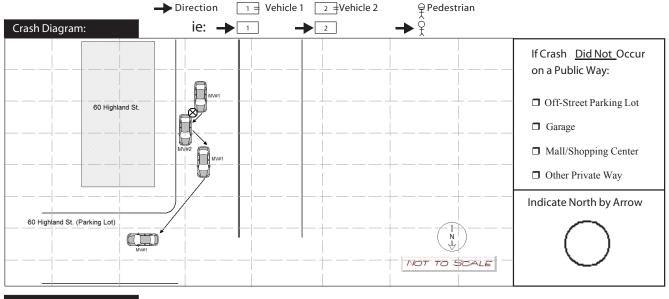
	Poli	ice Use Only		Commonweal	lth o	f Massa	ach	usett	S		RM	V Docum	ient Number		
	Date of Crash 06/06/2022	Time of Crash 19:45 24HR	NEWTON	Motor		icle Cra Report	sh	Number Vehicle 2	- 1	ired La	eed Limititude _ ngitude_		State Police Local Police MBTA Police Other:	Xi O	
					LOCATION > NOT AT INTERSECTION:						CTION:				
1	 				_	NORTH			HIG	HLAND					
1	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street							2			
	Route# Direc	etion 1	Name of Intersecting	Dondwow/Street		Feet	N S E	W of	Mi	le Markei	·	or	Exit Number	-	
	Koute# Direc	tion 1	Also at Intersec			Feet [SE	W of	Ro	ıte#	Intersec	ting Road	lway/Street	- L	
1			N CI .	D 1 (G)	-	Feet [SE	W of	100	aton	intersec	ting reduc	iway/Bireet	2	
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								\exists	
	XVehicle1	1_#Occupants	Hit/Run	Moped Case N	lumber		2	2000493							
	License # St St DOB/Age					K69PPV				Type_PA		Reg S	State NJ	-	
	Sex_M_ Lic.	Class D	Lic. Restrictions	9 CDLEndorsment		ar_2022	Ve					_Veh Cor			
4 1	Operator FIE	LDS Last NEW WORLD	LOUIS	Middle	Owner	98	EWOO!		DINGS			Middle		- 1	
	Address 7310		State	TX 7in 78239	Address 6929 N LAKEWOOD AVE City TULSA State OK Zip 74117								-		
		_{lpany} EAN HOL		Σιρ 1929		Action Prior to	Crash	1	21				Circle Up to Thre	ee)	
5 2	1	Direction: X		ding to Emergency? N			22 2	1	22	0	3		4		
	Citation # (If I				Most H	armful Event	2 2.	3		_	9	$\langle \ \ $	10 Undercarr 5 11 Totaled	iage	
	Violation	1: ChSe	c Violation 2	ChSec	Driver	Contributing Co		19 24	24						
6 Violation 3: ChSec Violation 4: ChSec Underride/Override							Tov	ved Y	0	/		6			
	Please : Name (Last Fir		ator and all occupa	nts involved Address		Age/DOB	Sex	26 Seat Safet Pos. Syste	7 28 y Airbag m Status	29 Airbag Eje Switch Co	30 31 Trap de Code	32 Injury Tran Status Coo	33 nsp. de Medical Facili	ity 2	
	Operator			See Above				99	3	99 0	0	99 2	NEWTON-WELLES	SLEY	
														_	
7															
1	Please Select C of the Followi	I X Vehicle	e2 <u>0</u> #Occupants	Non-Motorist A Type	14	Action 1	5 Loc	ation	16 C	ondition	17	Hit	/Run Mop	ed	
	License#	18	St	DOB/Age				Reg Type PAN					Reg State MA		
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Ye	h Year 2000 Veh Make VOLVO Veh Config. 1									
1	Operator	Last	First	Middle	Owner GARZA JILL Last First Middle							-			
	Address				Address 1640 CENTRE ST							-			
					City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to							ee)			
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Vehicle Action Prior to Crash 11 Event Sequence 2 22 22 22 22 22 24 22 22 22 22 22 24 22 22									
	Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec				Most Harmful Event 2 23 Driver Contributing Code 1 24 24								iage		
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 8									
	Pl Name (Last Fi		r operator and all o	ccupants involved		Age/DOB	Sex	26 Seat Safet Pos. Syst	7 28 Ty Airbag Tem Status	29 Airbag Eje Switch C	30 31 Trap ode Code	Injury [Fra:	33 nsp. ode Medical Facil	lity	
	Operator/	Non-Motorist		See Above											
														\neg	



Crash Narrative:

The operator of MV#1 stated he was traveling northbound on Highland St. when he became distracted attempting to locate the street sign to input into his GPS. The driver's lack of attention to the roadway resulted in his vehicle rear ending MV#2 (unoccupied) which was parked facing northbound in front of 60 Highland St. MV#1 then continued into the parking lot of 60 Highland St. MV#1 sustained heavy front end damage including deployment of both front and side airbags. The operator of MV#1 was later transported to the hospital and his vehicle towed from the scene. MV#2 which sustained a flat rear tire and apparent damage to its axle was also towed from the scene, as it was obstructing the flow of traffic. Attempts to make contact with the owner of MV#2, were unsuccesfull.

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

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