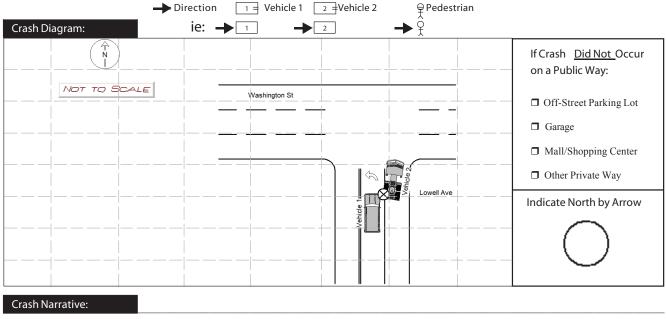
	Poli	ce Use Only		Comr	nonwea	lth o	of Mass	sach	use	tts			RM	V Doc	umen	it Number	
	Date of Crash 11/29/2021	Time of Crash 17:21	NEWTON	Γown	Motor		icle Cr Report	ash			Numbe Injured	Lati	ed Limitude _ gitude_			tate Police ocal Police IBTA Police other:	Xi O
l		24HR AT INTER		•		OCAT		>	2							ION:	
											1,01		11,11,	3110		1011	2
1	Route# NOR'			of Roadway/Stre	et		Route# Direc	tion A	Address	#		Na	me of I	Roadw	ay/Stre	eet	
4	At						Route# Direction Address # Name of Roadway/Street Feet N S E W of — — • — or										2
	Route# Direc		INGTON ST Name of Intersec	ting Roadway/Sti	reet	— <u> </u>	reet	МБП	E W 0	1 -	Mile N	larker		01	Е	xit Number	_
				ersection with			Feet	N S I	E W of		Route#		Intersec	ting R	oadwa	v/Street	
2 1		<u> </u>				Feet N S E W of Route# Intersecting Roadway/Str								J	4		
3	Route# Direction Name of Intersecting Roadway/Street					Landmark										4	
1	XVehicle1	2_#Occupants	X Hit/Ru	n Mor	oed Case N	Number			210000	0998							
	License#		St 1			Reg#_	CIC519				Reg Ty	pe_PAS	S	R	eg Stat		
	Sex_F Lic. 0	Class D 18 18	Lic. Restricti		CDL	Veh Ye	ear_2010	V	eh Mak	ce_TO	YOTA			Veh	Config	g. 20	
⁴ ₃	Operator MA	NSFIELD Last	LIZABETH	E	ndorsment	Owner Game as operator) Last First Middle Address											- 1
	Address 79 AI																
	City NEWTO			State MA Zip													
5	Insurance Company THE COMMERCE INSURANCE COMPANY					Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)										e)	
5 1		Direction: X		esponding to Em	ergency?N	Event Sequence 1 22 22 22 22 22 20 3 4							10 Undercarria	age			
	`	ssued)		a <i>G</i> !	-		Harmful Event	1	2/	4	24 0	←	9		5	11 Totaled	igo
⁶ 1		1: ChSec					Contributing		1		N 8		7	<u> </u>) 6		
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						Underride/Override Towed N 26 27 28 29 30 31 32 33 Ana/DOB Saw Seat Safety Airbag Airbag Liebt Frag hipty Transp. Medical Facility.									13	
	Name (Last Firs				Address e Above		Age/DOB	Sex	Pos. \$	ystem S	tatus Swit	ch Code	Code	piatus	Code	Medical Facility	y 1
	Operator	CHARLEC	5	9 ADELLA AVE				М		1 4 1 4		0	0	10	1		_
	MANSFIELD,	CHARLES	1	NEWTON, MA	2465			171	3	1 4	4	0	0	10	1		
													-				
7																<u> </u>	
3	Please Select C of the Followin	I X I Vahicla	2 <u>1</u> #Occupa	ants Non-M	Motorist A Type	e 1	4 Action	15 Lo	cation	16	Cond	ition	17	X	Hit/Ru	un Mope	≥d
	License # St DOB/Age					Reg # Reg Type UNK Reg State XX											
	Sex Lic. Class 99 Lic. Restrictions 9 CDL					Veh Year UNKN Veh Make UNKNOWN Veh Config. 10											
⁸ 2	Operator UNKNOWN UNKNOWN Last First Middle					Owner (Same as operator) Last First Middle									-		
	Address UNK						Address										
	CityStateZip_UNK					CityStateZip											
							Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Figure Sequence 22 22 22 22 3 4									3)	
						Event Sequence 1 10 Undercarriage								age			
	· · · · · · · · · · · · · · · · · · ·					Most Harmful Event 1 9 5 11 Totaled											
	Violation 1: ChSecViolation 2: ChSec Violation 3: Ch Sec Violation 4: Ch Sec					Driver Contributing Code 9 Towed N 8 7 6 Underride/Override Towed N 8 7 6											
		ease fill out for				Onucil	. Ido Override				28 2 irbag Airb	9 30 Eject	31 Trap	32 Injury	33 Transp.		\dashv
	Name (Last Fi	rst Middle)		*	Address		Age/DOB	Sex		System	Status Swi	tch Cod	le Code	Status	Code	Medical Facili	ty
	Onerator/	Non-Motorist		Se	e Above			-		99 6	9 1	n	n	99	1		
	Operator/	Non-Motorist		Se	e Above			-	!	99 9	9 4	0	0	99	1		
	Operator/	Non-Motorist		Se	e Above			-	!	99 9	9 4	0	0	99	1		



