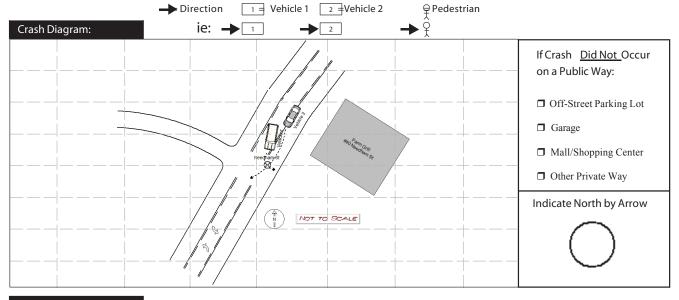
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts			RMV	V Docun	nent Number	
	Date of Crash 01/03/2022	Time of Crash 18:17 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		d Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	Xi D
			RSECTION:		LOCAT	_	>						CTION:	$\Box$
						SOUTH	40		NEED	HAM S	Т			2
1 <b>4</b>	Route# Direc	tion		Roadway/Street	I	Route# Direction	on Add	ress #		Na	me of F	Roadway/	Street	$ 2^1$
				At		Feet 1	N S E V	v of		•	_	or		_   4
	Route# Direc	etion N	Name of Intersectin	g Roadway/Street			ıl al plu		Mile	Marker			Exit Number	_
			Also at Inters	section with	-		N S E V	_	Route	#	Intersec	ting Road	dway/Street	- 1
<b>2 2</b>	Route# Direc	0 Feet NSEW of FARM GRILL								4				
3		Landmark									$\dashv$			
	Wehicle1	1_#Occupants	Hit/Run	Moped Case 1	Number		220	00007						_
	License#	18 1	St MA	Reg#_					ype_PA		Reg	State MA 20	-	
	Sex_F_ Lic.	Class D 1	Lic. Restriction	S 1 CDL	Veh Ye	ear_2018	Veh l	Make_M	ERCED	ES		Veh Co		
4 1	Operator LER		SAMANTHA First	Endorsment PAIGE	Owner	LERNER Las	t	JEFFRE	First		TO	ODD Middle		- <b>1</b>
		V 7TH ST (apt. 1				s 671 CHARLE	S RIVER	ST						-
					City NEEDHAM State MA Zip 02492									-
5	Insurance Company BANKERS STANDARD INSURANCE					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								
5	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency? N	Event S	Sequence 1	22 22 23	22	22		<u></u>		4 10 Undercarr	inga
	Citation # (If I	·			Most E	Iarmful Event	1 23	24	24	<b>←</b>	9	$( \mid \mid \mid \mid$	5 11 Totaled	lage
<sup>6</sup> <b>1</b>	1			2: ChSec		Contributing Co	ode 1				7		6	
1				4: ChSec	Underride/Override Towed N							1		
	Name (Last Fir		ator and all occu	Address		Age/DOB	Sex Se Po	at Safety s. System	Airbag Air Status Sw	bag Eject	t Trap	32 Injury Tra Status Co	nsp. de Medical Facili	1 1
	Operator			See Above				99	4 4	0	0	10 1		
7 <b>1</b>	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupant	s Non-Motorist A Typ	pe 1	4 Action 1	5 Locati	ion	16 Con	dition	17	Hit	t/Run Mop	ed
	License#St MA DOB/Age				Reg#	Reg # 97F650 Reg Type_PAN								_ ]
	Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Ye	h Year 2011 Veh Make HONDA Veh Config. 1						nfig. 20		
8 <b>1</b>	8 Operator LANDE LEANNA Endorsment  Last First Middle				Owner LANDE SHARONA A  Last First Middle							_		
	Address 310 LEGRANGE ST Middle					S 310 LEGRAN	IGE ST							_
	City CHESTNUT HILL State MA Zip 02467				City CHESTNUT HILL State MA Zip 02467						zip_02467	_		
	Insurance Company GEICO					Vehicle Action Prior to Crash  9 21 Damaged Area Code: (Circle Up to Three)								ee)
	Vehicle Travel	Direction: N	K E W Res	ponding to Emergency?N	Event S	Sequence 1	22 22	22	22 6		<u> </u>		<b>4</b>	.
	Citation # (If Issued) T1448086         Violation 1: Ch 89/4A Sec Violation 2: Ch Sec Sec				Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 10 24 9 24								nage	
	Violatio	n 3: ChSe	ec Violatio	n 4: ChSec	Underr	ide/Override	25	Towed			7		6	
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex Po	26 27 at Safety os. System	28 Airbag Air Status S	29 30 bag Eject vitch Cod	1 Trap de Code	Injury Tra	33 nsp. ode Medical Faci	lity
		Non-Motorist		See Above				99	4 4		0	10 1		



