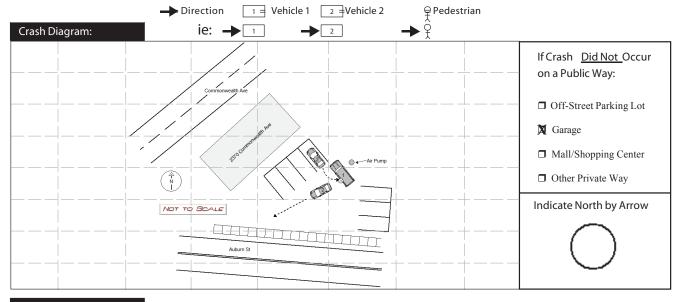
| | Polic | ce Use Only | | Comm | onweal | th o | f Mass | achı | ısett | S | | RM | V Docu | ıment Nui | mber | |
|----------|-----------------------------|------------------------|--------------------|--------------------|------------------|-------------------------------|-----------------|---------|-------------------------------|---------------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------|---------------------------|----------|
| | of Crash 12/2022 | Time of Crash 19:53 | City/ NEWTON | Γown | Motor ` | Vehi | icle Cra | ash | Number | | | eed Lim | | State Police I Local I | Police [Police] Police [| N N |
| 03/1. | 12/2022 | 24HR | | | | | Report | | 2 | 0 | | ongitude_ | | Other: | Police | |
| <u> </u> | | AT INTE | RSECTION | : | < Lo | OCAT | ION | > | | N | OT A | Γ INT | ERSE | CTION | í : | _†։ |
| 30 | EAST | COMM | MONWEALTH . | AVE | | | | | | | | | | | | F |
| Route | te# Direct | ion | Name | of Roadway/Street | | R | Route# Directi | on Ac | ldress # | | N | Name of I | Roadway | y/Street | | |
| | WEST | AUBU! | RN ST | At | | | Feet | N S E | W of | | | • | or | | | F |
| Rout | ite# Direct | tion 1 | | ting Roadway/Stree | et | | East [| N S E | Wc | Mı | le Marke | r | | Exit Nu | ımber | - |
| _ | | | Also at In | tersection with | | - | | | | Roi | ıte# | Intersec | ting Ro | adway/Stre | et | ┢ |
| Rout | ite# Direct | ion | Name of Inter | secting Roadway/St | treet | - | Feet | N S E | w of | | | | | | | _ ; |
| | | 0.40 | | T 🗖 | . T | | | | | | | La | ndmark | | | ┪ |
| | Vehicle1 | 0_#Occupants | Hit/Ru | n Mope | d Case Ni | umber | | 2: | 2000394 | | | | | | | ┛ |
| Licer | ense# | 18 | St | DOB/Age | | Reg # 6 | GWV90 | | | Reg | Type_P | AN | Reg | g State MA | 20 | |
| Sex_ | Lic. C | Class | | ions CD | Llorsment | Veh Ye | ar_ 2012 | Ve | h Make_ | ТОҮОТ | A | | _Veh C | onfig. 2 | | L |
| Oper | rator | Last | First | | liddle | Owner | DASILVA | st | DOM | IINGOS Firs | 3 | | Middl | le | | |
| Addr | ress | | | | | | 55 (apt. 12) C | GREENT | REE LN | 1 | | | | | | r |
| | | | | StateZip | | City W | EYMOUTH | | | | | | | Zip 02190 | | |
| Insur | rance Comp | pany PROGRES | SSIVE | | | Vehicle | Action Prior t | | 11 | 21 | | | | (Circle Up | to Three | () |
| Vehic | icle Travel | Direction: N | S X W | esponding to Emerg | gency?N | Event S | Sequence 1 | 22 22 | | 22 | 2 | 3 | $\overline{}$ | 4 | | |
| Citati | tion # (If Is | ssued) | | | | Most H | armful Event | 1 23 | | 24 | 1 | 9 | 1 | 5 11 To | ndercarria; otaled | ge |
| | | | | on 2: ChSec | | Driver | Contributing C | ode 25 | 1 24 | | 8 | | <u> </u> | 6 | | |
| | | | | on 4: ChSec | | Underri | ide/Override | | Tov | ved N | - | | | | | 4 |
| Nan | me (Last Firs | | ator and all oc | cupants involved | ddress | | Age/DOB | Sex | 26 Seat Safe Pos. Syste | 7 28 ty Airbag em Status | Airbag Ej Switch Co | 30 31 Frap ode Code | 32 Injury Tr Status C | ransp. Code Medi | ical Facility | : |
| (| Operator | | | See A | Above | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | ise Select O ne Followir | | e2 <u>1</u> #Occup | ants Non-Mo | otorist A Type | 14 | Action | 15 Loc | ation | 16 C | ondition | 17 | Пн | lit/Run | Mope | d |
| Licer | ense# | | St_ | | | Reg# HYC7497 | | | | Reg | Reg Type_PANReg State_ | | | s State_NY | NY | 1 |
| Sex_ | F Lic. C | Class D 18 | Lic. Restrict | | | Veh Ye | ar_2009 | Ve | h Make_ | HOND | Α | | _Veh C | onfig. 1 | 20 | |
| Oper | rator PAV | LIAK | KRISTINA First | . A | lorsment | Owner | (Same as ope | erator) | | Firs | | | Middl | le. | | |
| Addr | ress 16 AN | IITA CIR | | | | Address | S | | | | | | | | | |
| City | WABAN | | | State MA Zip 02 | 2468 | City | | | | | | State | | Zip | | |
| Insur | rance Comp | pany TRAVELE | ERS PERSONA | L INS | | Vehicle Action Prior to Crash | | | | | | | | | () | |
| Vehic | icle Travel I | Direction: N | S E X | Responding to Emer | rgency?N | Event S | Sequence 2 | 22 22 | | 22 | 2 | 3 | | 4 | | |
| Citat | tion # (If Is | ssued) | | | | Most H | armful Event | 2 23 | | | 1 | . \ 9 | $\left\{ \right\}$ | (a) 11 To | ndercarria otaled | ge |
| | Violation | 1: ChS | ec Viola | tion 2: ChS | ec | Driver (| Contributing C | | 99 24 | 24 | | | \sum |) _ | | |
| | Violation | | ec Viola | | | Underri | ide/Override | 25 | Tow | ed_N | 8 | 7 | 1 22 1 | 6 | | \bot |
| Na | Ple ame (Last Fir | | r operator and | all occupants invo | olved Address | | Age/DOB | Sex | 26 2 Seat Safe Pos. Sys | / 28 ty Airbag tem Status | 29 Airbag Ej Switch C | 30 31 ect Trap code Code | | ransp. Code Med | dical Facility | у |
| (| Operator/I | Non-Motorist | | See A | Above | | | | 99 | 4 | 4 0 | 0 | 10 | 1 | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | + | | | | | \dashv |



