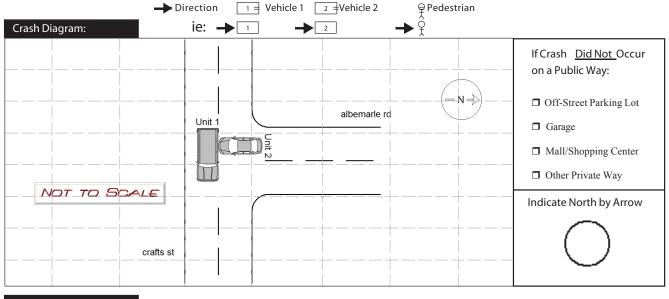
	Poli	ice Use Only		Commonwe	alth o	of Mass	achı	isetts	S		RM	V Docu	ment Number	
	Date of Crash 04/29/2022	Time of Crash 12:13 24HR	NEWTON	MIUIUI		icle Cra Report	ash	Number Vehicles		ed Lat	ed Limi itude _ ngitude_		State Police Local Police MBTA Police Other:	XI XI
			RSECTION:		LOCA		>						CTION:	\neg \vdash
	SOU	TH ALBEM	IARLE RD											2
1	Route# Direct			Roadway/Street		Route# Directi	on Ac	ldress #		N	ame of I	Roadway	/Street	$ 2^1$
_	At EAST CRAFTS ST				Feet N S E W of or							2		
	Route# Direc		Name of Intersectin	g Roadway/Street					Mile	Marker			Exit Number	_
			Also at Inters	section with			N S E		Rou	e#	Intersec	ting Roa	adway/Street	-
2 1	Route# Direct	tion	Name of Intersec	eting Roadway/Street		Feet	N S E	W of						3
3											La	ndmark		\dashv
	X Vehicle1	1_#Occupants	Hit/Run	Moped Case	e Number		22	2000353						_
	License#	18 1	St MA	DOB/Age	Reg#	1ARX46			Reg	Гуре_РА	.N	Reg	State MA	_
	Sex_F Lic. 0	Class D 16 1	Lic. Restriction		Veh Y	ear_2019	Vel	n Make_N	IISSAN			Veh Co	onfig. 2	
4 1	Operator SAV		JEANNIE First	Middle	Owner	(Same as ope	erator)		First			Middl	e	- 1 ¹
		LENNMORE TE				SS								-
	City NEWTO			te_MA Zip_02461	City_								Zip	
5	1	pany FOREMOS			Vehicl	e Action Prior t		1	21			Code: (Circle Up to Thi	ree)
5	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency? N	Event	Sequence 1	22 23		22	2	3		4 10 Undercar	riaga
	`	ssued)			Most I	Harmful Event	1	24	24	1	9		5 11 Totaled	nage
⁶ 1]			2: ChSec		Contributing C	ode 25			8	<u> </u>)	(
1	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed Y								1
	Name (Last Fir		ator and an occu	Address		Age/DOB	Sex	Seat Safety Pos. Syster	Airbag A n Status S	irbag Ejec	0 31 Et Trap e Code	32 Injury Tr Status C	ode Medical Facil	lity 1
	Operator			See Above				1	3	1 0	0	10 1	NONE	
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Ty	ype 1	Action Action	Loc:	ation	16 Co	ndition	17	Пн	it/Run Mor	ped
	License#		St M		Reg # 2SEJ84 Reg Type PAN R						Reg	eg State MA		
	Sex_F Lic. 0	Class D 18 1	Lic. Restriction	CDLEndorsment	Veh Y	ear_2009	Vel	n Make_F	IYUND.	AI		Veh Co	onfig. 20	
⁸ 2	Operator ARS	Last	KYRA First	Middle	Owner	(Same as ope			First			Middl	e	_
	Address 89 NORTH ST					Address								_
	City WALPOLE State MA Zip 02081				City State Zip								_	
	Insurance Company FOREMOST					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ree)
Vehicle Travel Direction: NXEW Responding to Emergency? N					Event	Sequence 1	22 22		22		3		4	riaga
	Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec					Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 7 6 11 Totaled								11age
			ecViolatio		Underride/Override Towed Y									
	Plo Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 Seat Safety Pos. Syste	Airbag A	29 Switch Co	O 31 Trap de Code		33 ransp. Code Medical Fac	ility
	Operator/	Non-Motorist		See Above				1	4	1 0	0	10 1	NONE	



Crash Narrative:

ON 4-29-22 AT APPROX. 1213HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT
THE INTERSECTION OF CRAFTS AND ALBEMARLE RD. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS
TRAVELING E-BOUND ON CRAFTS ST. WHEN PASSING BY ALBEMARLE RD. VEHICLE #2 CAME AND HIT HER ON THE LEFT SIDE OF
HER VEHICLE. DRIVER OF VEHICLE #2 STATES SHE WAS TRAVELING S-BOUND ON ALBEMARLE. SHE STATED SHE THOUGHT IT
WAS CLEAR TO TRAVEL ACROSS CRAFT ST AND DID NOT SEE VEHICLE #1 UNTIL SHE WAS UNABLE TO AVOID HITTING HER.
VEHICLE #1 HAD LEFT SIDE DAMAGE, A FLAT LEFT REAR TIRE AND FRONT AND SIDE AIRBAG DEPLOYMENT. VEHICLE #2 HAD
EXTENSIVE FRONT END DAMAGE. BOTH VEHICLES WERE TOWED BY TODYS. BOTH PARTIES REPORTED NO INJURIES AND SIGNED
PATIENT REFUSALS. BOTH PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER
INCIDENT.

Witnesses:							
Name (Last, First, Middle)	Address		Ph	Phone #			
Property Damage:		1					1
Owner (Last, First, Middle)		Phone #	34-Type	Description of D	scription of Damaged Property		
Truck and Bus Information:							
Carrier Name			(From Vehic	cle Section)	Carrie	er Issuing Authority Co	35 de
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39	
Hazmat Information:							
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit #	Release code	42

THOMAS P WALSH		NEWTON POLICE DEPARTM	04/29/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date