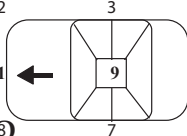
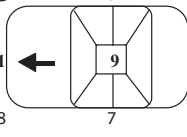


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 04/30/2022		Time of Crash 09:48 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>																																																																
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																																																																						
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</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>29</div> <div>EAST 343 AUBURN ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>																																																																						
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<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment</div> <div>Operator MALTZ ROBYN</div> <div>Address 339 CENTRAL ST.</div> <div>City NEWTON State MA Zip 02466</div> <div>Insurance Company THE STANDARD FIRE INS</div> <div>Vehicle Travel Direction: N S X W Responding to Emergency? N</div> <div>Citation # (If Issued)</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>						<div>12</div> <div>Reg # CC116 Reg Type PAS Reg State MA</div> <div>Veh Year 2021 Veh Make PORS Veh Config. 2 20</div> <div>Owner (Same as operator)</div> <div>Address</div> <div>City _____ State _____ Zip _____</div> <div>Vehicle Action Prior to Crash 4 21</div> <div>Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 1 22 22 22 22 2</div> <div>Most Harmful Event 1 23</div> <div>Driver Contributing Code 6 24 24</div> <div>Underride/Override 25 Towed Y</div> <div></div> <div>10 Undercarriage 5 11 Totaled</div>																																																																						
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

343 Auburn St

Auburn St

Vehicle 1

Vehicle 2

NOT TO SCALE

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:

Vehicle 1 and Vehicle 2 were headed eastbound on Auburn St when Vehicle 1 attempted to parallel park on the south side of Auburn St. Vehicle 2 attempted to drive around Vehicle 1 while they attempted to park, at which time Vehicle 1 decided to abandon their attempt to parallel park and instead took a wide left turn in an attempt to pull into the angled parking spaces across the street on the north side of Auburn St. When Vehicle 1 attempted this turn, the front driver's side quarter panel of Vehicle 1 made contact with the passenger side front and rear quarter panel of Vehicle 2. I observed minor scrapes to the side of Vehicle 2 and minor scrapes to the front quarter panel of Vehicle 1. The operator of Vehicle 1 stated that she was having difficulty turning the steering wheel of her vehicle following the accident, and I observed that her two front wheels were no longer parallel with each other and instead pointed at an inward angle. Both

(Continued on next page)

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

WHITNEY HYDE **NEWTON POLICE DEPT** **04/30/2022**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

