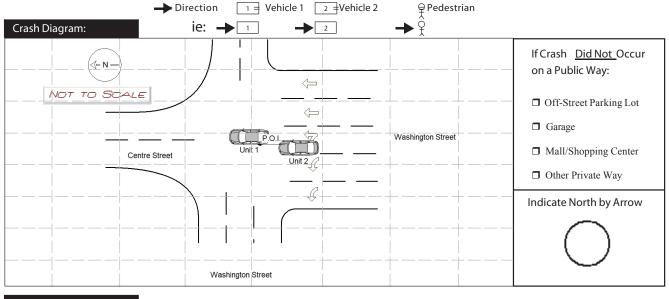
	Poli	ice Use Only		Commonwea	lth o	of Mass	achı	usetts	5		RMV	V Docui	ment Number	
	Date of Crash 05/29/2022	Time of Crash 17:44	City/Town NEWTON	1410101		icle Cra Report	sh	Number Vehicles 2		d Lati	ed Limi itude igitude_		State Police Local Police MBTA Police Other:	XI XI
		AT INTER	SECTION:		LOCAT		>						CTION:	
	NOR													2
<b>1</b>	Route# Direc			oadway/Street		Route# Direction	on Ac	ddress #		Na	ame of R	Roadway	/Street	2
	At WEST WASHINGTON ST				Feet NSEW of or							_   2		
	Route# Direc	etion N	Name of Intersecting		<u> </u>	Fact 5	N S E	[w] .c	Mile	Marker			Exit Number	_
	1		Also at Interse	ction with					Route	#	Intersec	ting Roa	adway/Street	- <u>1</u>
<sup>2</sup> <b>1</b>	Route# Direc	tion	Name of Intersecti	ng Roadway/Street	-	Feet	N S E	w of			La	ndmark		2
3	X Vehicle 1	#Occupants	X Hit/Run	Moped Case N				2000462			Lai	iumark		$\neg$
	_				Number	LHCC40F0		2000462		D.4	N.T.			-
	License#	18 1		DOB/Age		UKS4959 ear_2019							20	-
4	Sex_F Lic.		Lic. Restrictions  RITA	1 CDL Endorsment ANN								_ Veh Co	onfig. 1	- 1 <sup>11</sup>
3	Operator MA	REGAL WOOL	First	Middle		(Same as ope			First			Middle	e	- 1
	City ASHBUE			VA Zip 20148	Address State Zip									_
	Insurance Com					e Action Prior to							Circle Up to Thi	
5 <b>1</b>	Vehicle Travel	Direction:	S E W Respon	nding to Emergency? N	Event	Sequence 1	22 22	2 22	<b>22</b> 2		3		4	
	Citation # (If I	ssued)			Most I	Harmful Event	1 23	3	1	<b>+</b>	9		10 Undercar 5 11 Totaled	riage
6	Violation	1: ChSec	Violation 2	: ChSec	Driver	Contributing C		1 24	24		VŢ		<b>6</b>	
<sup>6</sup> 1				: ChSec	Underr	ide/Override	25	Towe	ed N		,	T T		
	Please : Name (Last Fir		ator and all occupa	nts involved Address		Age/DOB	Sex	26 Safety Pos. Systen	28 Airbag Air Status Sw	29 30 bag Ejec tch Code	0 31 Trap e Code	32 Injury Tr Status C	ansp. ode Medical Facil	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Operator			See Above				1	4 4	0	0	10 1	l l	
<sup>7</sup> <b>3</b>	Please Select C of the Followi	IX Vehicle	2 <u>0</u> #Occupants	Non-Motorist A Typ	e 1	4 Action	Loc	ation	16 Con	dition	17	Пн	it/Run Mor	ped
	License#							_						
	Sex Lic.	Class 18 1	Lic. Restrictions	19 CDL	Veh Ye	ear	Ve	h Make_H	ONDA			Veh Co	onfig. 20	
8 <b>4</b>	Operator	Last	First	Endorsment	Owner	Las	st		First			Middle	e	_
	Address					ss								_
	City		State	zZip	City_						State		Zip	-
	Insurance Company					Vehicle Action Prior to Crash  99 21  Damaged Area Code: (Circle Up to Three)								ree)
	Vehicle Travel Direction: NSEW Responding to Emergency? N					Event Sequence 99 22 22 22 22 22 10 3 4 10 Undercarriage								riage
	Citation # (If Issued)					Most Harmful Event 99 5 11 Totaled								imge
	l			2: ChSec	Driver Contributing Code 99 8 7 6									
				4: ChSec ccupants involved	Underr	ride/Override		Towe	28 Airbag Air	293(	) 31 t Trap	32	33	
	Name (Last Fi	rst Middle)		Address		Age/DOB	Sex	Pos. Syste	Airbag Air m Status Sv	bag Ejec	t Trap de Code	Injury II r	ansp. Code Medical Fac	ility
	Operator/	Non-Motorist		See Above										
										-				



## Crash Narrative:

The operator of MV1 stated she was at the red light on Washington Street, over the Mass Pike bridge, attempting to go straight on to Centre Street. When the light turned green, the operator attempted to yield and continue straight while the vehicle behind her was attempting to go left, on to Washington Street. The operator of MV2, struck the rear driver side bumper of MV1 causing minor damage. The operator of MV2, failed to stop and exchange information and continued on Washington Street, westbound. The operator of MV1 got a partial plate of 526L, Gray Honda CRV. I checked the area for the vehicle yielding negative results.

Dispatch attempted to locate a vehicle with the partial plate, yielding negative results. The operator of MV1 was not injured.

Witnesses:								
Name (Last, First, Middle)	Address				Phone #	Statement		
Property Damage:								
Owner (Last, First, Middle)	Phone # 34-Type Des				scription of Damaged Property			
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				35
Carrier Name						_ Carrier Issuir	ng Authority Coo	
Address			City			St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Leng	gth 39		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42

SEAN STAKE		NEWTON POLICE DEPARTM	05/29/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date