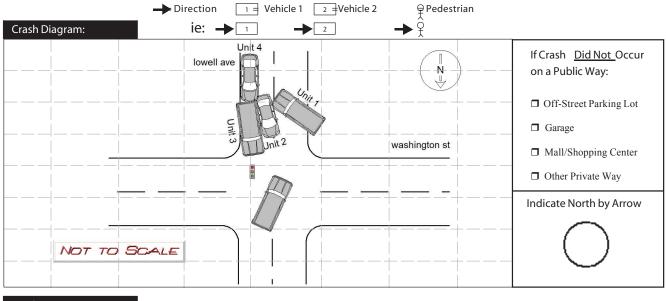
	Poli	ce Use Only		Commonwe	alth o	of Massa	achus	etts			RM	V Docu	ıment l	Number	
	Date of Crash 01/15/2022	Time of Crash 11:36	City/T	Moto:	r Veh	icle Cra	$sh \left[\begin{array}{c} N \\ N \end{array} \right]$	Number Vehicles			ed Limi		Stat	e Police al Police TA Police	N X
	01/13/2022	24HR		Po		Report		5	3		gitude_		Oth	IA Police er:	
		AT INTER	RSECTION:	<	LOCA	TION	>		NC	T AT	INT	ERSE	CTIC	ON:	2
	NOR	TH LOWEL	LL AVE												2
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	EAST	WASHI	INGTON ST	At		Feet	N S E W	of -		•	·	or			_ _
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2 1	Route# Direct	tion	Name of Interse	ecting Roadway/Street	——I	Feet [N S E W	of							3
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	X Vehicle 1	#Occupants	Hit/Run	☐ Moped Cas	se Number		2200	00048							
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	City NEWTO	N	S	tate MA Zip 02459	_ City_	STOUGHTON					_State	MA	_Zip	.072	-
	Insurance Com	pany_FARMERS	6		_ Vehicl	e Action Prior to	Crash	1		_		Code:		Up to Thre	e)
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6	Violation	1: ChSec	Violatio	n 2: ChSec	Driver	Contributing Co		24	24		VŢ	\sum	6		
⁶ 1				n 4: ChSec	Under	ride/Override	25	Towe	d <u>1</u>	3)					
	Please 1		ator and all occi	ipants involved Address		Age/DOB	Sex Pos	6 27 t Safety System	28 Airbag A Status Sv	29 30 Eject vitch Code	31 Trap Code	32 Injury T Status C	ransp. Code N	1edical Facili	13 13 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
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2	of the Followi		2 <u>2</u> # Occupar	nts Non-Motorist A T	уре	Action	Location	on	Coı	ndition		۱	Hit/Run	Мор	ed
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⁸ 2	Operator PLU	Last	MOLLY	Endorsment	_	PLUNKETT Las	t	CONO	R First			Midd	lle		_
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	City NEWTO	N	S	rate MA Zip 02460	_ City_	NEWTON					_State	MA	_Zip_02	2460	-
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	Operator/	Non-Motorist		See Above				- 1	2 1	0	0		2		
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Date of Crash 01/15/2022	Time of Cras	sh City/I NEWTON	own	Motor V			sh	Numl Vehic	les Inj	ured	Speed Latitud	le		Loca MBT	Police Police A Police	X
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]		1100 40 110				Feet [NSE	w of	Ro	oute#	Int	ersect	ing Roa	dway/S	treet	-
Route# Direc	tion	Name of Inters	ecting Roadway/St	reet	- -							Lan	dmark			
X Vehicle 3	1 #Occupan	ts Hit/Ru	n Moped	l Good Noor	.1			200004								
- Camerica	" occupun			Case Ivan				2000048								
License#	18	St	19		eg#_8P					g Type				State_N	20	-
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			upants involved		naemae	e/Override [Π			29 Airbag	30 Eject	31 Frap I	32 njury Tra	33 ansp.		_
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Орегатог			Sec P	10070				1	4	4	0	0	10 1			
Please Select C of the Followi	I X Vehic	cle4 <u>1</u> #Occupa	nts Non-Mot	torist A Type	14	Action	5 Loc	ation	16	Conditio	on _	17	Ні	t/Run	Мор	ed
License#		St_N	MA DOB/Age	R	eg#RT	T38WY			Re	д Туре	PAN		Reg	State_N	1A	_
