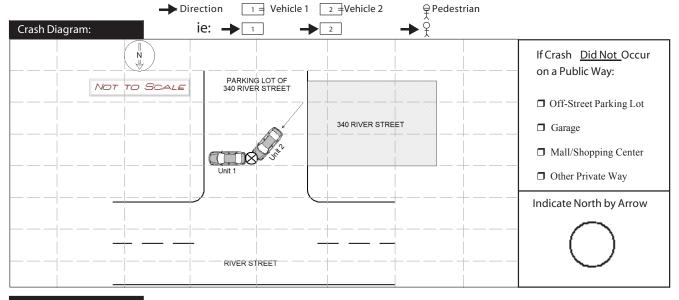
|               | Poli                                                                                          | ice Use Only                                |                          | Commonweal                | lth o                                       | f Massa                                                                                                                                      | achu                                                | isetts                              |                                  |                               | RMV                        | / Docun                                     | nent Number                                           |          |  |
|---------------|-----------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------|---------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------|----------------------------------|-------------------------------|----------------------------|---------------------------------------------|-------------------------------------------------------|----------|--|
|               | Date of Crash 05/27/2022                                                                      | Time of Crash<br>17:46<br>24HR              | NEWTON                   | MIUIUI                    |                                             | icle Cra<br>Report                                                                                                                           | sh                                                  | Number<br>Vehicles                  |                                  | 1 Lati                        | ed Limi<br>tude<br>gitude_ |                                             | State Police<br>Local Police<br>MBTA Police<br>Other: | Xi<br>D  |  |
|               |                                                                                               |                                             | RSECTION:                |                           | OCAT                                        |                                                                                                                                              | >                                                   |                                     | NO                               |                               |                            |                                             | CTION:                                                |          |  |
| 1             |                                                                                               |                                             |                          |                           |                                             | EAST                                                                                                                                         | 340                                                 | )                                   | RIVER                            |                               |                            |                                             |                                                       |          |  |
| <u>l</u>      | Route# Direc                                                                                  | Route# Direction Name of Roadway/Street  At |                          |                           |                                             | Route# Direction Address# Name of Roadway/Street                                                                                             |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |
|               |                                                                                               |                                             |                          |                           |                                             | Feet N S E W of or or<br>Mile Marker Exit Number                                                                                             |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |
|               | Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with               |                                             |                          |                           |                                             | Feet NSEW of                                                                                                                                 |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |
| 1             |                                                                                               |                                             |                          |                           |                                             |                                                                                                                                              | Route# Intersecting Roadway/Street  Feet N S E W of |                                     |                                  |                               |                            |                                             |                                                       |          |  |
| 3             | Route# Direc                                                                                  |                                             | Name of Intersectin      | · I                       |                                             |                                                                                                                                              |                                                     |                                     |                                  |                               | Lar                        | ndmark                                      |                                                       |          |  |
|               | XVehicle1                                                                                     | #Occupants                                  | _                        | Moped Case N              | Number                                      |                                                                                                                                              | 22                                                  | 2000459                             |                                  |                               |                            |                                             |                                                       | _        |  |
|               | License#                                                                                      | 18                                          | St MA                    | DOB/Age                   |                                             | AW592                                                                                                                                        |                                                     |                                     |                                  | . —                           |                            |                                             | State MA 20                                           | -        |  |
|               | Sex_F_ Lic.                                                                                   | Class D                                     | Lic. Restrictions  LYENA | CDL<br>Endorsment         | Veh Year 2018 Veh Make TOYOTA Veh Config. 1 |                                                                                                                                              |                                                     |                                     |                                  |                               |                            |                                             |                                                       | - 1      |  |
