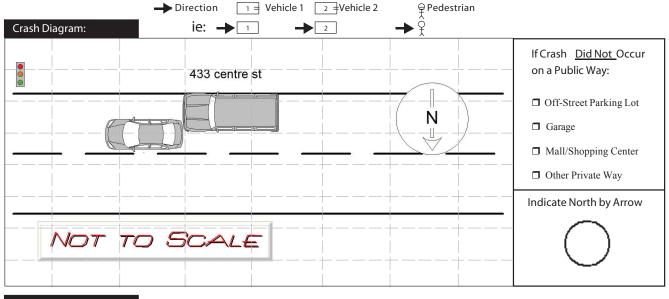
[Poli	ice Use Only		Commo	nwealtl	h of	Massa	achi	use	etts						ıt Number	
	Date of Crash 10/22/2021	Time of Cra	sh City/ NEWTON	Town N	Iotor V	ehic	ele Cra	sh		mber nicles	Num		need Lin		S	State Police Local Police MBTA Police	N X
l	10/22/2021	24F					eport		2		0		ongitude			other:	<u> </u>
		AT INTI	ERSECTION	:	< LO	CATI	ON :	>			NC)T A	ΓINT	ERS	ECT	ION:	
							EAST	43	3		CENT	TRE ST					ŀ
	Route# Direct	tion	Name	of Roadway/Street		Rou	ute# Direction	on A	ddress	s #]	Name of	Roadw	/ay/Str	eet	
\dashv				At			Feet N	N S E	W o	of —			•	or			ŀ
	Route# Direc	etion	Name of Intersec	ting Roadway/Street		- -					Mile	e Marke	er		F	Exit Number	
			Also at In	tersection with		_ _	Feet N	N S E	W o	of	Rout	te#	Interse	cting R	Roadwa	ay/Street	-
			N 07			_ -	Feet	N S E	W c	of				_			
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L	XVehicle1	_1_#Occupar	nts Hit/Ru	n Moped	Case Nun	nber		2	10000	00855							
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	Sex_F Lic. 0	Class D 18	18 Lic. Restrict	19			2011									20	_
			CONSTAN	Endore	ment		Same as oper										ŀ
3	Address 22 CC	DOLIDGE HI	LL RD (apt. 3)	Middl			Las							Mi	ddle		_
	City WATERT			State MA Zip 0247										e	Zip		
	Insurance Com			^		-	action Prior to			21	_				_ ^	ele Up to Thr	_
				esponding to Emergen	ncy?N E	vent Sec	quence 1 2	22 22			22	2	3	3	(
	Citation # (If Is		11-4			lost Hari	mful Event	23	3					9) _	10 Undercari	riage
	Violation	1: Ch	Sec Violat	on 2: ChSec			L ontributing Co	ode	1 2	4	24				٦	11 Totaled	
	Violation	3: Ch	U	Underride/Override 25 Towed Y 8 7 6													
	Please fill out for operator and all occupants involved								26 Seat	27 Safety A System S	28 irbag A	29 irbag E	30 31 lect Trap ode Code	32 Injury	33 Transp		\neg
	Name (Last Fire Operator	st Middle)		Addro See Ab		-	Age/DOB					witch C		Status 10	Code 1	Medical Facil	ity
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1	Please Select C of the Followi	IX V/obi	icle2 2_#Occup	ants Non-Motor	rist A Type	14	Action 1	5 Loc	ation	10	Co	ndition	17		Hit/R	un Mop	oed
			C4	MA DODA	D	# 3Cl	L877				D '	г Р	AN		C4	4- MA	
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	Sex_F Lic. Class D Lic. Restrictions 1 CDL Endorsment Operator FINE JOSELYN					Veh Year Veh Make VOLKS Veh Config. 2 Owner (Same as operator)											
Ŀ		Last	First FT RD (apt. 26)	Midd	le		Las	t			First			Mi	ddle		-
	City SUDBUR			State MA Zip 0177		_							Stat	ο	Zin		-
	Insurance Company ARBELLA					City State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)			
	Vehicle Travel Direction: N S W W Responding to Emergency? N					Event Sequence 1 22 22 22 22 22 22 22 4											
		## (If Issued)					Most Harmful Front 1 23								riage		
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Crash Narrative:

ON 10-22-21 AT APPROX. 1700HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 433 CENTRE ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING E-BOUND ON CENTRE ST AFTER COMING OFF THE PIKE. SHE STATES SHE SLOWED FOR THE TRAFFIC AND WAS HIT IN THE REAR BY VEHICLE #2.

VEHICLE #2 STATES SHE WAS ALSO TRAVELING E-BOUND ON CENTRE ST. AFTER COMING OFF THE MASS PIKE. SHE STATES SHE WAS BEHIND VEHICLE #1. SHE DID NOT NOTICE VEHICLE #1 SLOWING FOR THE TRAFFIC AND WHEN SHE DID REALIZE SHE WAS UNABLE TO AVOID HITTING HER. VEHICLE #1 HAD RIGHT REAR FENDER DAMAGE. VEHICLE #2 HAD LEFT FRONT FENDER

DAMAGE. ALL PARTIES REPORTED NO INJURIES AND ALL VEHICLES WERE OPERATIONAL. PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

Witnesses:							
Name (Last, First, Middle)		Address			Phone	e #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	naged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)			35
Carrier Name					Carrier Is	ssuing Authority Coc	
Address			City		St	Zin	
Address							
AddressUS DOT #:	State Number						36
US DOT #:	State Number					Interstate	
US DOT #:	State Numbers Vehicle Weight	38	_ Issuing State	ICC #:_	39	Interstate	
US DOT #: 37 Cargo Body Type Code Gross	State Numbers Vehicle Weight	38	_ Issuing State	ICC #:_	39	Interstate	

THOMAS P WALSH		NEWTON POLICE DEPARTM		10/22/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date	