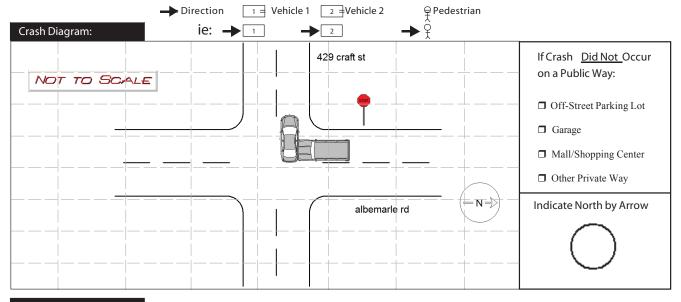
	Poli	ice Use Only		Commonwo	ealth	of Mass	achı	ısett	S		RM	V Docun	ment Number	
	Date of Crash 08/08/2021	Time of Crash 14:26	NEWTON	171010		nicle Cra Report	sh	Number Vehicle		red La	eed Lim titude _ ongitude		State Police Local Police MBTA Police Other:	Xi O
		AT INTER	SECTION:	<	LOCA		>						CTION:	
	SOU		IARLE RD											2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direct			Roadway/Street		Route# Directi	on A	ldress #		N	Vame of I	Roadway	/Street	210
_	At WEST CRAFTS ST					Feet N S E W of or								_ 2
	Route# Direc	Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit No							Exit Number	_
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street							dway/Street	- 3 ¹
2 2	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								
3	My 11 1 1 10 Divin					Landmark								
	_				se Number			10000058			4 D			4
	License # St MA DOB/Age 18 18 19 19					Reg # 181								
4	Sex_M_ Lic. (Operator_MO		Lic. Restriction	CDLEndorsment		Veh Year 2017 Veh Make SUBARU Veh Config. 2								
2		Last EXINGTON ST	First	Middle		Owner (Same as operator) Last First Middle								
	City WATER			ate MA Zip 02472		Address StateZip								
		pany ALLSTAT				le Action Prior t		1	21				Circle Up to Thr	
5	Vehicle Travel	Direction: N	S E X Resp	oonding to Emergency? N	_ Event	Sequence 1	22 22		22	2	<u>(</u>		4	
	Citation # (If Is	ssued)			Most	Harmful Event	1 23					$\langle \rangle$	10 Undercari 5 11 Totaled	riage
	Violation	1: ChSec	Violation	2: ChSec	Drive	r Contributing C	ode	1 24	24					
⁶ 1	Violation	3: ChSec	Violation	4: ChSec	Unde	rride/Override	25	Tov	ved Y	8	7		6	
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB Sex Pos. System Status Switch Code Code \$tatus Code Medical Facility 1							ity 1	
	Operator			See Above				1	4	4 0	0	10 1		
⁷ 2	Please Select C of the Followin		2 <u>1</u> #Occupan	ts Non-Motorist A	Туре	14 Action	15 Loc	ation	16 Co	ondition	17	Hi	t/Run Mop	oed
	License#	License # St MA DOB/Age DOB/Age			Reg#							Reg	State_MA	
	Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL					h Year 2015 Veh Make TOYOTA Veh Config. 2						nfig. 20		
⁸ 2	Operator Liu ANGELA Endorsment Last First Middle				Owne	Owner SHANG MIN Last First Middle								_
	Address 12 BALDWIN ST				_ Addre	Address 12 (apt. 2) BALDWIN ST								-
	City NEWTON State MA Zip 02458				City_	City NEWTON State MA Zip 02458								_
	Insurance Company COMMERCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)
	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	Event Sequence 22 22 22 22 3 4								iona
	Citation # (If Issued)				Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								lage
	Violation	n 1: ChSe		on 2: ChSec		Driver Contributing Code 19 24 24 7 6								
	Violation			on 4: ChSec	Underride/Override Towed Y						33			
	Plo Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex	26 2 Seat Safe Pos. Sys	ty Airbag tem Status	Airbag Eje Switch C	30 31 ect Trap ode Code	Injury Tra	ansp. Code Medical Faci	lity
	Operator/	Non-Motorist		See Above				1	4	4 0	0	10 1		



Crash Narrative:

ON 8-8-21 AT APPROX. 1426HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF 429 CRAFTS ST AND ALBEMARLE RD. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING W-BOUND ON CRAFTS WHEN HE WAS HIT IN THE RIGHT REAR SIDE BY VEHICLE #2. VEHICLE #2 STATES SHE WAS TRAVELING S-BOUND ON ALBEMARLE RD. STOPPED AT THE STOP SIGN AT CRAFTS AND ALBEMARLE. SHE STATES SHE LOOKED BOTH WAYS AND WHEN SHE PROCEEDED SHE HIT VEHICLE #1 IN THE RIGHT REAR SIDE. VEHICLE #1 HAD EXTENSIVE RIGHT SIDE DAMAGE AND A SMASHED RIGHT SIDE WINDOW. VEHICLE #2 HAD LEFT FRONT END DAMAGE AND SCRAPES. BOTH PARTIES REPORTED NO INJURIES AND SIGNED PATIENT REFUSALS. VEHICLE #1 WAS ON THE SIDE OF THE ROAD IN FRONT OF 429 CRAFTS MAKING HIS OWN TOW ARRANGEMENTS. VEHICLE #2 WAS STILL OPERATIONAL. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

Witnesses:										
Name (Last, First, Middle)		Address				Phone #		Statement		
Property Damage:										
Owner (Last, First, Middle)	Phone # 34-Type Desc				cription of Damaged Property					
Truck and Bus Information: Registration #(From Vehicle Section) 35										
Carrier Name						Carrier Issuin	g Authority Code			
Address			City			St	Zip			
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36		
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Lei					
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#_	I	Release code	42		

THOMAS P WALSH		NEWTON POLICE DEPARTM	08/08/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 ·24·00					