| 1             | Operator BUI                                                                                  | Last RIVERVEIW AV                           | First                    | Middle                    | Owner (Same as operator)  Last First Middle |                                                                                                                                              |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |
|               | City AUBURN                                                                                   |                                             |                          | MA Zip 02466              | Address State Zip                           |                                                                                                                                              |                                                     |                                     |                                  |                               |                            |                                             |                                                       | -        |  |
|               | Insurance Company GEICO                                                                       |                                             |                          |                           |                                             | Vehicle Action Prior to Crash  11  Damaged Area Code: (Circle Up to Three)                                                                   |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |
| 5             | Vehicle Travel                                                                                | Direction: N                                | S X W Respond            | ding to Emergency? N      | Event Sequence 1 22 22 22 22 3 4            |                                                                                                                                              |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |
|               | Citation # (If I                                                                              | ssued)                                      |                          |                           | Most H                                      | armful Event                                                                                                                                 | 1 23                                                |                                     | 1 24                             | <b>—</b>                      | 9                          | $\left\{ \left  \ \right  \right. \right\}$ | 10 Undercarr<br>11 Totaled                            | iage     |  |
| 1             |                                                                                               |                                             |                          | ChSec                     |                                             | Contributing Co                                                                                                                              | ode 25                                              |                                     | 8                                |                               | <u> </u>                   |                                             | 6                                                     |          |  |
| 1             | Violation 3: ChSecViolation 4: ChSec  Please fill out for operator and all occupants involved |                                             |                          |                           |                                             | Underride/Override  Towed N  Towed N  26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Madical Facility  Acc(DOR) |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |
|               | Name (Last Fir                                                                                |                                             |                          | Address<br>See Above      |                                             | Age/DOB                                                                                                                                      | Sex I                                               | Seat Safety<br>Pos. System          | Airbag Airt<br>Status Swi        | pag Eject<br>tch Code         | Code                       | Status Co                                   | nsp.<br>de Medical Facili                             | ty 2     |  |
|               | Sperator                                                                                      |                                             |                          |                           |                                             |                                                                                                                                              |                                                     | 1                                   | 7 7                              |                               | 0                          | 10 1                                        |                                                       |          |  |
|               |                                                                                               |                                             |                          |                           |                                             |                                                                                                                                              |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |
|               |                                                                                               |                                             |                          |                           |                                             |                                                                                                                                              |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |
| 7<br><b>1</b> | Please Select C<br>of the Followi                                                             | Vehicle                                     | e# Occupants             | Non-Motorist A Type       | e 14                                        | Action 1                                                                                                                                     | I5 Loca                                             | ntion                               | 16 Cond                          | lition                        | 17                         | Hit                                         | :/Run                                                 | ed       |  |
|               | License# St DOB/Age                                                                           |                                             |                          |                           |                                             | Reg #                                                                                                                                        |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |
