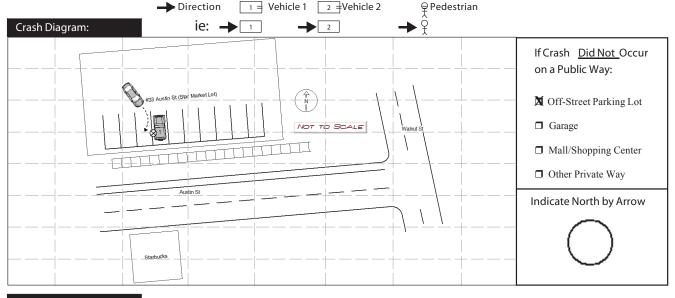
	Poli	ice Use Only		Commonwea	alth o	of Mass	achu	setts	5		RM	V Docu	ment N	umber	
	Date of Crash 06/05/2022	Time of Crash 15:39 24HR	NEWTON	MIOTOI		icle Cra Report	sh [Number Vehicles		red Lat	ed Limitude _		State Local MBT Other	Police Police A Police	XI O
			RSECTION:		LOCAT		>	_					CTIO	N:	_
						WEST	33		AUS	IIN ST					<u> </u>
1 [Route# Direc	tion	Name o	Roadway/Street		Route# Direction	on Ad	dress #		N	ame of I	Roadway	y/Street		
		At				Feet NSEW of • or								<u> </u>	
	Route# Direc	etion 1	Name of Intersecti	ng Roadway/Street	-		vialni		Mil	e Marker			Exit l	Number	_
			Also at Inte	rsection with	-		N S E	_	Rou	te#	Intersec	ting Roa	adway/Si	reet	F
	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of									_ [_;	
					Landmark									\forall	
	Wehicle1	#Occupants	_	- 1 Case	Number		22	000488							┛
	License#	18	St M	A DOB/Age	Reg#	2FGM54			Reg	Type_PA	N	Reg	g State_N	1A 20	
	Sex_M_ Lic.	Class D	Lic. Restrictio	B CDL	Veh Ye	ear_2015	Veh	Make_J	EEP			_Veh C	onfig.	2	L
L	Operator HE	Last	PAULO	X Middle	Owner	(Same as ope	rator)		First			Middl	le		
		ROSS ST (apt. 3				SS									
		City WEST NEWTON State MA Zip 02465				·									
	1		SSIVE DIRECT		Vehicle	e Action Prior to		11	21			Code: (p to Three	3)
	Vehicle Travel	Direction: X	S E W Res	ponding to Emergency? N	Event	Sequence 1	22 22 22 23		22	2	3		4	Undercarria	
	`	ssued)			Most F	Harmful Event	1	24	24	1 👉	9			Totaled	ge
]			1 2: ChSec		Contributing C	ode 1			8	<u> </u>		6		
	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved				Underride/Override lowed 1							4			
	Name (Last Fir		rator and all occi	Address		Age/DOB	Sex S	26 27 Seat Safety Sos. System	Airbag A	irbag Eje witch Coc	0 31 Ct Trap le Code	Injury Tr		dical Facility	1
	Operator			See Above				99	4	4 0	0	10	1 N	ONE	_
															_
1	Please Select C of the Followi	I X Vehicle	e2 <u>1</u> #Occupar	ts Non-Motorist A Ty	уре 1	4 Action	Loca	ation	16 Co	ndition	17	шн	lit/Run	Море	d
	License# St MA DOB/Age				Reg#	Reg # 9GYN30 Reg Type PAN Reg State MA							1A		
	Sex_F Lic. Class D 18 18 Lic. Restrictions B 19 CDL				Veh Ye	Veh Year 2018 Veh Make TOYT Veh Config. 1									
	Operator MA	Last	SUSAN	Endorsment J	Owner	(Same as ope	rator)		First			Middl	le		
	Address 76 W	ITHINGTON R	RD		Addres	SS									
	City NEWTON State MA Zip 02460					CityStateZip									
	Insurance Company HANOVER INSURANCE CO				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								;)		
	$\begin{tabular}{lllllllllllllllllllllllllllllllllll$					Event Sequence 2 22 22 22 22 22 3 4									
	Citation # (If Issued) T1448098					Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled								.ge	
	Violation 1: ChSec Violation 2: ChSec				Driver Contributing Code 97 24 24 7 6										
	Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed N							\bot		
	Pl Name (Last Fi		r operator and al	l occupants involved Address		Age/DOB		26 Seat Safety Pos. Syste	28 Airbag A m Status	29 3 Lirbag Eje Switch Co	0 31 Ct Trap ode Code		ransp. Code M	edical Facilit	у
	Operator/	Non-Motorist		See Above			-	99	4	4 0	0	10	1 NC	NE	
															-



Crash Narrative:

Vehicle 1 was parked in the parking lot of the Star Market at #33 Austin St when Vehicle 2 attempted to park in the adjacent parking space. While doing so, the front left corner of Vehicle 2 made contact with the driver's side rear door and rear quarter panel causing minor scratches to both vehicles. The operator of Vehicle 1 confronted the operator of Vehicle 2 who stated "You're crazy!" before going across the street to get coffee from Starbucks. When the operator of Vehicle 2 returned she apologized to the operator of Vehicle 1 but felt uncomfortable and left the area without providing her information to the other operator. The operator of Vehicle 2 was issued MA Uniform Citation #T1448098 for leaving the scene with property damage and an incident report was completed (See Report #22019777). There were no injuries due to this accident and neither vehicle was towed.

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

WHITNEY HYDE		NEWTON POLICE DEPARTM	06/06/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date