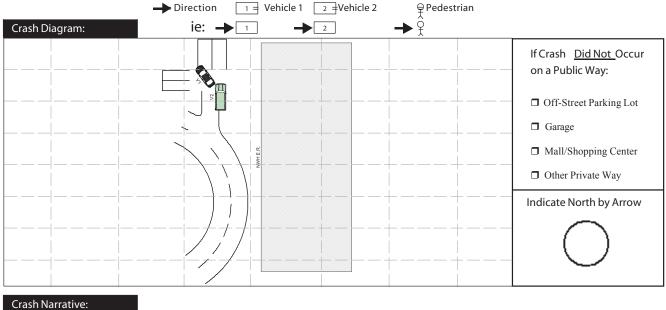
	Poli	ice Use Only		Commonwe	alth (of Mass	ach	use	etts			RM	V Doci	ument	t Number	
	Date of Crash 04/19/2022	Time of Crash 13:24 24HR	NEWTON	MIULU		icle Cr Report	ash		mber nicles	Numb Injure 0	ed Lat	ed Lim itude _ ngitude_		Sta Lo M Ot	ate Police ocal Police BTA Police ther:	XI C
			RSECTION:	<	LOCA		>					INT				
				WEST 2014 WASHINGTON ST								2				
1 1	Route# Direc	tion		Roadway/Street At		Route# Direct	ion A	Address	s #		N	ame of I	Roadwa	y/Stre	et	
			Feet NSEW of or Exit Nun							xit Number						
	Route# Direc	etion N		Feet N S E W of							Cit i vuinoci					
1			Route# Intersecting Roadwa Feet N S E W of EMERGENCY ROOM ENTRAN									AF 3				
1	Route# Direction Name of Intersecting Roadway/Street					Landmark										
3	XVehicle1	#Occupants	Hit/Run	☐ Moped Cas	se Number	Number 22000319										
	License#		St M	A DOB/Age	Reg#	Reg # 8844N0 Reg Type PAN Reg State MA									7	
		Sex F Lic. Class D 18 18 Lic. Restrictions 1 CDL					Veh Year 2016 Veh Make TOYT Veh Config. 1 Veh Config. 1									
4		DENBAUM	JANE First	B Endorsment	Owner (Same as operator) Last First Middle										1	
1	Address 8 MA		rust	Middle	Address											
	City MATTAPOISETT State MA Zip 02739															
-	Insurance Company AMICA					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										e)
5	Vehicle Travel	Direction: N	S X W Resp	oonding to Emergency? N	_ Event	Sequence 2		22	22	22		3	$\overline{}$	4	10 Undercarria	uga l
	Citation # (If I	· ————		2 Cl		Harmful Event	2		4	24	←	9			11 Totaled	igo
⁶ 1				2: ChSec 4: ChSec		Contributing (l	1		N 8	3	7	<u> </u>	6		
		fill out for opera	Under	26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.								+				
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos. S	system :	Status Sw	ritch Coo	le Code	atatus	Code	Medical Facility	2
	1										9 0			-		
							+				_					
7 1	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupan	ts Non-Motorist A T	ype	14 Action	15 Lo	ocation	1	6 Con	dition	17		Hit/Ru	n Mope	d
	License # St MA DOB/Age					Reg # 1AND24 Reg Type PAN Reg State MA							_e MA	4		
	Sex F Lic. Class D 18 Lic. Restrictions 1 CDL CD					Veh Year 2021 Veh Make TOYT Veh Config. 2								20		
4	1	perator MARTIN ALEXI S Endorsment					Owner (Same as operator)									
4	Address 85 WAYNE ST First Middle					Last First Middle Address										
	City SPRINGFIELD State MA Zip 01118					CityStateZip										
	Insurance Company GEICO					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)									e)	
	Vehicle Travel Direction: NSEW Responding to Emergency? N					Event Sequence 2 22 22 22 22 2 3 4 10 Undercarriage								ige		
	Citation # (If Issued)					Most Harmful Event 2 5 11 Totaled								igc		
	Violation 1: ChSecViolation 2: ChSec					Driver Contributing Code 1 7 6										
	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					ride/Override		Т			29 3 rbag Eje	0 31 ct Trap].32	33		4
	Name (Last Fi	rst Middle)	- Perator and an	Address		Age/DOB	Sex	Pos.	System	Status S	witch Co	de Code	Injury I Status	Code	Medical Facilit	у
	Operator/	Non-Motorist		See Above					99	5 9	9 3	0	10	1		\dashv
							-					-	++			\dashv
							_									



