, Ma. There was visible damage to the rear driver side of MV2 vehicle. I asked the

(Continued on next page)									
Witnesses:	re seeme page,								
Name (Last, First, Middle)		Address				Phone #	<u> </u>	Statement	
Property Damage:	1				1				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	iption of Damag	ged Property		
_									
Truck and Bus Information:	Registration #		(From Vehi	cle Section)				35	
Truck and Bus Information:  Carrier Name			(From Vehi			Carrier Issu	ing Authority Cod	35 le	
								le	
Carrier NameAddress			City			St	Zip	le	
Carrier NameAddressUS DOT #:	State Number		City			St	Zip	le	
Carrier NameAddressUS DOT #:	State Number		City			St	Zip	le	
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight	38	_ City Issuing State	ICC#:_		St	Zip	le	
Carrier Name  Address US DOT #:  Cargo Body Type Code 37 Gros	State Numberss Vehicle Weight	38	_ City Issuing State	ICC#:_		St	Zip	le	
Carrier Name  Address  US DOT #:  Cargo Body Type Code  Trailer Reg #:	State Numberss Vehicle Weight Reg Type	Reg State	_ City Issuing State	ICC#:_ Tr	railer Le	St	Zip Interstate	le	

•	→ Direction	1 =	Vehicle 1	2 =Vehicle 2	₽Pedest	rian		
Crash Diagram:	ie: →[	1	<b>→</b>	2	→ 🤅			
						<u> </u> 	If Crash <u>Did Not</u> on a Public Way:	Occur
				_	<u> </u>	L	☐ Off-Street Parking	g I ot
							☐ Garage	5 200
		_			<u> </u>	-		antar
		_ _			<u> </u>	<u> </u>	☐ Mall/Shopping Co	
				_	<u> </u>	_ 	☐ Other Private Way	
							Indicate North by A	irrow
	—— — — — -	_ _			<del> </del>	 		
					<del>                                     </del>			
Crash Narrative:								
operator of MV2 how she	got the damage	and	she sta	ted she did	not know.			
MV1 had minor damage to t	the front pass	enge	r side b	umper. MV2 h	nad minor dam	mage to th	e rear driver sid	e. All
parties stated they were	not injured a	nd we	ere able	to operate t	cheir vehicle	es.		
Watertown PD arrived on s	scene and also	tool	a repo	rt for the ac	ccident in Wa	tertown.	Report # 21-7242	·
W itnesses: Name (Last, First, Middle)			Address				Phone #	Statement
Name (Last, First, Middle)		- /	Address				Phone #	Statement
Property Damage:						1		
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	of Damaged Property	
Truck and Bus Information:	Registration #			`	m Vehicle Section)			35
Carrier Name							arrier Issuing Authority Coc	le
Address CityUS DOT #: State Number Issuing State ICC #:								36
37			8	Issuing State	eICC#:_		Interstate	
The St. The St	ross Vehicle Weight					Γ	39	
Trailer Reg #:  Hazmat Information:	Reg Type		_ Reg State	Reg Y	earTı	railer Length		
Placard 40 Material 1 digi	t # 41 Materia	l Nam	e		Material 4	digit #	Release code	42
SEAN STAKE					NEWTON POLICE DEPART	75	04/28/2	021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)