|               | Sex Lic. Class 18 18 Lic. Restrictions 19 CDL                                                 |                                             |                          |                           |                                             | /eh YearVeh Config. 20                                                                                                                       |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |
| 1             | Operator                                                                                      | Departor Last First Middle                  |                          |                           |                                             | Owner Last First Middle                                                                                                                      |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |
|               | Address                                                                                       |                                             |                          |                           |                                             | Address                                                                                                                                      |                                                     |                                     |                                  |                               |                            |                                             |                                                       | -        |  |
|               | CityStateZip                                                                                  |                                             |                          |                           |                                             | City State Zip Damaged Area Code: (Circle Up to Three)                                                                                       |                                                     |                                     |                                  |                               |                            |                                             |                                                       | -<br>ee) |  |
|               | Insurance Company                                                                             |                                             |                          |                           |                                             | Vehicle Action Prior to Crash  Event Sequence  22 22 22 22 22 23 4                                                                           |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |
|               | Citation # (If Issued)                                                                        |                                             |                          |                           |                                             | Most Harmful Event 23 10 Undercarriage 5 11 Totaled                                                                                          |                                                     |                                     |                                  |                               |                            |                                             |                                                       | iage     |  |
|               | Violation 1: ChSec Violation 2: ChSec                                                         |                                             |                          |                           |                                             | Driver Contributing Code 24 24                                                                                                               |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |
|               | Violation 3: ChSecViolation 4: ChSec                                                          |                                             |                          |                           |                                             | ide/Override                                                                                                                                 | 25                                                  | Tower                               |                                  |                               | 7                          |                                             | 6                                                     |          |  |
|               | Pl<br>Name (Last Fi                                                                           |                                             | r operator and all oc    | cupants involved  Address |                                             | Age/DOB                                                                                                                                      |                                                     | 26 27<br>Seat Safety<br>Pos. Syster | 28 2<br>Airbag Airb<br>Status Sw | 9 30<br>pag Eject<br>itch Cod | Trap<br>le Code            | Injury Tra                                  | 33<br>nsp.<br>ode Medical Facil                       | lity     |  |
|               | Operator/                                                                                     | Non-Motorist                                |                          | See Above                 |                                             |                                                                                                                                              |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |
|               |                                                                                               |                                             |                          |                           |                                             |                                                                                                                                              |                                                     |                                     |                                  |                               |                            |                                             |                                                       | _        |  |
|               |                                                                                               |                                             |                          |                           |                                             |                                                                                                                                              |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |
|               |                                                                                               |                                             |                          |                           |                                             |                                                                                                                                              |                                                     |                                     |                                  |                               |                            |                                             |                                                       |          |  |



