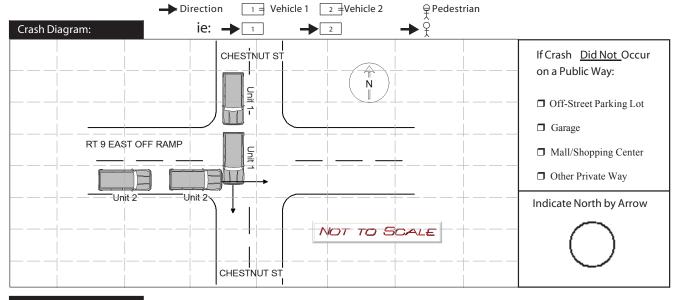
Date of Crash   Time of Crash   O9/15/2021   O8:00   O
AT INTERSECTION:    AT INTERSECTION:   CDCATION   NOT AT INTERSECTION:
Route# Direction Name of Roadway/Street  At  Feet N S E W of  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Feet N S E W of  Feet N S E W of  Route# Direction Roadway/Street  Intersecting Roadway/Street  License # St MA DOB/Age Reg # ICDC82  Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2012 Veh Make NISSAN Veh Config. 2 20  Operator HOLLAND AMANDA K Endorsment  City NEWTON State MA Zip 02459  Insurance Company GOVERNMENT EMPLOYEES INSURANCE COMPA Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NX E W Responding to Emergency? N Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)  Volation 1: Ch See Violation 2: Ch See Driver Contributing Code 1 24 24 24 1 1 1 23 10 Undercarriage State Most Harmful Event 1 23 10 Undercarriage State Not Harmful Event 1 24 24 24 10 Undercarriage State Not Harmful Event 1 23 10 Undercarriage State Not Harmful Event 1 24 24 24 10 Undercarriage State Not Harmful Event 1 23 10 Undercarriage State Not Harmful Event 1 24 24 24 10 Undercarriage State Not Harmful Event 1 25 10 Undercarriage Sta
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Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with  Feet N S E W of Feet N S E W of Feet N S E W of  Route# Direction Name of Intersecting Roadway/Street  Landmark    Name of Intersecting Roadway/Street
Route#   Direction   Name of Intersecting Roadway/Street   N   S   W   of   Intersecting Roadway/Street
License # St MA DOB/Age Reg # 1CDC82 Reg Type PAS Reg State MA   Sex F   Lic. Class   D 18 18   Lic. Restrictions   1 19 CDL   Veh Year 2012   Veh Make NISSAN   Veh Config.   2 20
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Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code   1
$\frac{1}{25}$
1 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  Address  Age/DOB  Ag
Operator See Above1 4 99 0 0 10 1
Please Select One of the Following: Vehicle 2 1_#Occupants  Non-Motorist A Type
License # St MA DOB/Age Reg # 3MBW54 Reg Type PAS Reg State MA Reg Type PAS Reg State MA
Sex_F Lic. Class D Lic. Restrictions 1 CDL Veh Year 2019 Veh Make LANDROVER Veh Config. 2
Operator CARROLL SARAH HYDON Owner (Same as operator)  Last First Middle Last First Middle
Address 64 CANTERBURY DR Address
City SUDBURY State MA Zip 01776 City State Zip Damaged Area Code: (Circle Up to Three)
insulance Company venicle Action Prior to Clash 1
Vehicle Travel Direction: N S X W Responding to Emergency? Event Sequence 1 10 Undercarriage 10 Undercarriag
Citation # (If Issued) Most Harmful Event 1 1 5 11 Totaled  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 4 24 24 1 1 5 11 Totaled
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 4
Please fill out for operator and all occupants involved    26   27   28   29   30   31   32   33     Seat   Safety Airbag   Airbag   Eject   Trap   Injury   Transp.
Name (Last First Middle)  Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Operator/Non-Motorist See Above



## Crash Narrative:

On 09/15/21 at approximately 08:00 I responded to the intersection of the Rt. 9 East off ramp and Chestnut St for a report of a two vehicle crash. Upon arrival I found the operator of veh #1 pulled into the driveway of #742 Chestnut St. The operator of veh #1 stated she was driving South on Chestnut St when veh #2 drove from her right off the exit ramp without stopping and struck her in the passenger side front. Operator #1 stated operator #2 gave her a license but she never got the license plate or insurance company. I queried operator #2 and came up with the registration and insurance company to give operator #1. Unknown damage to vehicle #2. Veh #1 was towed by David and Tody's Towing with moderate damage.

I tried calling Operator #2 and leaving a message but it is unknown if I have the correct phone number for her at this time.

Witnesses:									
Name (Last, First, Middle)		Address				Phone #		Statement	
Property Damage:		-						1	
Owner (Last, First, Middle) Address			Phone #	34-Type	Description	scription of Damaged Property			
Truck and Bus Information: Registration #(From Vehicle Section)									
Carrier Issuing Authority Code 35									
Address			City				Zip		
US DOT #: State Number			Issuing State ICC #: Interstate					36	
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length									
Hazmat Information:									
Placard 40 Material 1 digit #	me	Material 4 digit # F				Release code	42		

ZACHARY S RAYMOND

Police Officer Name (Please Print)

Signature

NEWTON POLICE DEPARTM

O9/15/2021

Police Officer Name (Please Print)

Precinct/Barracks

Date