On 04/19/2022@1324 hrs. I responded to 2014 Washington St/Newton Wellesley Hospital (E.R.Entrance) for a report of a MVA. On scene I spoke with Alexi Martin MA OLN#S30269628 owner of MA Reg. 1AND24; 2021 Toyt/RAV4 color green (V1). Martin's parked vehicle was backed into by MA Reg. 8844NO; 2016 Toyt/COR color black (V2). Owner of V2 is Jane Lindenbaum MA OLN#S71524093.

V2 operated by Lindenbaum backed into V1 which was parked and unoccupied. V1 was parked by NWH Valet Jerome Saint Luc (Valet Co. is VPNE). Saint Luc witnessed the collision and stopped Lindenbaum. He informed her that she hit a parked vehicle as she backed up. Saint Luc informed me that Lindenbaum stated she did not hit the car and proceeded on her way. On scene I also spoke with VPNE Manager Jean Emmanuel Pierre-Canal (857)472-8269. I advised him that Saint Luc was not involved in the MVA but he did witness the

(Concinued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	Address				Phone #	Statement		
SAINT LUC, JEROME,	,					N		
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	ription of Damag	ged Property	
Truck and Bus Information:				1 0 .:)				
Carrier Name	Registration #			· ·		Carrier Issui	ing Authority Cod	35 le
								le
Carrier NameAddressUS DOT #:	State Number		City			St	Zip	le
Carrier NameAddressUS DOT #:	State Number		City			St	Zip	de
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:		St	Zip	de
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:		St	Zip	de
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC#: Tra	ailer Le	St	Zip _ Interstate	de

DANIEL S SULLIVAN 04/19/2022 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

•	Direction	1 =	Vehicle 1	2 =Veh	icle 2	Pedestr	ian		
Crash Diagram:	ie: →	1	⊣	2	\dashv	P Å			
								If Crash <u>Did No</u> on a Public Way	
				_ <u> </u>				☐ Off-Street Park	ting Lot
								☐ Garage	
				_					Contor
		_		_	<u>+</u> -			☐ Mall/Shopping	
								Other Private V	
								Indicate North b	/ Arrow
		- -			+-			\perp	.
		_		_				\bot	'
Crash Narrative:									
collision.									
I checked with NWH Public	Safety and r	evie	wed vide	eo survei	.llance f	ootage wh	ich cap	tured the collisi	on. The
video did confirm the col	lision and Sa	int	Luc stop	oping and	l speakin	g with Li	ndenbau	ım.	
Further follow up on this	incident to	be c	conducted	d.as I ha	we not m	ade conta	ct with	Jane Lindenbaum.	I have
left a VM message on a ph	one number be	liev	red to be	hers.					
W itnesses: Name (Last, First, Middle)			Address					Phone #	Statement
Name (Last, First, Middle)			Address					1 Hone #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address			Pho	ne #	34-Type	Description	on of Damaged Property	
Truck and Bus Information:	Registration #				(From Ve	hicle Section)			
Carrier Name								Carrier Issuing Authority	Code 35
Address				City				St Zip	
US DOT #:	State Number			Issui	ng State	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight		38					l	
Trailer Reg #:	Reg Type		Reg Stat	e	Reg Year	Tra	ailer Lengtl	h 39	
Hazmat Information:									
Placard 40 Material 1 digi	t # 41 Materia	ıl Nan	ne			Material 4	ligit#	Release code	42
DANIEL S SULLIVAN					NEW	TON POLICE DEPART!		04/1	9/2022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)