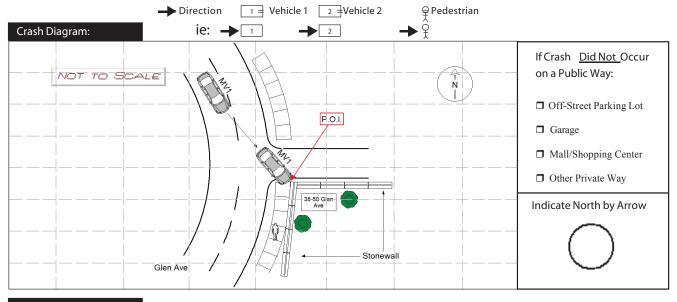
| | Poli | ice Use Only | | Commonwea | lth o | f Mass | achı | ısett | S | | RMV | V Docur | ment Number | |
|------------------------|--|-----------------------|--|-----------------------------------|---|---|------------|-----------------------|-----------------------------|-------------------------|------------------------------|------------|---|----------------|
| | Date of Crash 04/08/2022 | Time of Cras 12:30 | NEWTON | 1410101 | | icle Cra Report | sh | Numbe Vehicle 1 | | ed Lat | ed Limi itude ngitude_ | | State Police Local Police MBTA Police Other: | XI XI |
| | | <u> </u> | CRSECTION: | | LOCAT | | > | | N(| | | | CTION: | |
| | | | | | | SOUTH | 36 | | GLE | N AVE | | | | |
| | Route# Direc | tion | Name of R | oadway/Street | F | Route# Direction Address # Name of Roadway/Street | | | | | | | | |
| | | | | | | Feet | N S E | W of | | – – e Marker | | or | Exit Number | - |
| | Route# Direc | etion | Name of Intersecting Also at Intersec | | | Feet | N S E | W of | | | | | | |
| 1 | | | | | | Feet | N S E | W of | Rou | te# | Intersec | ting Roa | dway/Street | |
| | Route# Direc | tion | Name of Intersecti | ng Roadway/Street | | | | | | | Laı | ndmark | | _ |
| , | XVehicle1 | _1_#Occupant | ts Hit/Run | Moped Case I | Number | | 2 | 2000286 | | | | | | - |
| | License# | | St MA | DOB/Age | Reg#_ | KNZ8472 | | | Reg | Гуре РА | N | Reg | State_NY | |
| | Sex_F_ Lic. | Class D 18 | 18 Lic. Restrictions | 1 19 CDL | | ar_2021 | Ve | h Make_ ^I | NISSAN | | | Veh Co | nfig. 20 | |
| 1 | Operator QU | Last | SHARISE | Endorsment | | HOLDINGS | | EAN | First | | | Middle | | _ |
| 1 | Address 27 IN | IGLESIDE ST | (apt. 2) | | Address 14002 EAST 21ST ST | | | | | | | | - | |
| | City BOSTON | | | MA Zip 02125 | City TULSA State OK Zip 74134 | | | | | | | | _ | |
| | 1 | | RE SELF INSURER | | | Action Prior to | | 1 | 21 | _ | | Code: (0 | Circle Up to Thr | ree) |
| | Vehicle Travel | | N X E W Respon | nding to Emergency? N | | Sequence 35 | 22 | | 22 | 9 | 3 | | 10 Undercare | riage |
| | Citation # (If I | / | | al a | | larmful Event | 35 | | 24 | D | 9 | | 5 11 Totaled | nage |
| 2 | 1 | | | ChSec | | Contributing C | ode 25 | 19 L | 7 24 | 9 | 7 | | 6 | |
| | Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved | | | | Underride/Override Towed Y Seat Safety strings living level frap lipiny Transp. Age/OOR Say Seat Safety strings living level frap lipiny Transp. Age/OOR Say Say String String lives living level frap lipiny Transp. | | | | | | | | | |
| | Name (Last Fir | | | Address See Above | | Age/DOB | Sex | Pos. Syste | n Status S | witch Coc | le Code | status CC | ode Medical Facil | |
| | Operator | | | See Above | | | | 1 | 3 | 4 0 | U | 8 2 | NEWTON-WELLE | ESLEY H |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| , | | | | | | | lacksquare | | | | | | | |
| 9 | Please Select (of the Followi | I Vehic | cle# Occupants | Non-Motorist A Typ | e 14 | Action | Loc | ation | 16 Co | ndition | 17 | Hi | t/Run Mor | ped |
| | License#_ | | St | DOB/Age | | | | | | | | State_ | | |
| | Sex Lic. | Class 18 | Lic. Restrictions | 19 CDL | Veh Ye | ar | Ve | h Make_ | | | | Veh Co | onfig. | |
| 1 | Operator | Last | First | Endorsment | Owner | Las | st | | First | | | Middle | | _ |
| _ | Address | | | | | S | | | | | | | | - |
| | City | | State | Zip | City State Zip | | | | | | | - | | |
| | Insurance Company | | | | | | | | | | | | ree) | |
| | Vehicle Travel Direction: NSEW Responding to Emergency? | | | | | | | | | | riage | | | |
| Citation # (If Issued) | | | | Most Harmful Event 5 11 Totaled 5 | | | | | | | inage | | | |
| | Violation 1: ChSec Violation 2: ChSec | | | | | Driver Contributing Code 8 7 6 | | | | | | | | |
| | | | Sec Violation or operator and all o | 4: ChSec | Underri | ide/Override | | Towe | | 29 3 | 0 31 |] 32 | 33 | _ |
| | Name (Last Fi | irst Middle) | | Address | | Age/DOB | Sex | Pos. Syst | 28 Airbag A em Status | irbag Ejec Switch Co | 0 31 ct Trap ode Code | Injury Tra | ansp. Code Medical Fac | ility |
| | Operator/ | Non-Motorist | | See Above | | | | | | | | | | |
| | | | | | | | | | | | - | | | \blacksquare |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |



