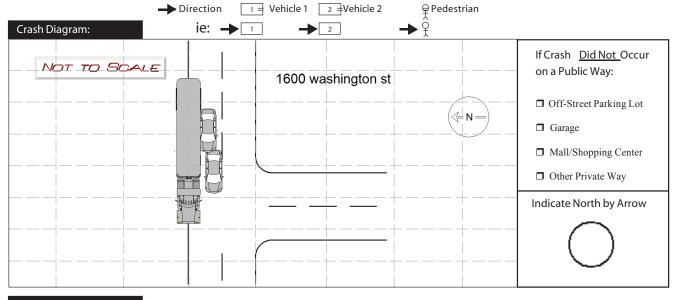
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts			RM	V Docu	ıment l	Number	
	Date of Crash 04/22/2022	Time of Crash 10:03 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 3		ed Lat	ed Limi itude _ ngitude_		Stat Loc MB Oth	te Police [al Police] TA Police [er:	ב ב ב
			RSECTION:		LOCAT		>		N(T AT			CTIC	ON:	2
						WEST	1600		WAS	HINGTO	ON ST				
1 1	Route# Direc	tion		Roadway/Street	R	Route# Direction	on Add	ress #		Na	ame of I	Roadway	y/Street	t	_ 2
						Feet [N S E V	V of	Mile	' e Marker	• —	or	Exit	t Number	
	Route# Direc	etion 1	Name of Intersecting Also at Inters	•	[-	Feet [1	N S E V	V of							1
² 1					-	Feet [N S E V	V of	Rou	te#	Intersec	ting Ro	adway/	Street	2
	Route# Direc	tion	Name of Intersec	ing Roadway/Street							La	ndmark			┰
3	XVehicle1	#Occupants	Hit/Run	Moped Case I	Number		220	00331							
	License#		St MA		Reg # _4	YG713			_Reg	Гуре_РА	.N	Reg	g State_		1
		Class D 18	Lic. Restrictions	Endonesia	Veh Ye	ar_2012	Veh	Make_H	ONDA			_Veh C	onfig.	1 20	
4 1	Operator KA	TZ Last	ANA	G Middle	Owner	(Same as open	rator)		First			Middl	le		1
-		PTON PL (apt. 4				s									
	City WATERTOWN State MA Zip 02472														
5		npany PROGRE				Action Prior to		2 22	22	Damage 2	ea Area 3	Code: ((Circle	Up to Three	'
,		Direction: N		onding to Emergency? N		requence	23	22			\bigcap)) Undercarrias	ge
	`	ssued)				armful Event	1	24	24	1 🗲	9		_	1 Totaled	,
⁶ 1	1			2: ChSec		Contributing Co	ode 1			8	7		6		
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ide/Override		Tower		29 3	0 31 Et Trap	32	33		_
	Name (Last First Middle) Address					Age/DOB	Sex Po	s. \$ystem	28 Airbag A Status S	29 Sirbag Eject witch Cod	t Trap e Code	Injury Tr	ransp.	Medical Facility	1
	Operator			See Above				1	4	4 0	0	10	1		_
															_
7 1	Please Select C of the Followi	IX Vehicle	e2 1_#Occupants	Non-Motorist A Typ	pe 14	Action 1	5 Locat	ion	16 Co	ndition	17	ПΗ	lit/Run	Морес	Ŀ
	License#St ME DOB/Age					Reg # 330639 Reg Type PAN Reg State ME							ME		
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2007 Veh Make FORD Veh Config. 1									
8 2	Operator LEARY PAIGE Endorsment Last First Middle					Owner (Same as operator) Last First Middle									
	Address 1390	RTE. 3			Address	S									
	City PALERMO State ME Zip 04354					StateZip									
	Insurance Company GEICO					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three))
	Vehicle Travel Direction: NSEN Responding to Emergency? N					Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2									
	Citation # (If Issued)					Most Harmful Event 1 23 G Totaled 10 Undercarriage 5 11 Totaled								36	
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 19 24 24 7 6									
	Violation 3: ChSecViolation 4: ChSec					ide/Override	25	Towed			7	122			_
	Pl Name (Last Fi		r operator and all	occupants involved Address		Age/DOB	Sex P	26 27 at Safety os. System	28 Airbag A Status S	29 Ejec Switch Co	O 31 Trap de Code		33 ransp. Code	Medical Facility	,
	Operator/	Non-Motorist		See Above				1	4	4 0	0	10	1		
															\dashv

