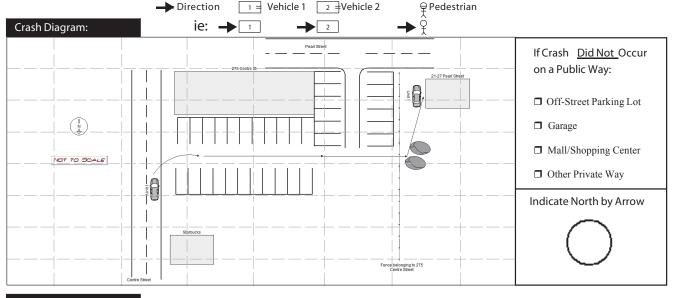
Poli	ice Use Only		Commonw	vealth	of Massa	chus	etts		F	RMV Doo	cumen	t Number	
Date of Crash 11/23/2021	Time of Crash 14:08	City/Towr NEWTON	Mot	or Vel	nicle Cras	sh $\begin{bmatrix} N \\ V \end{bmatrix}$	umber ehicles	Number Injured	Speed 1 Latitud	Limit <u>20</u>	St	tate Police ocal Police IBTA Police	□ Xi
11/23/2021	24HR	NEWTON		Police	Report		1	1	Longitu		O	ther:	<u> </u>
	AT INTER	RSECTION:	<	LOCA	TION >	>		NOT	AT IN	NTERS	ECT.	ION:	
					WEST	25		PEARL S	ST				
Route# Direc	tion	Name of Ro	oadway/Street		Route# Direction	n Addre	ess #		Name	of Roadw	/ay/Stre	eet	_
-		At			Feet N	SEW	of –		•_	— or			
Route# Direc	etion N	Name of Intersecting 1	Roadway/Street				,	Mile Ma	arker		Е	xit Number	_
		Also at Intersec	etion with		Feet N	SEW	of	Route#	Inte	ersecting R	Roadwa	v/Street	-
]					Feet N	SEW	of			J			
Route# Direc	tion	Name of Intersection	ng Roadway/Street							Landmar	·k		
XVehicle1	#Occupants	Hit/Run	Moped	Case Number		2100	000978						
License#		St MA	DOB/Age	Reg#	K9195			Reg Tyn	e PAN	R	eg Stat	e MA	
Sex_F Lic.	18 13		9 19 CDL		_{7ear_} 2021	Veh N	_{lake} CA					20	-
Operator CLC		□ MARGARET	Endorsment		(Same as opera							,	
Address 16 M	ORSE RD	First	Middle		Last			First			ddle		_
City WATER		State	MA Zip 02472								Zip		-
	pany VERMON		r		le Action Prior to		21	_				le Up to Thre	_
\dashv			ding to Emergency?	N Event	Sequence 30 22	2 22	22	22 2		3	4		
	ssued)					30 23				4/		10 Undercarr	iage
			ChSec		L r Contributing Co		24	24	- /	9) 5	Totaled	
			Ch Sec		rride/Override	25	Towed	Y 8		7	6		
		ator and all occupa	nts involved			20 Seat		28 29 Airbag Airbag Status Switch	30 Eject T	31 32 Trap Injury	33 Transp.		\dashv
Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex Pos.		Status Switch 3 99		Ode Status	Code 1	Medical Facili	ity
1								3			-		
Please Select (of the Followi		#Occupants	Non-Motorist A	Туре	Action 15	5 Locatio	on 1	Condit	ion	17	Hit/Ru	ın Mop	ed
			D0D/4										ᅥ
License#	18 18		DOB/Age								eg Stat	20	-
Sex Lic.		Lic. Restrictions	CDL Endorsment		ear					ven	Config	5.	
Operator		First	Middle		Last						ddle		-
			Zip		ess						7:		-
					1. A.dina Dinada		21	_				le Up to Thre	_
Insurance Com Vehicle Travel			anding to Emarganov 2		le Action Prior to Sequence 22		22	22 2		3	4		,
		S E W Respo	onding to Emergency?_		^	23						10 Undercarr	iage
Citation # (If I	·) Cl		Harmful Event	1.	24	24 1	← ,	9	5	11 Totaled	
			2: ChSec	_	r Contributing Co	25				7	ر 6		
		operator and all of	4: ChSec	_ Unde	rride/Override	20 Seat	Towed _	28 29 Airbag Airbag	_30	31 32 rap Injury	33		\dashv
Name (Last Fi	rst Middle)	operator and an or	Address		Age/DOB	Sex Pos	Safety A System	Airbag Airbag Status Swite	Eject Toch Code	rap Injury Code Status	Transp. Code	Medical Faci	lity
Operator/	Non-Motorist		See Above				-						
													-



Crash Narrative:

On November 23rd, 2021 at approximately 14:08 hours while working N491 I responded to #25 Pearl St for a report of a MV crash with airbag deployment.

On my arrival I located the involved vehicle a 2021 black Cadillac, Ma reg. K9195 with extensive damage on the property of a four unit condominium complex that abuts #275 Centre St(Plaza). The operator who was standing outside her vehicle was identified as Margaret Cloherty. She appeared uninjured from this crash. She reported the following: She first entered the parking lot to #275 Centre St which has several different businesses. As she drove through the parking lot her vehicle suddenly began to accelerate. She attempted to brake but her vehicle continued straight through the parking lot continuing to accelerate before finally crashing through a wooden fence and onto the property to #21 to #27 Pearl ST.

(Continued on next page)

W itnesses:							
Name (Last, First, Middle)	Address		Phone #	Phone #			
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property	
KNAPP, STEVE,	1		508-958-1906	97	WOODEN FENCE		
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	ele Section)	Carrier Issu	ning Authority Coc	e 35
Address			City		St	Zip	
US DOT #:S	State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gross	Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4	digit #	Release code	42

	Direction 1	ı ≡ Vehicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: → 🗆	→ □	2	> ♀		
					If Crash on a Pub	<u>Did Not</u> Occur lic Way:
		<u> </u>			□ Off-St	reet Parking Lot
					☐ Garag	e
	j		j	į	☐ Mall/S	Shopping Center
						Private Way
		 - +		+		-
	İ			į	Indicate	North by Arrow
				+		
		 	+ _		\	
Crash Narrative:						
Ms Cloherty was evaluate	d by the Medics	but refused	to by transpor	ted to the	e hospital. She si	gned a patient
refusal form. Her vehicle	_					<u>-</u>
The property owner of the						olice. He will
be provided a copy of the						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged P	roperty
			1110110	2		
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		
Carrier Name			······································		Carrier Issuing A	uthority Code 35
Address			City		St	Zip
US DOT #:						26
37	Gross Vehicle Weight	38		100#		
			_		39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	
Hazmat Information: Placard 40 Material 1 dig	it # 41 Material N	Jama		Metal 14	licit # D. 1	42
Placard Material 1 dig	II # Material N	name		_ Material 4 c	ligit#Rele	ease code
THOMAS J MCCARTHY			NEWT	ON POLICE DEPARTM		11/23/2021

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)