## Crash Narrative:

(Continued on next page)

On 01/03/22 at approximately 1617 hours Officer Robert March and I, Officer Whitney Hyde, were assigned to N499 when we were dispatched to a 2 car MVA at 160 Needham St with no injuries. Both vehicles were waiting in the parking lot. On location I made contact with the operator of Vehicle 1, identified as Samantha LERNER.

LERNER stated that the had been travelling southbound on Needham St and stopped in the center left turn lane to turn into the Farm Grill. When it was clear to turn, LERNER began to turn left when Vehicle 2 passed her on the left and made contact with the driver side front quarter panel of Vehicle 1. I observed scrapes and minor damage to Vehicle 1's front bumper and driver side front wheel rim. LERNER stated that the operator of Vehicle 2, later identified as Leanna LANDE, exited her vehicle at the time of the accident and exclaimed that her dog was dying and she was headed to the animal hospital down the road and they could exchange

Witnesses:

Name (Last, First, Middle)

Address

Phone # Statement

Property Damage:

Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damag	ged Property
Truck and Bus Information:	Registration #	(From Vehic	cle Section)		
Carrier Name				Carrier Issu	aing Authority Code 35
Address		City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:_		Interstate 36
Cargo Body Type Code 37	Gross Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg Sta	te Reg Year	Tı		
Hazmat Information:					
Placard 40 Material 1	digit # 41 Material Name		Material 4	digit #	Release code 42

WHITNEY HYDE			NEWTON POLICE DEPARTM		01/03/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction 1	₹ Vehicle 1 2	≥ ‡Vehicle 2	Pedestr	an	
Crash Diagram:	ie: → 🔟	<b>→</b> 2	<b>□</b> →	<b>▶</b> ♀		
					If Crash Did Not Occo	ur
		 			Off-Street Parking Lo	ot
					☐ Garage	
		+ 			☐ Mall/Shopping Center	r
					Other Private Way	
		 		+		
		į	į	į	Indicate North by Arrov	~
Crash Narrative:						
			<del>-</del>		for LANDE to come back out.	
					er dying dog and passed LERNE	
					pital I observed Vehicle 2 ha	
					white paint transfer. I issu	
					on and explained the payment	
appeal process. LANDE sta	ted she underst	ood.				
I provided LANDE and LERN	ER with the acc	ident number	and facilitate	ed their	exchange of information befor	
clearing without further	incident.					
Witnesses:						
Name (Last, First, Middle)		Address			Phone # Sta	atement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Damaged Property	
Truck and Bus Information:						
Carrier Name			(From Ver	hicle Section)	Carrier Issuing Authority Code	35
Address			City			
US DOT #:					36	
	State Number		Issuing State	ICC#		5
37		38	Issuing State	ICC#:_		6
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38			39	6
37	oss Vehicle Weight	38			39	6
Cargo Body Type Code 37 Gr Trailer Reg #:	oss Vehicle Weight Reg Type	Reg State	Reg Year_	Tra	iler Length 39	42

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)