## Crash Narrative:

Operator of MV1 said she was parked in the parking lot of 340 River Street. Operator of MV1 said MV2 was parked next to her backed up and hit the building of 340 River Street. Operator of MV1 said after MV2 struck the building MV2 drove forward and struck the rear of MV1. Operator of MV1 said that the operator of MV2 exited the vehicle and said that there was no damage and that he did not have time for this. Operator of MV1 said MV2 sped out of the parking lot taking a right heading eastbound on River Street. Operator of MV1 said it was a dark color Toyota that's registration began with a 7. Operator of MV1 described the operator as a young white male with dark curly hair and was wearing a light colored sweatshirt. There was a small scratch on the rear bumper of MV1. According to Operator of MV1 there should be damage done to the right side of the front bumper as well as the rear bumper of MV2. There were no injuries and MV1 was able to drive away from

(Continued on next page)

| Witnesses:                                                                                                           |              |                 |               |         |                    |            |    |  |  |  |
|----------------------------------------------------------------------------------------------------------------------|--------------|-----------------|---------------|---------|--------------------|------------|----|--|--|--|
| Name (Last, First, Middle)                                                                                           | Ad           | ddress          |               | Phone   | Phone #            |            |    |  |  |  |
| CHANDLER , KELSY,                                                                                                    |              | EWTON,MA        |               |         |                    | Y          |    |  |  |  |
|                                                                                                                      |              |                 |               |         |                    |            |    |  |  |  |
| Property Damage:                                                                                                     |              |                 |               |         |                    |            |    |  |  |  |
| Owner (Last, First, Middle)                                                                                          | Address      | Phone # 34-Type |               |         | Description of Dam |            |    |  |  |  |
|                                                                                                                      |              |                 |               |         |                    |            |    |  |  |  |
|                                                                                                                      |              |                 |               |         |                    |            |    |  |  |  |
| Truck and Bus Information: Registration # (From Vehicle Section)  Carrier Name   Carrier Issuing Authority Code   35 |              |                 |               |         |                    |            |    |  |  |  |
| Address                                                                                                              |              | (               | City          | St      | Zip                |            |    |  |  |  |
| US DOT #:                                                                                                            | State Number |                 | Issuing State | ICC #:_ |                    | Interstate | 36 |  |  |  |
| Cargo Body Type Code Gross Vehicle Weight 38                                                                         |              |                 |               |         |                    |            |    |  |  |  |
| Trailer Reg #: Reg Type Reg State Reg Year Trailer Length                                                            |              |                 |               |         |                    |            |    |  |  |  |
| Hazmat Information:                                                                                                  |              |                 |               |         |                    |            |    |  |  |  |
| Placard Material 1 digit # 41 Material Name Material 4 digit # Release code                                          |              |                 |               |         |                    |            | 42 |  |  |  |

| Crash Diagram:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -                           | → Direction        | 1 =      | Vehicle 1 | 2 = Vehicle 2      | ₽ Pedest             | rian          |                               |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------|----------|-----------|--------------------|----------------------|---------------|-------------------------------|-----------|
| One a Public Way:  Off-Street Parking Lot  Garage  Mail/Shopping Center  Other Private Way  Indicate North by Arrow  Indicate North by Arrow  Indicate North by Arrow  Indicate North by Arrow  Witnesses:  Name Last, First, Middle)  Address  Phone #  Satement  Witnesses:  Name Last, First, Middle)  Address  Phone #  Satement  Property Damage:  Owner (Last, First, Middle)  Address  Phone #  Satement  From Valide Section  Carrier Name   | Crash Diagram:              | ie: →              | 1        | <b>→</b>  | 2                  | → 🖁                  |               |                               |           |
| Crosh Natrative:  the scene. I spoke to the employee of River Side Street Food Mart (340 River Street). The employee estated they have camera's that face the parking lot but he does not know how to use the cameras. The employee said his boss knows how to use the camera's but he was not working tonight. I provided the employee with the Newton Police's phone number and advised him to call if his boss can send us the video footage to see if we can see the license plate of MV2.  Witnesses:  Name (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  (Iharn Vehicle Section)  Carrior Name  Carrior State Number  Interstate  Trule Reg # Reg State  Reg State  Reg Year  Trailer Reg # Reg Type  Reg State  Reg Year  Trailer Reg # Reg Type  Reg State  Reg Year  Trailer Reg # Reg Type  Reg State  Reg Year  Trailer Leggth  Trailer Reg # Reg Type  Reg State  Reg Year  Trailer Leggth  Trailer Reg # Reg Type  Reg State  Reg Year  Trailer Leggth  Trailer Reg # Reg Type  Reg State  Reg Year  Trailer Leggth  Trailer Reg # Reg Type  Reg State  Reg Year  Trailer Leggth  Trailer Reg # Reg Type  Reg State  Reg Year  Trailer Leggth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                    |          |           |                    |                      | <u> </u><br>  |                               | Occur     |
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| 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:  Carrier Name  Carrier Issuing Authority Code  35  Address  City  St  Zip  Trailer Reg # Interstate  36  Cargo Body Type Code  37  Gross Vehicle Weight  38  Trailer Reg # Reg Type  Reg State  Reg Year  Trailer Length  39  Hazznat Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | employee said his boss kn   | ows how to us      | e th     | e camera  | 's but he was      | not working          | g tonight     | . I provided the e            | mployee   |
| 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:  Carrier Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | with the Newton Police's    | phone number       | and      | advised   | him to call        | if his boss          | can send      | us the video foot             | age to    |
