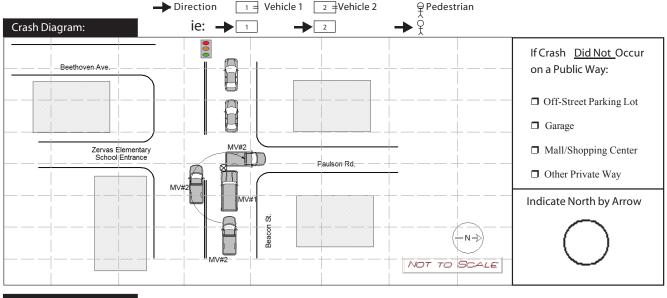
	Poli	ice Use Only		Commo	nweal	th o	f Mass	ach	use	etts			RM	V Doc	umen	t Number	
	Date of Crash 07/07/2021	Time of Crash	City/To NEWTON	own M	lotor \	Vehi	icle Cra	sh		mber nicles	Numb		eed Lim		St	ate Police ocal Police BTA Police	N N
	07/07/2021	24HR	NEWTON				Report		2		0		ongitude		O	ther:	
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		BEACO	N ST														F
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3	XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Nu	ımber			210000	00495							
	License#		St M	A DOB/Age		Reg # 6	EXT50				Reg T	vne P	AS	Re	og Stat	_e MA	
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	City LINCOL		S.	ate_MA Zip_0177			3							,	7in		-
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	Name (Last Fir		1	Addre			Age/DOB	Sex	Pos.	1 1	28 Airbag Ai Status Sw		ode Code	Status	Fransp. Code	Medical Facili	ity
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⁷ 3	Please Select C of the Followi		2 <u>1</u> #Occupar	nts Non-Motor	rist A Type	14	4 Action	15 Lo	cation	1	6 Con	dition	17		Hit/Ru	n Mop	ed
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	City DANBUI	RY	S	tate_MA Zip_0681	0	City W	ALTHAM						State	MA	_Zip_		
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	Citation # (If Issued) T2014489					Most Homeful Front 23								riage			
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	Орегатот/	1 ton-motorist		Sec Auc						22	- 19	9 0	U	10	1		
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Crash Narrative:

On 7/7/2021, at 0908 hrs, Newton Police responded to the area of Beacon St. and Paulson Rd. for a motor vehicle accident involving two vehicles.

Upon arrival, MV#1 was observed with significant damage to the front driver side bumper as well as the front driver side wheel well. MV#2 had minor damage to its passenger side rear bumper.

The operator of MV#1 stated she was stopped on Beacon St. by the entrance to Paulson Rd. waiting for the light at Beethoven Ave. to turn from red to green. The operator of MV#1 stated she was stopped behind several vehicles. As the light turned green, MV#1 accelerated and collided into MV#2 which was attempting to go around her in order to turn northbound onto Paulson Rd. from Beacon St.

The operator of MV#2 stated he believed MV#1 was "parked" on Beacon St.which resulted in his decision to

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Carrier Name					Carrier Iss	suing Authority Coc	le
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42

DANIEL SOHN			NEWTON POLICE DEPARTM		07/07/2021
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	₽Ŷ		
					I	h <u>Did Not</u> Occur Public Way:
					off	-Street Parking Lot
						rage
	į	į į	j	į	☐ Ma	ll/Shopping Center
					Oth	ner Private Way
				+	Indicat	te North by Arrow
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C IN						
Crash Narrative:	low center lane	, go around	MV#1 and turn	onto Pau	lson Rd.	
A witness to this collisi		<u> </u>				double yellow
center lane in an attempt	to go around M	V#1, which re	esulted in the	collisio	n.	
The operator of MV#2 was	s issued MA Unif	orm Citation	T2014489 for:			
Mgl Ch. 89 Sec. 4A - Mark	ed Lanes Violat	ion.				
No injuries were reported	d and both vehic	les were driv	ven away from	the scene		
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	d Property
Truck and Bus Information:	Builded in II		(F - V 1	: 1. G (')		
Carrier Name	Registration #		(From Veh	<i>'</i>	Carrier Issuing	g Authority Code
Address			City			
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	Tra	iler Length	
Hazmat Information:		5	5			
Placard 40 Material 1 digi	t # 41 Material N	Name		_ Material 4 o	ligit # I	Release code 42
DANIEL SOHN				ON POLICE DEPARTM		07/07/2021

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)