Crash Narrative:

(Continued on next page)

The operator of Vehicle 1 states that Vehicle 1 was parked at the airpump in the parking lot behind the Speedway gas station at 2370 Commonwealth Ave when Vehicle 2 backed out of a parking space and made contact with the driver-side rear passenger door of Vehicle 1. The operator of Vehicle 1 tried to make contact with the operator of Vehicle 2 and heard her passenger say something along the lines of "go, go! Get out of here!" Vehicle 2 then drove away. The operator of Vehicle 1 was able to take a picture of Vehicle 2 before it left the area. I observed minor scrapes to the driver side rear quarter panel of Vehicle 1. I contacted the operator of Vehicle 2 by phone who states she was attempting to back out of her parking space but was blocked in by Vehicle 1 and asked the operator of Vehicle 1 to move his car so she could get out. The operator of Vehicle 2 states that the operator of Vehicle 1 told her to try and get out anyway and started putting air

Witnesses: Address Name (Last, First, Middle) 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 #

| WHITNEY HYDE | | : | NEWTON POLICE DEPARTM | | 05/12/2022 |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

| | → Direction | 1 = Vehicle 1 | 2 =Vehicle 2 | Pedestri | ian | | | | | | |
|---|---------------------|---------------|------------------|----------------------|---|-----------|--|--|--|--|--|
| Crash Diagram: | ie: →[| 1 - | 2 | → ♀ | | | | | | | |
| | | | | | If Crash <u>Did Not</u> on a Public Way: | _Occur | | | | | |
| | | | _ | | Off-Street Parki | ng Lot | | | | | |
| | | | | | ☐ Garage | | | | | | |
| | | | | | ☐ Mall/Shopping 0 | Center | | | | | |
| | | | | | Other Private W | | | | | | |
| | | | _ | | Indicate North by | | | | | | |
| | | _ | | | | | | | | | |
| | | | | | () | | | | | | |
| | | _ | | | | | | | | | |
| Crash Narrative: | | | | | <u> </u> | | | | | | |
| | or of Vehicle 2 | states the | hat she attempte | ed to back of | out carefully and didn't | feel her | | | | | |
| vehicle make contact with | | | | | | | | | | | |
| operators I was unable to determine who was at fault. | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Witnesses: | | 1 | | | | - | | | | | |
| Name (Last, First, Middle) | | Address | | | Phone # | Statement | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Property Damage: Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Damaged Property | | | | | | |
| Owner (Last, First, Middle) | Address | | Friotie # | 34-1ype | Description of Damaged Property | | | | | | |
| | | | | | | | | | | | |
| T 1 12 1 6 11 | <u> </u> | | | | | | | | | | |
| Truck and Bus Information: Carrier Name | - | | | Vehicle Section) | Carrier Issuing Authority Co | ade 35 | | | | | |
| | | | | | St Zip | Suc | | | | | |
| US DOT #: | | | | | | 36 | | | | | |
| 37 | ross Vehicle Weight | 38 | | 100 | mersure | | | | | | |
| Trailer Reg #: | - L | Reg Stat | te Reg Vear | Tra | uiler Length | | | | | | |
| Hazmat Information: | | 105 5141 | Rog Tear | 110 | | | | | | | |
| Placard 40 Material 1 digi | t # 41 Material | Name | | Material 4 d | ligit# Release code | 42 | | | | | |
| WHITNEY HYDE | | | NE | EWTON POLICE DEPARTM | 05/12, | /2022 | | | | | |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)