

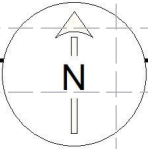
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|---|--|----------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|----------------------|---------------------|---|--|--|----|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 01/26/2022 | | Time of Crash 12:19 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit 10 Latitude _____ Longitude _____ | | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/> | |
| AT INTERSECTION: | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | 9 | |
| Route# Direction Name of Roadway/Street At | | | | EAST 1250 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark | | | | | | | | 2 | 10 |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | | | | | | | | | 11 | 3 |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 22000072 | | | | | | | |
| License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator CARMEL KARLA Address 184 AUSTIN ST (apt. 2) City NEWTON State MA Zip 02460 Insurance Company STANDARD | | | | Reg # 1RWD31 Reg Type PAN Reg State MA Veh Year 2006 Veh Make LNDR Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 10 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled | | | | | | | | 7 | 12 |
| Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | 13 | 1 |
| Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | Operator See Above ----- 1 4 4 0 0 10 1 | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | | | | |
| License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator NAZ MEHREEN Address 26 MIDDLESEX CIR (apt. 15) City WALTHAM State MA Zip 02452 Insurance Company COMMERCE | | | | Reg # 5HV255 Reg Type PAN Reg State MA Veh Year 2012 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled | | | | | | | | 8 | 2 |
| Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | Operator/Non-Motorist See Above ----- 1 4 4 0 0 10 1 | | | | | | | | | |
| | | | | | | | | | | | | | |
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→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

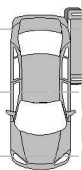
Crash Diagram:

NOT TO SCALE

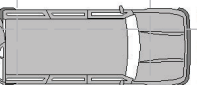


1250 washington st

Unit 2



Unit 1



If Crash Did Not Occur on a Public Way:


☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

ON 1-26-22 AT APPROX. 1219HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 1250 WASHINGTON ST. (DUNKIN DONUTS PARKING LOT) I SPOKE TO THE DRIVER OF VEHICLE #1. DRIVER STATES SHE WAS BACKING OUT OF HER PARKING STALL AND TURNING TO HEAD BACK TO WASHINGTON ST. SHE STATES VEHICLE #2 WOULD NOT MOVE AND SHE WAS UNABLE TO AVOID HITTING HER. VEHICLE #2 STATES SHE WAS IN THE PARKING LOT AND DID NOT GO INTO A STALL BECAUSE SHE WAS WATCHING HER SON WHO WAS IN DUNKIN DONUTS. SHE STATED SHE BEEPED AND TRIED TO GET VEHICLE #1 ATTENTION BUT SHE STILL BACKED INTO HER VEHICLE. VEHICLE #1 HAD NO DAMAGE. VEHICLE #2 HAD MINOR LEFT QTR. PANEL DAMAGE. BOTH VEHICLES WERE OPERATIONAL AND LEFT THE SCENE ON THEIR OWN. I CHECKED WITH DUNKIN DONUTS FOR THE VIDEO FOOTAGE OF THE PARKING LOT. EMPLOYEE COULD NOT GET THE VIDEO TO WORK. AS OF THIS WRITING FROM BOTH STATEMENTS IT IS UNCLEAR WHO WAS AT FAULT. WILL CHECK WITH THE MANAGER IN THE

(Continued on next page)

Witnesses:

| Name (Last, First, Middle) | Address | Phone # | Statement |
|----------------------------|---------|---------|-----------|
| | | | |
| | | | |

Property Damage:

| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|-----------------------------|---------|---------|---------|---------------------------------|
| | | | | |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing 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

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

| | | |
|------------------------------------|----------------------|---|
| THOMAS P WALSH | NEWTON POLICE DEPART | 01/26/2022 |
| Police Officer Name (Please Print) | Signature | ID/Badge # Department Precinct/Barracks Date |

CDP1 11 -24:00