Sex_M Lic.	Class D 18	18 Lic. Restriction	ons 1 CDI		eh Year		Ve	h Make	MERZ				Veh Co		1 20	
Operator GLY	(NN Last	CONNOR		orsment O	wner _	GLYNN		HIL	ARY				Middle			
Address 15 W	ILTON RD.	First	M:	A	.ddress _	15 WILTON	RD		Fir	st .			Middle			_
City NEWTO	N	S	tate MA Zip 02	460 C	ity_NEV	WTON						State_	MA	Zip <u>024</u>	:60	_
Insurance Com	pany_COMME	ERCE		V	ehicle A	Action Prior to	Crash	2	21	Dan	naged .	Area (Code: (0	Circle U	Jp to Thre	ee)
Vehicle Travel	Direction:	K S E W R	esponding to Emerg	gency? <u>N</u> E	vent Se	quence 1	22 2	2 22	22	2	Λ	3		4		
Citation # (If I	ssued)			N	lost Har	rmful Event	1 23	5		1	_ `	9		1	Undercarri Totaled	iage
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Pl Name (Last Fi		or operator and a	ll occupants invo	lved		Age/DOB	Sex		27 28 Fety Airbag	29 Airbag s Switch	30 Eject 1 Code	31 Frap I Code		33 ansp.	ledical Facil	lity
	Non-Motorist	:		Above		Age/DOB		1	stem Stati	4			10 1		cuicai Facil	ity
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Poli Date of Crash	ce Use Only Time of Crash	City/Town	Commony				umber	Number		RMV Doo Limit 30	St	t Number tate Police	
01/15/2022	11:36	NEWTON	1410		iicle Cra	l v	ehicles	Injured	Latitud	le	La	ocal Police IBTA Police	X
	24HR	CECTION			Report		5	3		ude		ther:	
	AT INTER	SECTION:	<	LOCA	ITON	>		NOT	ATI	NTERS	ECT	ION:	
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Route# Direc	tion	Name of Ro	adway/Street		Route# Direction	on Addre				e of Roadw	-	eet	
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XVehicle 5	#Occupants	Hit/Run	Moped	Case Numbe	r	2200	0048						
T		St MA			95VG05			р. т	PAN	D	o Gra	МА	
License # Sex_M Lic. 0	18 18		DOB/Age	VI	Year 2011							20	_
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Address 38 BE	EECHCROFT RD	First	Middle		ESS			First			iddle		_
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Please 1		tor and all occupar	nts involved Address		Age/DOB	Sex Pos.	Safety A	28 29 Airbag Airba Status Switch	g Eject I Code	31 32 Trap Injury Code Status	33 Transp. Code	Medical Facili	itv
Operator Operator			See Above		Age/DOB			4 4		0 10	1		<i>j</i>
Please Select C	One 🗀		D.			5	1	6		17)		
of the Followi		# Occupants	Non-Motorist	A Type	Action	Locatio	on	Condit	ion		Hit/Ru	ın Mop	ed
License#	18 18	St	DOB/Age	Reg #				_Reg Typ	e	R	leg Stat	e	_
Sex Lic.	Class	Lic. Restrictions	CDL		Year	Veh M	lake			Veh	Config	-	
Operator	Last	First	Middle		er	t		First		Mi	iddle		_
1				Addr	ess								-
City		State_	Zip					_					_
Insurance Com					ele Action Prior to		21	Da D	amaged .	Area Code 3	e: (Circl 4	le Up to Thr	ee)
Vehicle Travel		S E W Respon	nding to Emergency?		Sequence	22 22 23	22			Ĭ		10 Undercarr	iage
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1		c Violation 2			r Contributing Co	25		3		7	ر 6		
		c Violation 4 operator and all oc		Unde	rride/Override	26 Seat	Towed _	28 29 Airbag Airba	_ 30	31 32 Trap Injury	33		
Name (Last Fi	rst Middle)		Address		Age/DOB	Sex Pos	Safety A s. System	Airbag Airbag Status Swite	g Eject I	Trap Injury Code Status	Transp. s Code	Medical Faci	lity
Operator/	Non-Motorist		See Above				-						
							+		+ +				