		ce Use Only		1	monwea			_							Number	
	Date of Crash 04/22/2022	Time of Crash 10:03	City/T NEWTON	own			icle Cra	ash	Number Vehicles		Latit	ed Limi tude		- Stat Loc - MB	te Police cal Police BTA Police	X
_		24HR					Report		3	0		gitude_		_Oth	ner:	_
-		AT INTER	RSECTION:		< I	LOCAT	ION	>		NO'	ГАТ	INTI	ERSE	CTI	ON:	_
						_										
	Route# Direct	ion	Name o	of Roadway/Stree	et	R	Loute# Directi	ion Ad	dress #		Naı	me of R	Roadway	y/Stree	t	
l						-	Feet	N S E	W of	— — Mile l	• Marker		or	Exi	t Number	-
	Route# Direct	tion N	Name of Intersect	ing Roadway/Str	reet	_	Feet	N S E	w of					2.11		
			Also at Inc	ASCETON WITH			_	N S E	_	Route	<u> </u>	ntersec	ting Ro	adway/	Street	-
ŀ	Route# Direct	tion	Name of Inters	ecting Roadway	/Street			[~[-]	61			Lar	ndmark			_
ľ	X Vehicle 3	1 #Occupants	☐ Hit/Rur	n Mor	ned G			22	000004							П
			<u> </u>		cuse 1	Number			000331							_
Т	License#	_ 18 1		19			(4520HY			Reg Ty			Reg		20	-
П	Sex_M Lic. C		Lic. Restriction	ons 1 C	CDL		ar_2020			NI EKNA	IIONA	.L	Veh C	onfig.	12	
	Operator AKI	Last VAWTER AVE	EDDIE		Middle		WESTERN E	ıst		First			Midd	le		-
L	Address S700 City RICHMO			VA 7	23222		ASHVILLE	- v. tarib				Gr. :	TN		7209	-
ı	Insurance Com		S	tateZip	-3444			in Cm-1-						—	Up to Thr	ee)
1	,	Direction: N	SEM D-	sponding to Em	nergency? N		Action Prior t	22 22	1	22 2	_	3		4	-r 1111	,
	Citation # (If Is		B E X Res	ронину ю Em	leigency (armful Event	23				\prod	\overline{A}		0 Undercarr	riage
	`	· · · · · · · · · · · · · · · · · · ·	Violatic	ın 2: Ch	Sec		Contributing C		24	24 1	←	9		5 1	1 Totaled	
١		Violation 1: ChSecViolation 2: ChSec Violation 3: ChSecViolation 4: ChSec						Underride/Override 25 Towed N 8 O 6								
L		fill out for opera				Onderri	de/Override		26 27 Seat Safety		9 30 ag Eject	31 Trap Code	32 Injury T	33 ransp.		
F	Name (Last First Operator	st Middle)		Se	Address ee Above		Age/DOB	Sex P	os. System	Status Swi	ch Code	Code	Status C	Code !	Medical Facili	ity
ŀ									1	7 7		0	10	+		
L																
ļ																
	Please Select O of the Followin	Vehicle	e# Occupa	nts Non-N	Motorist A Type	e 14	Action	Loca	tion	Conc	ition	17	Пн	lit/Run	Мор	ed
ľ	License#		St	DOR/A	ge	Reg#				Reg Ty	me		Red	r State		┫
	Sex Lic. (18 1		19	CDL		ar							_	20	-
ı	Operator	•			Endorsment		La						-			
l	Address		First		Middle		La S			First			Midd	le		
l	City State Zip						CityStateZip									
	Insurance Company						Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: N S E W Responding to Emergency?					Event Sequence 22 22 22 2 3 4										
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled										
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24										
	Violation 3: ChSec Violation 4: ChSec					Underri	de/Override	25	Tower	8 l		7		6		
								$\overline{}$	26 27	28 2	9 30	31	32	33		-
		ease fill out for	operator and a	ll occupants in			A ne/DOB		26 27 Seat Safety Pos System	28 2 Airbag Airb	ag Eject	Trap		ransp.	Medical Faci	lity
_	Name (Last Fir		operator and a		Address ee Above		Age/DOB	Sex	Seat Safety Pos. System	Airbag Airb n Status Sw	ag Eject itch Cod	Trap e Code	Injury T	ransp.	Medical Faci	lity
	Name (Last Fir	rst Middle)	operator and a		Address			Sex	Pos. Syster	Airbag Airb Martin Status Sw	ag Eject	Trap Code	Injury Ti Status	ransp.	Medical Faci	lity
_	Name (Last Fir	rst Middle)	operator and a		Address			Sex	Pos. Syster	Airbag Airt	ag Eject itch Cod	Trap de Code	Injury Ti Status	ransp.	Medical Faci	lity



