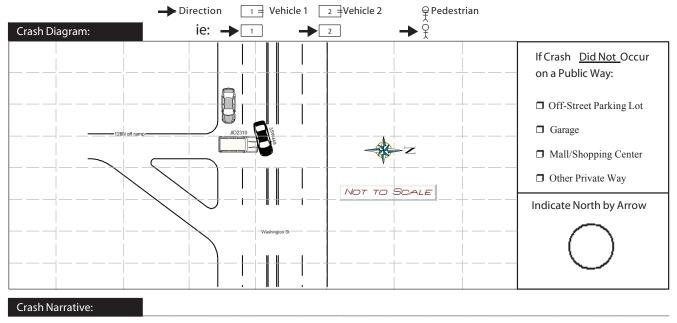
	Poli	ce Use Only		Commonwea	alth o	of Massa	achu	setts	}		RM	V Docui	ment Number	
	Date of Crash 10/05/2021	Time of Crash 07:35	City/To NEWTON	wn Motor	· Veh	icle Cra	sh [	Number Vehicles			ed Limi		State Police Local Police MBTA Police	N N
	10/03/2021	24HR				Report		2	0		ngitude_		Other:	
		AT INTER	RSECTION:	<	LOCA	ΓΙΟΝ	>		NO	T AT	INT	ERSE	CTION:	2
	NOR	TH RTE 128	3											-
1 1	Route# Direc	tion		Roadway/Street		Route# Direction	on Ado	dress #		Na	ame of I	Roadway	/Street	2 10
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet NSEW of or Fwit Num							_ <del>  _</del>	
						Mile Marker						Exit Number		
						•						ting Roa	ing Roadway/Street	
<b>2 2</b>						Feet N S E W of								3
3						Landmark								$\dashv$
	X Vehicle 1	#Occupants	Hit/Run	☐ Moped Case	Number		21	00000785						_
	License#		St_FL		Reg#	JID2310			Reg T	ype_PA	N	Reg	State OH	_
	Sex_F_ Lic.	Class D 18 1	Lic. Restriction		Veh Y	ear_2020	Veh	Make_M	AZDA			_Veh Co	onfig. 20	
<sup>4</sup> 2	Operator PIE		EDELYNE First	Endorsment		AVIS RENTA			First			Middle	e	- <b>1</b>
	Address 420 C	HAMONIX AV	ES		Addre	SS 595 POND S	Т							_
	City LEHIGH	ACRES	Sta	nte_FL Zip_33974	City BRAINTREE State MA Zip 02184								_	
	Insurance Company PROGRESSIVE					Vehicle Action Prior to Crash  A  Damaged Area Code: (Circle Up to Three)								ree)
5 <b>1</b>	Vehicle Travel	Direction:	S E W Resp	onding to Emergency? N	Event	Sequence 1	22 22	22	22		3		4	
	Citation # (If I	ssued)			Most I	Harmful Event	1 23		(	•	9	$\left( \cdot \right)$	10 Undercar 5 11 Totaled	riage
6	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co		7 24	24	3	VŢ		6	
<sup>6</sup> 1				4: ChSec	Under	ride/Override	25	Towe	d_N					
	Please fill out for operator and all occupants involved  Name (Last First Middle) Address				Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical					ansp. ode Medical Facil	lity 13			
	Operator			See Above				1	4 4	0	0	10 1		
<sup>7</sup> <b>3</b>	Please Select C of the Followi		2 <u>1</u> #Occupan	ss Non-Motorist A Ty	rpe 1	Action 1	I5 Loca	tion	16 Cor	ndition	17	Ні	it/Run Mor	ped
		ng.	. M	Δ		Reg # 3SW448 Reg Type PA					N MA			-
	License # St MA DOB/Age										20			-
Q	Sex_F Lic. Class D Lic. Restrictions 1 CDL					· · · · · · · · · · · · · · · · · · ·								
<sup>8</sup> <b>1</b>		Last	First	Middle	Owner KAZMI MUNEER  Last First Middle  Address 17 WINDSOR RD							-		
	Address 17 WINDSOR RD  City DOVER State MA Zip 02030  Insurance Company ALLSTATE  Vehicle Travel Direction: NS W Responding to Emergency? N  Citation # (If Issued) Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec												-	
						Damaged Area Code: (Circle Lin to Th							ree)	
						Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 23 4 10 Undercarriage 5 11 Totaled								
														riage
						Underride/Override  Driver Contributing Code 1 Towed Y 8 7 6								
				occupants involved	Officer	- Ide Sveride			28 Airbag Ai	29 30	0 31 Trap	32 Injury Tra	33 ansp.	
	Name (Last Fi		<u> </u>	Address See Above		Age/DOB	Sex I	Pos. Syster	n Status S	witch Co	de Code	Status C	Code Medical Fac	ility
	Operator/	INOH-IVIOIOFISI		See Above			-	1	4 4	0	0	10 1	-	



On 10/5/2021 at approx 0735Hrs while assigned to 497 I responded to the area of Washington St and 128N Off
Ramp for a report of a two car crash without injuries. Upon arrival I observed Ma Reg 3SW448 a black Audi
disabled in the northern eastbound lane of Washington St. It had been struck on the passenger side by OH Reg
JID2310 a white Mazda when exiting the highway. I spoke with the operator of the Mazda who stated she was
attempting to take a left onto Washington St from the off ramp, the car in the southern eastbound lane of
Washington St stopped to let her go, as she was crossing she struck the Audi. I spoke with the operator of
the Audi who stated she was traveling eastbound when struck by the Mazda.

Witnesses:								
Name (Last, First, Middle)	Addr	Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	n of Damag	of Damaged Property		
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				35
Truck and Bus Information:  Carrier Name			(From Vehic	ele Section)		Carrier Issui	ning Authority Coc	35 de
			(From Vehic					de
Carrier Name		(	City			St	Zip	de
Carrier Name  Address  US DOT #:		(	City			St	Zip	de
Carrier Name  Address  US DOT #:	State Number	(	City Issuing State	ICC#:_		St	Zip	de
Carrier Name  Address  US DOT #:  Cargo Body Type Code  37  Gross	State Number	(	City Issuing State	ICC#:_		St	Zip	de

JO A GOURDEAU		NEWTON POLICE DEPARTM	10/05/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date