Crash Narrative:

On Friday April 8, 2022 at approximately 1230 hours I was dispatched to 36 Glen Ave for a single car MVA into a stone wall. The sky was clear at this time of day but the roads were wet due to a previous rain storm.

Witness stated MV1 was operating southbound on Glen Ave (public way) prior to 36 Glen Ave at approximately 40mph. Be advised the speed limit of Glen Ave is 25mph. Witness said MV1 crossed into the northbound lane, and operated through the driveway entrance and into the stone wall belonging to Glen Ave Association. Witness stated there were no other MVs on the road at this time and they were unsure if MV1 operator was on their cellphone while driving. Witness stated MV1 operator crawled out from the vehicle and there were no one else involved or in the car.

(Continued on next page)

| Witnesses: | | | |
|----------------------------|------------------|---------|-----------|
| Name (Last, First, Middle) | Address | Phone # | Statement |
| | 40 WARREN STREET | | |
| FRIEDLANDER , LYNNE, | NEWTON,LA 02459 | | N |
| | | | |
| | | | |

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property 36 GLEN AVE NEWTON,MASSACHUSETTS 6179690020X200 97 STONE WALL DAMAGE \$5000 USD

| Truck and Bus Information: | Registration # | (From Vehic | cle Section) | | 25 |
|-------------------------------|---------------------|---------------|--------------------|----------------|---------------------|
| Carrier Name | | | | _ Carrier Issu | ting Authority Code |
| Address | | City | | St | Zip |
| US DOT #: S | State Number | Issuing State | ICC #: | | Interstate 36 |
| Cargo Body Type Code Gross | s Vehicle Weight 38 | | | 39 | |
| Trailer Reg #: | Reg Type Reg State | Reg Year | Trailer Leng | | |
| Hazmat Information: | | | | | |
| Placard 40 Material 1 digit # | Material Name | | Material 4 digit # | | Release code 42 |

| MARK HATFIELD | | 1 | NEWTON POLICE DEPARTM | | 04/08/2022 |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

| _ | → Direction 1 | 」 = Vehicle 1 2 | ⊻ ≢Vehicle 2 | Pedestriar | 1 | |
|--|--------------------|-----------------|----------------|-------------------|---|-----------|
| Crash Diagram: | ie: → 🗆 | → 2 | . → | Ŷ | | |
| | | | | | If Crash <u>Did Not</u> on a Public Way: | Occur |
| | | <u> </u> | | | Off-Street Parkin | g Lot |
| | | | | | ☐ Garage | |
| | | | | | ☐ Mall/Shopping C | enter |
| | | | | +- | Other Private Wa | |
| | _ | | | | Indicate North by A | |
| | | | | | | |
| | | | | | | |
| | | + | | +- | | |
| Cyach Nagyatiya | | | | | | |
| Crash Narrative: MV1 sustained heavy and e. | xtensive front | end damage, a | nd was towed h | ov Todvs. M | IVI operator stated they | only |
| had chest pains, and was | | - | | | _ | |
| incident and quick respon | se by Newton Me | dics, I was u | nable to speak | to MV1 op | erator, who was transpor | ted to |
| Newton-Wellesley Hospital | • | | | | | |
| I was able to speak to an | employee of Gl | en Ave Associ | ation and adv | sed them o | f the incident. The empl | oyee was |
| the manager and they stat | ed the damage t | o their stone | wall was app | coximately | \$5,000 USD, and their te | lephone |
| extension was x200. The ex | mployee was giv | en the accide | nt report numb | er. | | |
| | | | | | | |
| Witnesses: | | 1 | | | 21 | 16 |
| Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: | Addison | | Db # | 24 7 | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type D | escription of Damaged Property | |
| | | | | | | |
| | | | | | | |
| Truck and Bus Information: | | | | icle Section) | | 35 |
| Carrier Name | | | | | Carrier Issuing Authority Cod | de |
| Address | | | | | | 36 |
| US DOT #: | | 38 | Issuing State | ICC #: | Interstate | |
| | oss Vehicle Weight | D 0 | n | | 39 | |
| Trailer Reg #:Hazmat Information: | Reg Type | Keg State | Keg Year | Traile | er Length | |
| Placard 40 Material 1 digit | # 41 Material N | Name | | Material 4 dig | it# Release code | 42 |
| | | | | | | |
| MARK HATFIELD | | | NEWTO | ON POLICE DEPARTM | 04/08/2 | 2022 |

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)