Crash Narrative:

ON 1-15-22 AT APPROX. 1136HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF LOWELL AVE. AND WASHINGTON ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING E-BOUND ON WASHINGTON ST. SHE APPROACHED THE INTERSECTION AND STATES SHE WAS CUT OFF BY A BLACK SUV (VEHICLE #5) THAT WAS TRAVELING W-BOUND AND TRYING TO TURN LEFT ONTO LOWELL AVE. SHE SWERVED TO AVOID HITTING VEHICLE #5 AND STATES THE NEXT THING SHE REMEMBERS SHE HAD HIT VEHICLE #2 AND WAS TRYING TO GET OUT OF HER VEHICLE BECAUSE SHE THOUGHT IT WAS ON FIRE.

OPERATOR OF VEHICLE #2 STATES SHE WAS TRAVELING N-BOUND ON LOWELL AVE AND WAS STOPPED AT THE RED LIGHT. SHE

DID NOT SEE VEHICLE #1	COMING AT HER UNTI	L SHE WAS AC	TUALLY HIT.				
OPERATOR OF VEHICLE #3	S STATES HE WAS TRAVI	ELING N-BOUN	D ON LOWELL AV	E AND WAS	STOPPED AT TH	E RED LIGHT	. HE
(Continu	ned on next page)						
W itnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
	<u> </u>						
Property Damage:			T				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ed Property	
To all and Development and							
Truck and Bus Information	Registration #		(From Vehic	cle Section)			35
Carrier Name					Carrier Issui	ing Authority Coc	ie
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:		Interstate	36
Cargo Body Type Code	Gross Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length		
Hazmat Information:							
Placard 40 Material 1	digit # 41 Material Nat	me		Material 4 dig	git #	Release code	42
THOMAS P WALSH			NEWTO	N POLICE DEPARTM		01/15/2	022

THOMAS P WALSH		1	NEWTON POLICE DEPARTM		01/15/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1	Vehicle 1	2 ≢Vehicle 2	₽Pedestr	rian	
Crash Diagram:	ie: → 🗆	→ [2	2	Ŷ		
					If Crash <u>Did Not</u> Occu on a Public Way:	ur
					☐ Off-Street Parking Lot	t
	!				☐ Mall/Shopping Center	.
	— — — — — — 			+	Other Private Way	
		+			Indicate North by Arrow	v
		<u> </u>				
Crash Narrative:	EHICLE #1 UNTIL	SHE PUSHED V	/EHICLE #2 INTO	HIM BEC	AUSE HE WAS FOCUSED ON THE TRA	AFFIC
LIGHT.						
DRIVER OF VEHICLE #4 STAT	ES HE WAS TRAVE	LING N-BOUND	ON LOWELL AVE	AND WAS	STOPPED AT THE RED LIGHT BEHIN	ND
VEHICLE #3. HE DID NOT NO	TICE VEHICLE #1	UNTIL SHE PU	JSHED VEHICLE #	2 INTO T	HE FRONT OF HIS VEHICLE.	
VEHICLE #1 HAD EXTENSIVE	FRONT END DAMAG	E AND FRONT A	AIRBAG DEPLOYME	NT AND W	AS TOWED BY TODYS. OPERATOR OF	F
VEHICLE #1 WAS TRANSPORTE	D BY MEDICS TO	NEWTON WELLES	SLEY HOSPITAL F	OR NON-F	ATAL INJURY-POSSIBLE. VEHICLE	#2
HAD EXTENSIVE LEFT SIDE	AND RIGHT SIDE	DAMAGE AS WEI	L AS AIRBAG DE	PLOYMENT	AND SHATTERED GLASS AND WAS	TOWED
BY TODYS. BOTH PARTIES IN	VEHICLE #2 WER	E TRANSPORTED	TO NEWTON WEL	LESLEY H	OSPITAL BY THE MEDICS FOR	
NON-FATAL INJURY- POSSIBL	E. VEHICLE #3 H	AD LEFT SIDE	MOTOR VEHICLE	DAMAGE	AND WAS TOWED BY TODYS. DRIVER	 R
(Continued	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone # Stat	tement
Due a curto De mana						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
				71	, , , , ,	
Truck and Bus Information:	Registration #		(From Vehi	,		35
Carrier Name					Carrier Issuing Authority Code	
Address			City		36	
US DOT #:	_ State Number	38	Issuing State	ICC #:_	Interstate	
Cargo Body Type Code G	ross Vehicle Weight	30			20	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length 39	
Hazmat Information:	41				4:	2
Placard Material 1 digit	# Material N	Jame		Material 4	digit # Release code 4.	2
THOMAS P WALSH				N POLICE DEPART	01/15/2022	

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

-	Direction 1	Vehicle 1	2 ≢Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: 🕕 🛚	→ [2	2 →	₽ Ŷ		
			_	<u> </u> 	If Crash <u>Di</u> on a Public	id Not_Occur Way:
					☐ Off-Stree	t Parking Lot
		 			Garage	
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				+	Other Pri	vate Way
		+	+-		Indicate No	rth by Arrow
Crash Narrative:						
					T FRONT END DAMAGE AN	ND WAS TOWED
BY TODYS. DRIVER REPORTED						TWO IS DOINED ON
THE OPERATOR OF VEHICLE #5						
TURN ONCE VEHICLE #1 HAD I					STATES HE INTENDED TO	
LOSE CONTROL OF THE VEHICI						
HAD NO DAMAGE AND WAS NOT						
FURTHER INCIDENT.						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Prop	erty
Truck and Bus Information:	Registration #		(From Veh	icle Section)		
Carrier Name					Carrier Issuing Auth	ority Code 35
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC #:_	Inters	state 36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39	
Hazmat Information: Placard 40 Material 1 digit	# 41 Material N	[ame		_ Material 4 o	ligit# Release	e code 42
THOMAS P WALSH			NEWT	ON POLICE DEPARTS		01/15/2022

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)