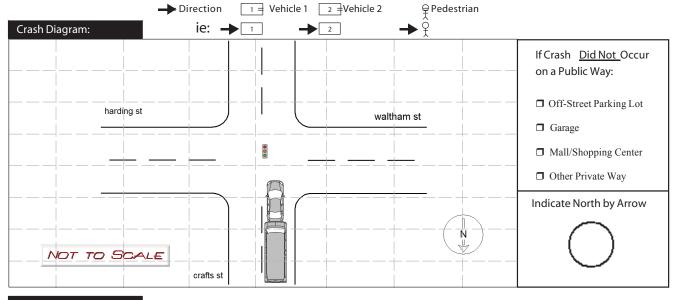
	Poli	ice Use Only		Commonwea	alth o	of Mass	achu	sett	S		RM	V Doc	umen	t Number	
	Date of Crash 07/31/2021	Time of Crash 14:44	City/To NEWTON	Motor Motor	Veh	icle Cra	sh [Numbe Vehicle			peed Lim		St	tate Police ocal Police IBTA Police	NA NA
	07/31/2021	24HR				Report		2	1		ongitude		O	ther:	
		AT INTER	RSECTION:	<	LOCA	TION	>		N	OT A	T INT	ERS	ECT.	ION:	2
	sou	TH CRAFT	S ST												
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion	Name of	Roadway/Street At		Route# Direction	on Ado	dress #			Name of	Roadw	ay/Stre	eet	2 10
	WES	T WALTI	HAM ST	Al		Feet	N S E	W of		le Mark	• —	or		xit Number	-
	Route# Direc	etion N		ng Roadway/Street		Feet	N S E	w of	IVI	ic iviai k	.cı		E.	XII Number	_
	1		Also at Inte	rsection with				_	Ro	ute#	Interse	cting R	oadwa	y/Street	- 11
² 1	Route# Direc	tion	Name of Interse	ecting Roadway/Street		Feet	N S E	w of			т.	andmari	1.		_ 2
3	[V]v. 1.: 1. 1	1 #0		Пиш							Là	mamar	K		┪
	Venicle1	1_#Occupants		- 1 Case	Number		21	0000057	2						_
	License#	18 1	St M	A DOB/Age							PAV		-	20	-
	Sex_F_ Lic.	Class D	Lic. Restriction		Veh Y	ear_2012	Veh	Make_I	HOND	A		_Veh	Config	1 1	
⁴ ₃	Operator PLC		INESA First	Middle	Owner	(Same as ope	rator)		Firs	t		Mic	ddle		- 1
		LEASANT ST (a				ss									
		City WATERTOWN State MA Zip 02472				CityStateZip									
5	Insurance Company PROGRESSIVE					Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									e)
1	Vehicle Travel	Direction: N	X E W Res	ponding to Emergency? N	Event	Sequence 1	22 22 23	22	22	2				10 Undercarri	age
	`	ssued)				Harmful Event	1	24	24	1	-]	<u> </u>		11 Totaled	uge
⁶ 1	1			1 2: ChSec		Contributing C	ode 1			8	V		്		
1	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed Y Towed Y Seat Safety Airbag Airbag Eject Trap hjury Transp. Medical Facility.							13		
	Name (Last Fir		ator and an occi	Address		Age/DOB	Sex P	os. Systei	Airbag n Status	Airbag I Switch (Eject Trap Code Code	Injury Status	Transp. Code	Medical Facilit	1 1
	Operator			See Above			-	1	4	4	0 0	9	2	NEWTON WELLES	LEY HO
															_
⁷ 2	Please Select C of the Followi	IX Vahicla	2 <u>2</u> #Occupan	ts Non-Motorist A Ty	pe 1	Action 1	Loca	tion	16 C	onditio	17		Hit/Ru	ın Mope	ed
	License#	License#St MA DOB/Age				Reg # 3YL815 Reg Type PAN Reg State MA						e MA	_]		
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL				Veh Year 2015 Veh Make TOYOTA Veh Config. 20										
⁸ 2	Operator LI YAN Endorsment Last First Middle				Owner (Same as operator) Last First Middle								-		
	Address 86 HULL ST (apt. 1)				Address										
	City BELMONT State MA Zip 02478				CityStateZip								-		
	Insurance Company PLYMOUTH					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								e)	
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					Event Sequence 1 22 22 22 22 3 4									
Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								age		
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 19 24 24 7 6									
		Violation 3: ChSecViolation 4: ChSec						Towe			30 21	22	33		_
	Pl Name (Last Fi		operator and al	l occupants involved Address		Age/DOB		26 27 eat Safety Pos. Syste	Airbag em Status	29 Airbag I Switch	30 Trap Code Code	Injury Status	Transp. Code	Medical Facili	ity
	Operator/	Non-Motorist	00	See Above			-	1	4	4	0 0	10	1		
	CHEN, ASHLI	EY		HULL ST (apt 1) LMONT, MA 02478			F 3	1	4	4	0	10	1		
															\dashv



