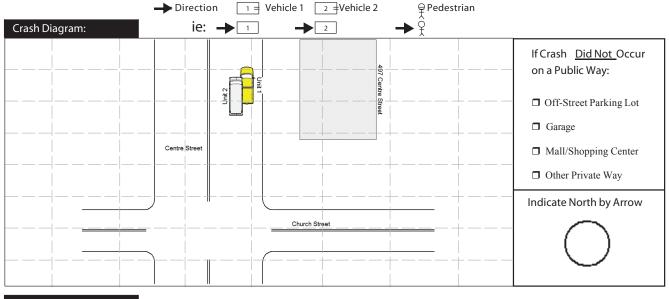
Po	lice Use Only		Common	wealth	of Mass	achu	isetts	\$		RMV	/ Docun	nent Number	
Date of Cras 05/07/2021	Time of Crash	City/To	wn Mo	tor Ve	hicle Cra	sh	Number Vehicles			ed Limi itude		State Police Local Police MBTA Police	N X
03/07/2021	12.45 24HR			Police	Report		2	0		gitude_		Other:	
	AT INTER	RSECTION:	<	LOCA	ATION	>		NO	T AT	INTI	ERSE	CTION:	
					SOUTH	1 497	,	CENT	RE ST				ŀ
Route# Dir	ection	Name of	Roadway/Street		Route# Directi	on Ad	dress #		Na	ame of F	Roadway/	Street	
At					Feet NSEW of • or								
Route# Dir	ection N	Name of Intersectin	g Roadway/Street		1 cct			Mile	Marker			Exit Number	_
		Also at Inters			Feet	N S E	W of	Route	<del></del>	Intercec	ting Pos	dway/Street	_
Route# Dir					Feet	N S E	W of	Koui	Σπ	mersee	tilig Koat	uway/Sireei	
Route# Dir	ection	Name of Intersec	ting Roadway/Street							Laı	ndmark		
XVehicle	1 0_#Occupants	Hit/Run	Moped	Case Numbe	er	21	100000320	)					١
License#		St	DOB/Age	Reg	# M88493			Reg T	vne MV	/N	Reg	State_MA	
	18 1		19		Year_2013	Veh	Make FO					20	
_			Endorsmer	nt	er CITY OF NE								ŀ
	Last		Middle		ress 110 CRAFTS			First			Middle		_
			teZip		NEWTON					State	MA	Zip_02458	_
	mpany SELF INSU			-	icle Action Prior t	o Crash	7					Circle Up to Thi	ree)
			onding to Emergency?			22 22	22	22 2	2	3		4	
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			4: Ch Sec		erride/Override	25	Towe	{ nd N		C	)	6	
	e fill out for opera				erride/Override		26 27 Seat Safety		29 30 rbag Ejec	0 31	32 Injury Tra	33 unsp.	-
Name (Last	First Middle)		Address		Age/DOB	Sex F	Pos. \$ystem	Status Sv	ritch Code	0 31 Trap e Code	Status Co	nde Medical Facil	lity
Operato	Г		See Above	; 									
Please Selection of the Follow		22 <u>1</u> #Occupant	s Non-Motorist	A Type	14 Action	Loca	ation	16 Cor	dition	17	Hit	t/Run Mor	ped
License#_	-	St	A DOB/Age	Reg	# L61558			Reg T	ype CO	N	Reg	State_MA	_ ]
Sex_F_ Lic	. Class D 18 1	Lic. Restriction	s 19 CDL	Veh	Year 2005	Veh	n Make_F0	ORD			Veh Co	nfig. 20	
Operator SI	Operator SPENCER JERRIE ANN				Owner NELSON BARDEN A							_	
Address 16	BACON ST (apt. 3	First	Middle	Add	ress 14 (apt. 3) Al	MORY R	ROAD	First			Middle		_
					City WALTHAM State MA Zip 02453						_		
Insurance Co	Insurance Company NORFOLK & DEDHAM MUTUAL FIRE					Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)							
Vehicle Trav	el Direction: N	X E W Res	ponding to Emergency	N Ever	nt Sequence 1	22 22		22 2	!	0		4	
Citation # (If Issued) 994181AA					Most Harmful Event 1 23							riage	
	,		n 2: Ch Sec		er Contributing C		9 24 1	19 24	-	9		5 11 Totaled	
		ecViolatio			erride/Override	25			3	7		6	
	Please fill out for		occupants involved				26 27 Seat Safety	28 Airbag Ai	29 30 Ejec	) 31 t Trap	32 Injury Tra	33 insp.	$\neg$
	First Middle) r/Non-Motorist		Address See Above		Age/DOB		Pos. System	m Status S	witch Co	de Code	Status C	ode Medical Fac	ility
Ореган	I, I voli aviotorist		See Audve				1	1 9	<i>y</i> U	U	10 1	1.4/12	
						++							



