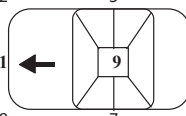
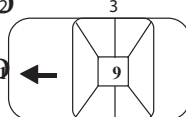


Commonwealth of Massachusetts

| Police Use Only | | | Commonwealth of Massachusetts | | RMV Document Number | | | | | |
|--|--------------------------------|---------------------|---|----------------------|--|---------------------|---|--|---|--|
| Date of Crash 02/07/2022 | Time of Crash 12:08 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 1 | Speed Limit 30 Latitude _____ Longitude _____ | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input checked="" type="checkbox"/> Other: | | |
| AT INTERSECTION: | | | < LOCATION > | NOT AT INTERSECTION: | | | | | | |
| <div>EAST CENTRE AVE</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH CENTRE ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> | | | <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div> | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 22000115 | | | |
| License # --- St MA DOB/Age ---- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator NIERNBERG NATALIE E Endorsment Address 6 ELLIS RD City NEWTON State MA Zip 02465 Insurance Company USAA CASUALTY Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec | | | Reg # 41R160 Reg Type PAN Reg State MA Veh Year 2018 Veh Make MITSUBISHI Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N  | | | | | | | |
| Please fill out for operator and all occupants involved | | | Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility | | | | | | | |
| Operator See Above | | | ----- - - - 1 4 99 0 0 9 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 M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator LEWIS STEVEN Endorsment Address 12 MURRAY HILL RD City ROSLINDALE State MA Zip 02131 Insurance Company PERMANANT GENERAL ASSURANCE CORP Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec | | | Reg # 1ZSK43 Reg Type PAN Reg State MA Veh Year 2008 Veh Make JEEP Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 5 24 24 Underride/Override 25 Towed N  | | | | | | | |
| Please fill out for operator and all occupants involved | | | Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility | | | | | | | |
| Operator/Non-Motorist See Above | | | ----- - - - 1 4 99 0 0 10 1 | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre Ave

#400 CENTRE ST

Unit 1

Unit 2

Centre Ave

← N →

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 February 7th, 2022 at approximately 12:08 hours while assigned to N491 I Officer McCarthy responded to the intersection of Centre Ave @ Centre St for a MV crash.

On my arrival I located both involved vehicles E/B on Centre Ave just beyond Centre St.

Vehicle #1 was a 2018 blue Mitsubishi, Ma. plate 4lr160, operator identified as Natalie Nierenberg. She stated she had just turned E/B onto Centre Ave from Centre ST N/B when she was rear ended by vehicle #2.

Vehicle #2 was a grey 2008 Jeep Liberty Ma. plate 1zsk43, operated by a Steve Lewis. He stated he was heading N/B on Centre St behind vehicle #1 and was following behind her as she turned right east bound onto Centre Ave when he looked to his left for oncoming traffic simultaneously accelerating a little causing him to crash into the rear of vehicle #1.

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

THOMAS J MCCARTHY

NEWTON POLICE DEPT

02/07/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date