| 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:  Carrier Name Carrier Name Carrier Issuing Authority Code Address City St Zip US DOT #:  US DOT #:  State Number Issuing State ICC #:  Interstate  36  Cargo Body Type Code 37  Gross Vehicle Weight Age Type Reg State Reg Type Reg State Reg Year Trailer Length Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | see if we can see the lic   | ense plate of      | MV2      | •         |                    |                      |               |                               |           |
| 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:  Carrier Name Carrier Name Carrier Issuing Authority Code Address City St Zip US DOT #:  US DOT #:  State Number Issuing State ICC #:  Interstate  36  Cargo Body Type Code 37  Gross Vehicle Weight Age Type Reg State Reg Type Reg State Reg Year Trailer Length Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                    |          |           |                    |                      |               |                               |           |
| 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:  Carrier Name  Carrier Issuing Authority Code  Address  City  St  Zip  US DOT #:  US DOT #:  State Number  Issuing State  ICC #:  Interstate  36  Cargo Body Type Code  37  Gross Vehicle Weight  Address  Reg Type  Reg State  Reg Type  Reg State  Reg Year  Trailer Length  Address  Trailer Length  Address  Reg Type  Reg State  Reg Year  Trailer Length  Address  Reg Type  Reg State  Reg Year  Trailer Length  Address  Reg Type  Reg State  Reg Year  Trailer Length  Address  Reg Year  Trailer Length                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                    |          |           |                    |                      |               |                               |           |
| 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:  Carrier Name  Carrier Issuing Authority Code  Address  City  St  Zip  US DOT #:  US DOT #:  State Number  Issuing State  ICC #:  Interstate  36  Cargo Body Type Code  37  Gross Vehicle Weight  Address  Reg Type  Reg State  Reg Type  Reg State  Reg Year  Trailer Length  Address  Trailer Length  Address  Reg Type  Reg State  Reg Year  Trailer Length  Address  Reg Type  Reg State  Reg Year  Trailer Length  Address  Reg Type  Reg State  Reg Year  Trailer Length  Address  Reg Year  Trailer Length                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                    |          |           |                    |                      |               |                               |           |
| 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:  Carrier Name Carrier Name Carrier Issuing Authority Code Address City St Zip US DOT #:  US DOT #:  State Number Issuing State ICC #:  Interstate  36  Cargo Body Type Code 37  Gross Vehicle Weight Age Type Reg State Reg Type Reg State Reg Year Trailer Length Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                    |          |           |                    |                      |               |                               |           |
| 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:  Carrier Name Carrier Name Carrier Issuing Authority Code Address City St Zip US DOT #:  US DOT #:  State Number Issuing State ICC #:  Interstate  36  Cargo Body Type Code 37  Gross Vehicle Weight Age Type Reg State Reg Type Reg State Reg Year Trailer Length Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                    |          |           |                    |                      |               |                               |           |
| Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                    |          | Address   |                    |                      |               | Phone #                       | Statement |
| Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name (Last, First, Midule)  |                    |          | Address   |                    |                      |               | FIIOHE#                       | Statement |
| Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                    |          |           |                    |                      |               |                               |           |
| Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                    |          |           |                    |                      |               |                               |           |
| Truck and Bus Information:  Registration #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                    |          |           | 21 "               | 0.17                 | l             | (5)                           |           |
| Carrier Issuing Authority Code  Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Owner (Last, First, Middle) | Address            |          |           | Phone #            | 34-Type              | Description   | n of Damaged Property         |           |
| Carrier Issuing Authority Code  Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                    |          |           |                    |                      |               |                               |           |
| Carrier Issuing Authority Code  Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                    |          |           |                    |                      |               |                               |           |
| Carrier Issuing Authority Code  Address City St Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Truck and Bus Information:  | Registration #     |          |           | (Froi              | n Vehicle Section)   |               |                               | 35        |
| US DOT #: State Number Issuing State ICC #: Interstate 36  Cargo Body Type Code 37 Gross Vehicle Weight 38  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Carrier Name                |                    |          |           |                    |                      | (             | Carrier Issuing Authority Cod |           |
| Cargo Body Type Code 37 Gross Vehicle Weight 38  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Address                     |                    |          |           | City               |                      |               | St Zip                        | 26        |
| Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             | _ State Number     |          |           | Issuing State      | ICC #:_              |               | Interstate                    | 36        |
| Trailer Reg #: Reg Type Reg State Reg Year Trailer Length  Hazmat Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Cargo Body Type Code 37 Gi  | oss Vehicle Weight |          | 38        |                    |                      |               |                               |           |
| 40 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Trailer Reg #:              | Reg Type           |          | Reg State | Reg Y              | ear Tı               | railer Length | 39                            |           |
| Placard Material 1 digit # Material Name Material 4 digit # Release code 42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             | 44                 |          |           |                    |                      |               |                               | 42        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Placard Material 1 digit    | # Materia          | l Nan    | ne        |                    | Material 4           | digit #       | Release code                  | 42        |
| PATRICK DALY  NEWTON POLICE DEPARTA  05/27/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PATRICK DALY                |                    |          |           |                    | NEWTON POLICE DEDART | 7             | 05/27/2                       | 2022      |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)