## Crash Narrative:

On Friday, May 7, 2021, while assigned to Traffic unit N525, I responded to the area of Colby Road for a report of a crash involving a City of Newton owned vehicle. The weather at the time of the crash was clear and sunny. The road surface was dry.

I spoke with Mr. Michael Sanford from the City of Newton Water Department. Mr. Sanford stated his City of Newton owned vehicle (2013 Ford F-250 (MA MVN: M88493) was parked unoccupied (S) in front of 497 Centre Street, Newton. Mr. Sanford stated his emergency lights were on while he was marking out a service. Mr. Sanford stated he then observed a white 2005 Ford Ecowagon (MA CON: L61558) travel past his vehicle South on Centre Street and make contact with his driver side door mirror. Mr. Sanford stated the vehicle continued down Centre Street and he followed it to Rochester Road where is came to a stop. I

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Ad	ddress		Phone #	Phone #				
SANFORD , MICHAEL, F		00 COMM. A EWTON,MA							
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	scription of Damaged Property			
Truck and Bus Information: Registration # (From Vehicle Section)  Carrier Name Carrier Issuing Authority Code									
Address City St Zip									
US DOT #: Issuing State ICC #: Interstate							36		
Cargo Body Type Code Gros	s Vehicle Weight				39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr					
Hazmat Information:									
Placard 40 Material 1 digit #		Material 4	Release code	42					

-	→ Direction 1	Vehicle 1	2 =Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: → 1	] →[	2	Ŷ		
					If Crash <u>C</u>	Did Not Occur c Way:
					Off-Stre	et Parking Lot
					Garage	
					☐ Mall/Sh	opping Center
			+ _		Other Pr	
					Indicate No	orth by Arrow
Crash Narrative:  observed damage to the dr  I spoke with the op			pencer (S12241C	950). Ms	. Spencer stated she	knew
she made contact with MV1	's driver door m	mirror, but	was trying to	make it	to her appointment a	t the Faulkner
Hospital and that is why	she did not imme	ediately pul	l over. I obse	rved dam	age to the front pas	senger side
door mirror.						
Ms. Spencer was pro	vided with Massa	achusetts Un:	iform Citation	994181AA	for Chapter 89, Se	ection 4A
(Marked Lanes Violation).						
Centre Street is a	public way maint	tained by the	e City of Newto	on. Phot	os were taken of bot	th vehicles and
submitted to the IT Burea	u.					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (Last, First, Middle)		Address			Priorie #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Pro	perty
Truck and Bus Information:	D :		(F. 1/1)	100)		
Carrier Name	(From Veh		Carrier Issuing Aut	hority Code 35		
Address			City		St	Zip
US DOT #:	_State Number		Issuing State	ICC #:_	Inter	estate 36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Veer	Tre	ailer Length	
Hazmat Information:	reg Type	reg state	Neg 1 tal	116	and Dengui	
Placard 40 Material 1 digit	# 41 Material Na	ame		Material 4 o	digit# Releas	se code 42
MICHAEL R GAUDET			NEWTO	ON POLICE DEPARTS		05/07/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)