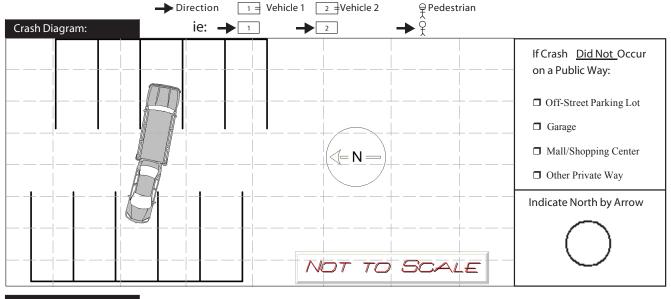
NEWTON Police Report Vehicle Injured Latitude Logitude Company Not at Intersecting Roadway/Street	-4- D-1:
AT INTERSECTION: Route# Direction Name of Roadway/Street Also at Intersecting Roadway/Street Feet N S E W of Route# Intersecting Roadway Intersecting Roadway/Street East Name of Roadway/Street Intersecting Roadway/Street East N S E W of Route# Intersecting Roadway Intersecting Roadway/Street East N S E W of Route# Intersecting Roadway Intersecting Roadway/Street East N S E W of Route# Intersecting Roadway Intersecting Roadway/Street East N S E W of Route# Intersecting Roadway Intersecting Roadway/Street East N S E W of Route# Intersecting Roadway Intersecting Roadway/Street East N S E W of Route# Intersecting Roadway Intersecting Roadway/Street East N S E W of Route# Intersecting Roadway Intersecting Roadway/Street East Intersecting Roadway Intersecting Roadway/Street East Intersecting Roadway Intersecting Roadway/Street East Intersecting Roadway/Street East Intersecting Roadway Intersecting Roadway/Street East Intersecting Roadway Intersecting Roadway/Street East Intersecting Roadway East Intersecting Roadway Intersecting Roadway/Street East Intersecting Roadway East Intersecting Roadway East Intersecting Roadway Intersecting Roadway/Street East Intersecting Roadway East Intersecti	ate Police Cal Police BTA Police
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24 24 5	10 Undercarriage
	11 Totaled
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 99 24 27 8 7 6 Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed Y	
Name (Last First Middle) Address Age/DOB Sex Pos. \$ystem Status \$witch Code Code \$tatus Code}	Medical Facility
Operator See Above1 4 4 0 0 10 1	
Please Select One of the Following: X Vehicle 2 1_#Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Ru	n Moped
	MA
18 18 10	20
Sex_F Lic. Class D 10 Lic. Restrictions 1 CDL Veh Year 2012 Veh Make VOLKS Veh Config Operator PROULX KATHERINE CDL Veh Year 2012 Veh Make VOLKS Veh Config	1
Last First Middle Last First Middle	
Address 137 IRVING ST Address	
City WATERTOWN State MA Zip 02472 City State Zip	
Insurance Company STANDARD FIRE Vehicle Action Prior to Crash 10 Damaged Area Code: (Circ	e Up to Three)
Vehicle Travel Direction: NSXW Responding to Emergency? N Event Sequence 1 22 22 22 22 22 3 4	10 Undercarriage
	11 Totaled
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 99	
Violation 3: ChSec Violation 4: ChSec Underride/Override Towed Y	
Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Ag	
Operator/Non-Motorist See Above	Medical Facility
	Medical Facility
	Medical Facility
	Medical Facility



Crash Narrative:

ON 7-27-21 AT APPROX. 1235HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 1121 WASHINGTON ST (TRADER JOES) REAR PARKING LOT I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS BACKING OUT OF HER PARKING STALL WHEN SHE SAW VEHICLE #2 WAS ALSO BACKING OUT. SHE STOPPED AND BEEPED AS VEHICLE #2 HIT HER VEHICLE. VEHICLE #2 STATES SHE WAS BACKING OUT OF HER PARKING STALL WHEN SHE SAW VEHICLE #1 WAS BACKING OUT. SHE STATES SHE STOPPED AND BEEPED AND WATCHED AS VEHICLE #1 HIT HER. VEHICLE #1 HAD MINOR REAR END DAMAGE. VEHICLE #2 HAD MINOR LEFT REAR END DAMAGE. BOTH PARTIES REPORTED NO INJURIES. BOTH PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. DUE TO THE DAMAGE AND THE INFORMATION BOTH PARTIES GAVE ME I WAS UNABLE TO FIND WHO WAS AT FAULT IN THIS ACCIDENT. CLEARED WITHOUT FURTHER INCIDENT.

Witnesses:								
Name (Last, First, Middle)	Address				Phone #		Statement	
Property Damage:		-						1
Owner (Last, First, Middle)	Last, First, Middle) Address			34-Type	Description	n of Damag	jed Property	
Truck and Bus Information: Registration #(From Vehicle Section) 35								
Carrier Name						Carrier Issui	ing Authority Coo	le
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #		Release code	42

THOMAS P WALSH			NEWTON POLICE DEPARTM		07/27/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date