On November 29th 2021, at approximately 1721hrs, Lizabeth Mansfield (operator 1), reported to the front desk of Newton Police Headquarters to report a past hit and run that occured approximately at 1711hrs. The accident occured at the intersection of Lowell Ave and Washington St.

Operator 1 stated that she was driving Northbound on Lowell ave in the left turn only lane just prior to the intersection of Washington St. As she was driving, vehicle 2 was in the right lane traveling Northbound and their attached trailer side swiped the front bumper of vehicle 1. Operator 2 did not stop after the collision and continued onto Washington St. Operator 1 described vehicle 2 as a red landscaping truck with a trailer attached to it. She could not provide any more details or a plate of vehicle 2.

There was heavy damage to front bumper of vehicle 1, but the vehicle was operable. It is unknown if there is

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)	Address		Phone	Phone #			
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration # UN	KNOWN	(From Vehic	ele Section)			35
Carrier Name					Carrier Iss	suing Authority Coo	
Address		(City		St	Zip	
US DOT #:	State Number		Issuing State	ICC#:		Interstate	36
37		38					
Cargo Body Type Code Gros	ss Vehicle Weight				20		
Trailer Reg #: UNKNOWN	Reg Type_UNK	Reg State NO	T REP Reg Year_UN	IKN Tı	ailer Length 97 39		
Hazmat Information:							
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit #	_ Release code	42

-	Direction 1 =	Vehicle 1	2 #Vehicle 2	Pedestrian	1	
Crash Diagram:	ie: 🕕 🛚	→ [:	2	₽Ŷ		
					If Crash Did Not on a Public Way: Off-Street Parking Garage Mall/Shopping Company Other Private Was Indicate North by A	ng Lot Center
Crash Narrative:						
any damage to vehicle 2.	Operator 1 stated	d she did no	t need medic	al attention	•	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
				7.		
Truck and Bus Information:	Registration #		(From V	ehicle Section)		35
Carrier Name					Carrier Issuing Authority Co	de
Address			City		St Zip	
						36
US DOT #:			Issuing State	ICC#:	Interstate	
Cargo Body Type Code 37 Gi	ross Vehicle Weight	38				_
Trailer Reg #:	Reg Type	Reg State	Rog Voor	Traila	er Length	
	Keg Type	reg state	reg rear_	11alle	a rengtii	
Hazmat Information:	41					42
Placard 40 Material 1 digit	# Material Nar	me		Material 4 digi	it# Release code	42
ROBERT DRAGONE				VTON POLICE DEPARTA	11/29/2	
Police Officer Name (Please Print)	Signature		ID/Badge # D	epartment	Precinct/Barracks Da	te

CDP1 11 ·24·00