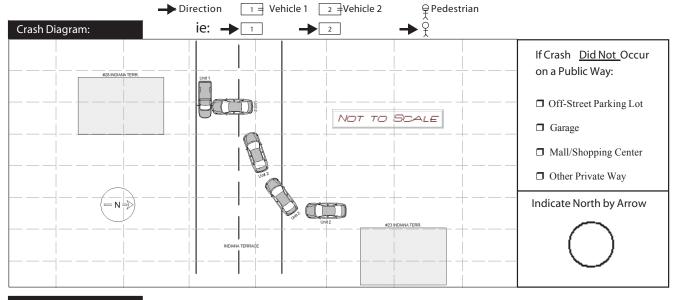
| | Poli | ice Use Only | | Commonwea | lth o | f Mass | achu | isetts | 8 | | RM | V Docun | nent Number | |
|-----------------------|--|--------------------------------------|-----------------------|--|--|---|---------|-------------------------------------|--------------------------|-----------------------------------|-------------------------|---|---|---------|
| | Date of Crash 06/05/2021 | Time of Crash 09:47 24HR | NEWTON | MIOTOI | | icle Cra Report | sh | Number Vehicles | | red Lat | ed Limitude _ | | State Police Local Police MBTA Police Other: | Xi D |
| | | | RSECTION: | | LOCAT | | > | | | | | | CTION: | \neg |
| | | | | | | WEST | 28 | | IND | IANA TI | ΕR | | | |
| 1 1 | Route# Direc | tion | Name of | Roadway/Street | I | Route# Direction | | dress # | | | | Roadway/ | Street | |
| | At | | | | Feet NSEW of or | | | | | | | | | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | Mile Marker Exit Number | | | | | | | | _ | |
| | Also at Intersection with | | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | | - | |
| 1 | Poutott Direction | | | | | Feet NSEW of | | | | | | | | 3 |
| 3 | Route# Direction Name of Intersecting Roadway/Street | | | | | Landmark | | | | | | | | |
| | XVehicle1 | _0_#Occupants | Hit/Run | Moped Case | Number | | 21 | .00000402 | 2 | | | | | |
| | License # St DOB/Age | | | | Reg#_ | 3LK675 | | | Reg | Type_PA | N | Reg | State MA | _ |
| | Sex Lic. Class 18 18 Lic. Restrictions 19 CDL | | | | Veh Year 2005 Veh Make TOYOTA Veh Config. 20 | | | | | | | | | |
| 1 | Operator | Last | First | Endorsment | Owner | SOLOUKI | st | FARII | First | | | Middle | | _ 3 |
| 1 | | | | | Addres | s 23 INDIANA | A TERRA | ACE | | | | | | - F |
| | City | | Sta | teZip | | | | | | | | | _ | |
| | Insurance Company L.M. GENERAL INS. CO | | | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| 5 | Vehicle Travel | Direction: N | S X W Resp | onding to Emergency? N | Event Sequence 1 22 22 22 22 22 3 4 | | | | | | | | | |
| | Citation # (If I | ssued) | | | Most H | Iarmful Event | 1 23 | | 2.1 | 1 | 9 | $\left(\mid \cdot \mid $ | 10 Undercard 5 11 Totaled | riage |
| : | Violation | 1: ChSec | c Violation | 2: ChSec | Driver | Contributing C | | | 24 | 8 | | | 6 | |
| 1 | Violation 3: ChSecViolation 4: ChSec | | | | Underride/Override Towed N | | | | | | | | | |
| | Please fill out for operator and all occupants involved Name (Last First Middle) Address | | | | | Age/DOB | Sex S | 26 27 Seat Safety Pos. Systen | 28 Airbag Status | 29 3 Airbag Ejer Switch Coc | 0 31 Trap le Code | 32 Injury Tra Status Co | 33 nsp. de Medical Facil | lity 2 |
| | Operator | | | See Above | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| ⁷ 1 | Please Select C of the Followi | IX Vehicle | e2 <u>1</u> #Occupant | s Non-Motorist A Typ | pe 1 | 4 Action | Loca | ation | 16 Co | ondition | 17 | Hit | t/Run Mor | oed |
| | License#St MA DOB/Age | | | Reg # 2LTL74 Reg Type PAN Reg State MA | | | | | | State_MA | | | | |
| | Sex_F Lic. Class D 18 18 Lic. Restrictions B 19 CDL | | | Veh Year 2012 Veh Make TOYOTA Veh Config. 1 | | | | | | | | | | |
| 1 | Operator LAMBERT ELENA Endorsment Last First Middle | | | | Owner (Same as operator) Last First Middle | | | | | | | | _ | |
| _ | Address 12 VIRGINIA ST | | | | | Address | | | | | | | | _ |
| | City MILTON State MA Zip 02186 | | | | | CityStateZip | | | | | | | | _ |
| | Insurance Company COMMERCE INSURANCE COMPANY | | | | | Vehicle Action Prior to Crash 8 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | ree) |
| | $\begin{tabular}{lllllllllllllllllllllllllllllllllll$ | | | | | Event Sequence 2 22 22 22 22 3 4 | | | | | | | | |
| | Citation # (If Issued) | | | | Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled | | | | | | | riage | | |
| | Violatio | Violation 1: ChSecViolation 2: ChSec | | | | Driver Contributing Code 99 24 24 | | | | | | | | |
| | Violation 3: ChSecViolation 4: ChSec | | | | | ide/Override | 25 | Towe | | 8 | 7 | 1 22 1 | 6 | |
| | Pl Name (Last Fi | | operator and all | occupants involved Address | | Age/DOB | | 26 Seat Safety Pos. Syste | 28 Airbag m Status | 29 Airbag Ejec Switch Co | 0 31 Trap de Code | Injury Tra | nsp. ode Medical Faci | ility |
| | Operator/ | Non-Motorist | | See Above | | | | 1 | 4 | 99 0 | 0 | 10 1 | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |



