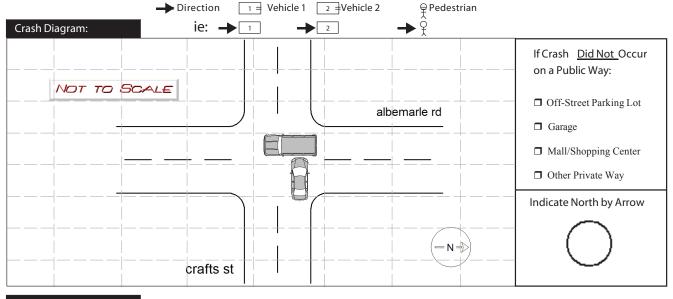
	Poli	ce Use Only		Comm	onwealth	of Massa	achus	etts	,		RN	IV Do	cumer	nt Number		
	Date of Crash 12/05/2021	Time of Crash	1	Гоwп	Motor Ve	hicle Cra	$sh \left[\frac{1}{3} \right]$	Number Vehicles			Speed Li Latitude		S	State Police Local Police MBTA Police		
	12/05/2021	13:54 24HR	NEWTON		Police	Report		2	0	- 11	Longitud			MBTA Police Other:		
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	SOU	TH CRAFT	S ST	At		Feet [N S E W	of			- • <u> </u>	or			₋┟	
	Route# Direc	tion N		ting Roadway/Street	t	Foot N	N S E W	l of	Mı	le Marl	ker		E	Exit Number	-	
			Also at In	tersection with				7	Ro	ıte#	Inters	ecting F	Roadwa	ay/Street	-	11
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	XVehicle1	#Occupants	Hit/Ru	n Mopeo	Case Numb	er	2100	0001018								
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	Sex_M Lic.	Class D 18 1	Lic. Restrict		Veh	Year 2017	Veh N	lake_V	W			Veh	Config	g. 20		
⁴ 2	Operator LI	Last	QUNFENC	Mi	orsment oddle Ow	ner (Same as oper	rator)		Firs	:		M	iddle		_ [1 ¹²
	Address 19 FIS				Add	dress									-	
	City WALTH	AM		State MA Zip 02	.451 City	/										
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	Citation # (If I	ssued)			Mo	st Harmful Event	1 23	24	24	1	_]	9	5	10 Undercarri 11 Totaled	iage	
6				on 2: ChSec		ver Contributing Co	ode 19	24	24	8		7				
⁶ 1				on 4: ChSec	Uno	derride/Override		Towe		-	20 3	1 22		1	ᆜ	12
	Please 1 Name (Last Fir		ator and all oc	cupants involved	ldress	Age/DOB	Sex Pos	6 27 t Safety System	28 Airbag Status	Airbag Switch	30 Eject Trap Code Cod	1 32 Injury 8 Status	Transp Code	Medical Facili	ty	1 13
	Operator			See A	Above			- 1	4	4	0 0	10	1		\Box	
															\exists	
⁷ 2	Please Select C	One No.	2 <u>5</u> #Occup		torist A Type		5 .		16	100	1	7)			
	of the Followi	ng: Venicie	2 <u>5</u> #Occup	ants Non-Mon	torist A Type	Action	Locati	on		onditio	n		Hit/R	un Mop	ea	
	License#	18 1	St_	VT DOB/Age-	Reg	# HNM661			Reg	Type_	PAN	R	leg Sta	te VT	-	
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⁸ 2	Operator BUS	Last	KAYLA First		Ow iddle	ner BUSBY	t	CHRIS	Firs			Mi	iddle		-	
	Address 10 AI			Address 10 ALTON DR.								-				
	City E. THETI		043 City	City E. THETFORD State VT Zip 05043												
	Insurance Com			Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three) 22 22 22 23 3 4								;e)				
	Vehicle Travel			Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2								iage				
	Citation # (If I	·		Most Harmful Event 1 23 G 5 11 Totaled												
				tion 2: ChSe		Driver Contributing Code 1										
1	Violatio			tion 4: ChSe		Underride/Override							\dashv			
	Name (Last Fi	rst Middle)	- I	A	ddress	Age/DOB	Sex Po	s. Systen	n Status	Switch	Code Co	de Statu	Transp S Code).	lity	
	•	Non-Motorist		See A	above			- 1	4		0 0	10	1		\dashv	
	BHAGAT, ISH	IA		TYNGSBORO, MA	01879		F 4	1	4	4	0 0	10	1		\dashv	
	VISOCCHI, G	IANNA	1	1 BROWN AVE VHITMAN, MA 02	382		F 3	1	4	4	0 0	10	1			
	KOCH, CATE	RINA		35 CARROLL ST MILFORD, MA 0175	57		F 6	1	4	4	0 0	10	1			