Crash Narrative:

(Continued on next page)

ON 4-22-22 AT APPROX. 1003HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT.. UPON ARRIVAL AT 1600 WASHINGTON ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING W-BOUND ON WASHINGTON ST. STOPPED IN TRAFFIC WAITING TO TURN LEFT INTO THE LOT AT 1600 WASHINGTON ST. DRIVER STATES WHILE WAITING SHE WAS HIT IN THE REAR BY VEHICLE #2. DRIVER OF VEHICLE #2 STATES SHE WAS NOT ATTENTIVE AND DID NOT KNOW THAT VEHICLE #1 HAD STOPPED IN TRAFFIC. WHEN SHE REALIZED SHE WAS UNABLE TO AVOID HITTING HER IN THE REAR WITH HER VEHICLE. SHE STATED SHE TURNED RIGHT DEFENSIVELY AND WHEN SHE DID SHE SCRAPED THE LEFT REAR TIRES OF VEHICLE #3 WHO WAS IN THE LANE TO THE RIGHT OF HER. VEHICLE #3 STATED HE WAS TRAVELING W-BOUND ON WASHINGTON IN THE FAR RIGHT LANE. HE HEARD THE CRASH AND THEN SAW VEHICLE #2 TURN INTO HIS LEFT REAR TIRES. VEHICLE #1 HAD REAR END DAMAGE AND WAS TOWED BY TODYS. VEHICLE #2 HAD EXTENSIVE FRONT END AND RIGHT

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) 35 Carrier Name_ ___ Carrier Issuing Authority Code Address_ US DOT #: ____ State Number ____ Issuing State ____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State ____ Reg Year___ Trailer Length Trailer Reg #: Hazmat Information: Material Name_____ Material 4 digit # _____ Release code Placard Material 1 digit #

THOMAS P WALSH			NEWTON POLICE DEPARTM		04/22/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1	■ Vehicle 1	2 = Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 1	→	2	→ ĝ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkir	ng Lot
					☐ Garage	
						Center
	_				Other Private Wa	
					Indicate North by	Arrow
Crash Narrative:						
SIDE DAMAGE AND WAS TOWED	BY TODYS. VEHIC	CLE #3 HAD MI	NOR LEFT SI	DE REAR TIRE S	SCRAPES. ALL PARTIES REI	PORTED NO
INJURIES. WERE EVALUATED	BY MEDICS AND S	IGNED PATIENT	REFUSALS.	ALL PARTIES AI	OVISED TO CONTACT THEIR	
INSURANCE AGENCIES. CLEAR	ED WITHOUT FURT	HER INCIDENT.				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
				71	<u> </u>	
Truck and Bus Information:	Registration #		(From	Vehicle Section)		35
Carrier Name					Carrier Issuing Authority Co	
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State _	ICC #:	Interstate	36
Cargo Body Type Code 37 Gre	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Yea	ır Trailer	Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material N	lame		Material 4 digit	t# Release code	42
THOMAS P WALSH Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Da	
(11000 111111)	Digitature	-	, , , , ,	Parametri	- reemed Darruens Du	

CDP1 11 ·24·00