Crash Narrative:

ON 7-31-21 AT APPROX. 1444HRS. WHILE WORKING N492 I TOOK A REPORT FOR A MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF CRAFTS AND WALTHAM I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING SOUTHBOUND ON CRAFTS STOPPED AT A RED LIGHT. WHEN THE LIGHT TURNED GREEN SHE WAS TURNING LEFT. SHE STOPPED TO LET A JOGGER PASS IN FRONT OF HER. AT THIS TIME SHE WAS REAR ENDED BY VEHICLE #2.

VEHICLE #2 STATED SHE WAS BEHIND VEHICLE #1 AND THOUGHT VEHICLE #1 WAS TURNING LEFT AND DID NOT KNOW VEHICLE #1 HAD STOPPED FOR A JOGGER. SHE WENT STRAIGHT AND HIT THE REAR OF VEHICLE #1. VEHICLE #1 HAD MINOR REAR BUMPER SCRAPES. VEHICLE #2 HAD HER FRONT BUMPER FALL OFF. OPERATOR OF VEHICLE #1 WAS TRANSPORTED BY MEDICS TO NEWTON WELLESLEY HOSPITAL COMPLAINING OF NECK PAIN. VEHICLE #2 REPORTED NO INJURIES AND SIGNED PATIENT REFUSAL. VEHICLE #1 WAS DRIVEN AWAY BY OPERATOR OF VEHICLE #1'S HUSBAND. VEHICLE #2 WAS TOWED BY PRIVATE

(Continued of	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			25
Carrier Name					Carrier Issu	uing Authority Coc	e 35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38			39		
					39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length		
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year	Tr	ailer Length		
1	41				digit #	_ Release code	42

THOMAS P WALSH			NEWTON POLICE DEPARTA		07/31/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

•	Direction 1	_	2 = Vehicle 2	₽ Pedestrian		
Crash Diagram:	ie: →□	→	2	→Ŷ		
		 	 		If Crash <u>Did Not</u> Con a Public Way:	Occur
			<u> </u>	<u> </u>	Off-Street Parking	Lot
					☐ Garage	
					☐ Mall/Shopping Ce	nter
		-	<u> </u>		Other Private Way	
 		 -	 	 		
			į	į į	Indicate North by A	rrow
			 	++-		
Crash Narrative:						
TOWING COMPANY. ALL PARTI	ES ADVISED TO C	ONTACT THEIR	R INSURANCE	COMPANIES. CLEA	RED WITHOUT FURTHER INCI	DENT.
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	scription of Damaged Property	
Owner (Last, First, Middle)	Address		Filone #	34-Type De:	scription of Damaged Froperty	
Truck and Bus Information:	Registration #		(From	m Vehicle Section)		35
Carrier Name					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 Y	ear Trailer	Length 39	
Hazmat Information:						
Placard 40 Material 1 digi	t # 41 Material N	Jame		Material 4 digit	# Release code	42
i iacara i viateriai i digi	iviaterial f	Tariic		wiateman 4 digit	" Kelease code	
THOMAS P WALSH				NEWTON POLICE DEPARTM	07/31/20	21
Police Officer Name (Please Print)	Signatur	ρ	ID/Badge #	Department	Precinct/Barracks Date	