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Date of C 12/05/202		e of Crash 54	NEWTON	/Town	MIOLO		iicle Cra	sh	Numbe Vehicle		ured]	Latitude	Limit <u>30</u> e)	State Police Local Police MBTA Police
		24HR		_			Report		2	0			ıde		Other:
	A'I	INTER	RSECTION	N:	<	LOCA	TION	>		N	OT A	AT IN	TER	SEC	ΓΙΟΝ:
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							Feet	N S E	W of		ile Marl	er –	— or _		Exit Number
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Route#	Direction		Name of Inte	ersecti	ng Roadway/Street								Landm	ark	
□Vehi	ele #	Occupants	Hit/Ru	un	☐ Moped Cas	e Number		21	.0000101	0					
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Violation 3: ChSecViolation 4: ChSec							ride/Override	25	Tow	ed	8		7	6	
	Please fill out for operator and all occupants involved							S	26 27 Seat Safety	28 Airbag	29 Airbag	30 Eject Tr	31 3:	2 3	3 p.
Name (La Oper	st First Mid ator	dle)			Address See Above		Age/DOB		os. Systei	n Status	Switch	Code Co	ode \$tatu	us Code	Medical Facility
al c							14			16			17		
Please Se of the Fo		X Vehicle	e2 <u>5</u> #Occup	pants	Non-Motorist A T	ype	Action 1	Loca	ition	16 C	onditio	n	17	Hit/F	Run Mope
License#			St	VT	DOB/Age	Reg#	HNM661			Re	g Type_	PAN		Reg St	ate_VT
Sex_F_	Lic. Class	D 18 1	Lic. Restric	tions	19 CDL	_ Veh Y	ear_2010	Veh	Make_I	IOND	A		Ve	h Conf	ig. 20
Operator	BUSBY		KAYLA First		Endorsment	_ Owne	r BUSBY	et .	CHRI	STINE			,	Middle	
Address_	0 ALTON				Middle	Addre	20 ALTON I	DR.						winduic	
City E. T.	HETFORE)		_State	VT Zip 05043	City E. THETFORD State VT Zip 0504:								p_05043	
Insurance Company GEICO							Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								
Vehicle T	avel Direct	ion: N	SEX	Respo	nding to Emergency?N	Event	Sequence 1	22 22		22	0_		3	4	
Citation #	(If Issued))				Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									
Vio	lation 1: C	hS	Sec Violation 2: ChSec Driv				Driver Contributing Code 1 24 24								
Vio	lation 3: C			ation 4		Under	rride/Override	25	Towe		8	20	/	6	
	Please f		r operator and	all o	ccupants involved Address		Age/DOB		26 27 Seat Safety Pos. Syste	/ Airbag em Statu	29 Airbag Switch	30 Eject Tr Code C	31 32 ap Injur Code Stat	y I rans	p.
Name (L			1		G 41		1	1 1			1				1
	ator/Non-	Motorist			See Above			-							
					AIR TER ODY, MA 01960			F 5	1	4	4	0 0	10	1	



Crash Narrative:

ON 12-5-21 AT APPROX. 1354HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF CRAFT AND ALBEMARLE I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING S-BOUND ON ALBEMARLE AND STOPPED AT THE STOP SIGN AT ALBEMARLE AND CRAFT. HE STATES HE SAW VEHICLE #2 COMING BUT THOUGHT HE COULD MAKE IT ACROSS CRAFT ST. AS HE ENTERED THE TRAFFIC LANE HE WAS HIT IN THE LEFT REAR TIRE BY VEHICLE #2. DRIVER OF VEHICLE #2 STATES SHE WAS TRAVELING W-BOUND ON CRAFT. SHE STATES VEHICLE #1 ENTERED THE TRAFFIC LANE ABRUPTLY AND SHE WAS UNABLE TO AVOID HITTING HIM. VEHICLE #1 HAD MINOR SCRAPES TO HIS LEFT REAR TIRE. VEHICLE #2 HAD FRONT END DAMAGE. BOTH VEHICLES WERE OPERATIONAL AND DID NOT REQUIRE TOWS. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

Witnesses:							
Name (Last, First, Middle)		Address			Ph	ione #	Statement
Property Damage:		1					1
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	Damaged Property	
Truck and Bus Information:							
Carrier Name			(From Vehic	cle Section)	Carrie	er Issuing Authority Co	35 de
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39	
Hazmat Information:							
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit #	Release code	42

THOMAS P WALSH		NEWTON POLICE DEPARTM		12/05/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date	