Crash Narrative:

On 06/05/21 at approximately 09:47 I responded outside of #28 Indiana Terrace for an accident that happened yesterday 06/04/21 at approximately 14:30. The owner of veh#1 had his vehicle parked on the street in front of #28 Indiana Terrace and stated Witness #1 (his wife), saw the owner of veh #2 get into her car and attempt a u-turn. Witness said she saw veh#2 strike the front drivers side fender of her husbands parked vehicle-veh#1.

The owner of veh#2 arrived back on scene and stated she did make a u-turn yesterday in the area of parked veh #1 but stated she didn't believe she struck it. There is damage to veh #2 consistent with the damage to veh #1 in the area which it was struck but the owner of veh #2 stated it was old damage. Owner stated she bought the car used with that damage and showed me pictures as evidence dated last year. Both owners were advised to

(Continued on next page)

| Witnesses: | | | | | | | | | | |
|--|--------------------|------------------------------|---------------------------------|---------------------|---------------------------------|------------|----|--|--|--|
| Name (Last, First, Middle) | | Address | | Phone # | Phone # | | | | | |
| SOLOUKI , MINOO, | | 23 (apt 2) INDI NEWTON,MA | | | | | | | | |
| | | | | | | | | | | |
| Property Damage: | | | | | | | | | | |
| Owner (Last, First, Middle) | Phone # 34-Type De | | | Description of Dama | Description 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 Gross Vehicle Weight 38 | | | | | | | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | ailer Length | | | | | |
| Hazmat Information: | | | | | | | | | | |
| Placard 40 Material 1 digit # | Material Na | me | Material 4 digit # Release code | | | | | | | |
| | | | | | | | | | | |

| | Direction 1 | ■ Vehicle 1 2 | Vehicle 2 | Pedestria | an | | | | |
|--|---------------------|---------------|----------------|-------------------|---|--------------------------------|--|--|--|
| Crash Diagram: | ie: 🕕 🛚 | | □ → | ₽ ĝ | | | | | |
| | | | | | If Crash <u>Did Not</u> on a Public Way: | Occur | | | |
| | | | | | Off-Street Parkin | g Lot | | | |
| | | | | | ☐ Garage | | | | |
| | | | | | ☐ Mall/Shopping C | Center | | | |
| | | | | | Other Private Wa | | | | |
| | | | | | | - | | | |
| | | | | | Indicate North by A | Allow | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Crash Narrative: | | | | | | | | | |
| file an accident report. | Based on conflic | cting informa | tion no citati | ions were | issued at this time. | | | | |
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| | | | | | | | | | |
| W itnesses: Name (Last, First, Middle) | | Address | | | Phone # | Statement | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Property Damage: Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Damaged Property | | | | |
| Owner (Last, First, Middle) | Address | | Filone # | 34-Type | Description of Damaged Froperty | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Veh | icle Section) | | 35 | | | |
| Carrier Name | | | | | Carrier Issuing Authority Co | Carrier Issuing Authority Code | | | |
| 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 Type | Reg State | Reg Year | Trai | iler Length 39 | | | | |
| Hazmat Information: | | | | | | | | | |
| Placard 40 Material 1 digi | t # 41 Material N | ame | | _ Material 4 di | igit # Release code | 42 | | | |
| | | | | | | | | | |
| ZACHARY S RAYMOND | | | NEWTO | ON POLICE DEPARTA | 06/05/2 | 2021 | | | |

CDP1 11 ·24·00

Police Officer Name (Please Print)