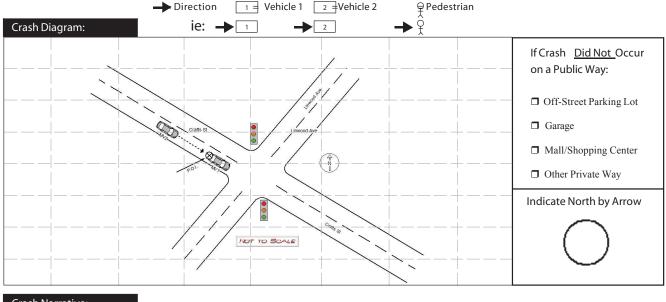
	Polic	ce Use Only		Commo	nwealt	th o	f Mass	achı	uset	ts					nt Number	
	ate of Crash 1/04/2021	Time of Crash 15:59	City/T NEWTON	own N	Iotor V	Vehi	cle Cra	ash	Num Vehic				Limit <u>25</u> e	5	State Police Local Police MBTA Police	N X
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							EAST			CR	AFTS 9	ST				╌
Ro	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street							reet			
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Ro	oute# Direct	tion 1	Name of Intersect	ing Roadway/Street		— E				N	Iile Mar	ker			Exit Number	_
			Also at Inte	ersection with			Feet	N S E	W of	R	oute#		OOD A		ay/Street	-
						-	Feet [	N S E	W of					2	,	
Ro	oute# Direct	ion	Name of Inters	ecting Roadway/Stree	et								Landm	nark		
D	Vehicle1	1_#Occupants	Hit/Rur	Moped	Case Nu	mber		2	100000	901						-
Lie	cense#		St A	L DOB/Age		Reg#4	4CW654			Re	eg Tyne	PAN		Reg Sta	ate AL	
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3 Ad	ddress 314 PI	Last LANTATION V	First <b>VY</b>	Midd						Fi				Middle		-  -
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				n 4: Ch Sec			de/Override	25	-	owed N	8		7	6	)	
	Please fill out for operator and all occupants involved								26 Seat Sa		3 29 g Airbag s Switch	30 Eject T	31 3 rap Inju	32 33 ry Trans	3	$\dashv$
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	ease Select O the Followin		e2 <u>1</u> #Occupa	nts Non-Moto	rist A Type	14	Action	Loc	eation	16	Conditio	on	17	Hit/F	Run Mop	ed
Lie	cense#		St_N		Reg# 8HB435				Reg Type_PAN				Reg State MA		_ ]	
Se	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2008 Veh Make CHEV Veh Config. 1										
Op	perator RAY	Last	MEGAN	Endors		Owner (Same as operator)  Last First Middle								_		
Ad	ddress 61 AL	DER ST (apt. 2	) riist	Midd		Address	S				rst			Middle		_
Cit	waltha	M	S	tate MA Zip 0245	53	City							State	Zip	)	_
Ins	nsurance Company_ARBELLA MUTUAL					Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)								ee)		
Vehicle Travel Direction: N S E ▼ Responding to Emergency? N					ncy?N	Event Sequence 1 22 22 22 22 22 22 22 Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled										
Cit	Citation # (If Issued)													riage		
	Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code 5 24 3 24									
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	Name (Last Fir Operator/I	st Middle) Non-Motorist		Add See Abo			Age/DOB	Sex	Pos. S	ystem Stat	us Switch	Code	Code Sta		Medical Faci	lity
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												$\vdash$				



## Crash Narrative:

While traveling eastbound on Crafts St, LAWLER was operating Vehicle 1 and stopped at the stop light at the intersection with Linwood Ave. RAY was operating Vehicle 2 and was also traveling eastbound on Crafts St behind LAWLER and did not stop and made contact with the rear bumper of LAWLER's vehicle with the front bumper of her vehicle, causing minimal damage to LAWLER's vehicle and extensive damage to the front of her vehicle which appeared to be in excess of \$1000. Neither party was able to explain how the collision occurred. There were no injuries reported. I facilitated the exchange of information between both drivers and both were allowed to drive away from the scene.

Witnesses:	1	-				1.				
Name (Last, First, Middle)	Add	dress		Phone #	Statement					
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged	Property				
Truck and Bus Information:	Registration #		(From Vehic	le Section)						
Carrier Name Carrier Issuing Authority Code										
Address		(	City		St	Zip				
US DOT #:	State Number		Issuing State	ICC #:_		Interstate 36				
Cargo Body Type Code 37 Gross Vehicle Weight 38										
Trailer Reg #:	Reg Type F	Reg State	Reg Year	Tra	ailer Length					
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Name_			Material 4	digit#R	elease code 42				

WHITNEY HYDE		NEWTON POLICE DEPARTM	11/04/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date