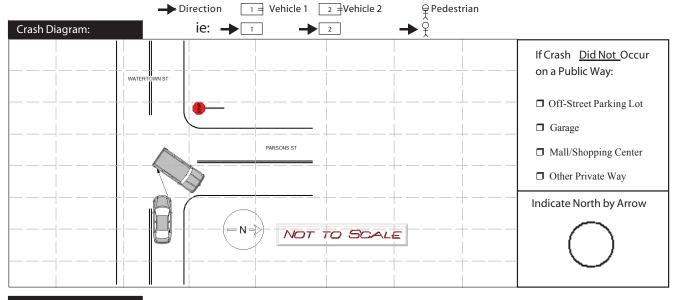
	Poli	ice Use Only		Commonwea	lth o	of Mass	achu	setts	5		RMV	V Docu	ment Number	•	
	Date of Crash 06/16/2022	Time of Crash 19:51	City/Tov NEWTON	Motor		icle Cra	ısh [	Number Vehicles	Injur	ed Lat	ed Limi		State Police Local Police MBTA Polic	<b>X</b> i	
		24HR	RSECTION:		LOCAT	Report	>	2	0		ngitude_		Other:		
		ALINIER	SECTION:		LUCA	HUN			NC	)I AI	INII	LKSL	CTION:		2
1	NOR			Roadway/Street									10		
3	Route# Direc	tion	Route# Direction Address# Name of Roadway/Street										<b>2</b> 10		
	EAST	WATER	Feet NSEW of or Exit Number									_			
	Route# Direc	etion N	Feet NSEW of												
2			Also at Inters			Feet []	N S E	W of	Rout	e#	Intersec	ting Roa	adway/Street	_	<b>3</b> 11
<sup>2</sup> <b>1</b>	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
3	X Vehicle 1	#Occupants	Hit/Run	Moped Case											
	Veincie	#Occupants	St MA	- 1 Case	Number		22	000538						_	
	License#	18 1	DOB/Age		3DAY37				Гуре_РА		Reg	State MA	<u> </u>		
	Sex_F Lic.	Class D	Lic. Restriction	Endorement		ear_2009	Veh	Make_T	OYT			Veh Co			<b>1</b> 12
<sup>4</sup> <b>2</b>	Operator MC		HOLLY First	E Middle	Owner LYNCH ALLEN W  Last First Middle  Address 42 PORTSMOUTH ST										
		ORTSMOUTH S													
	City BRIGHT		City BRIGHTON State MA Zip 02135												
	Insurance Com	pany ALLSTAT	Vehicle Action Prior to Crash  4 21  Damaged Area Code: (Circle Up to Three)												
5 <b>1</b>		Direction:		onding to Emergency? N	Event	Sequence 1	22 22		22		3	$\overline{}$	<b>(4)</b>		
	Citation # (If I	ssued) T3045791			Most I	Harmful Event	1 23		24	-	9		10 Underca	~	
6	Violation	1: Ch89/8_Sec	Violation	2: ChSec	Driver	Contributing C		19 24	24		<u>V</u>	$\sum$	) <b>6</b>		
<sup>6</sup> 1	Violation	3: ChSec	Violation	Underride/Override Towed Y											
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex F	26 27 Seat Safety Sos. System	28 Airbag A Status Sv	29 Eje vitch Coo	0 31 ct Trap le Code	32 Injury Tr Status C	ransp. Code Medical Fac	cility	1 13
	Operator		See Above				1	4 9	9 0	0	10 1	1			
7												$\sqcup$			
3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> # Occupant	Non-Motorist A Typ	pe 1	Action 1	Loca	ition	Con	ndition	17	□н	it/Run Mo	oped	
	MA					Reg # 2CAC51 Reg Type PAN Re						Ren	State MA		
	18					HONDA							20		
8	Sex_M Lic. Class D Lic. Restrictions 1 CDL  Endorsment  Operator ZALTSMAN ALEXANDER					Veh Year 2017 Veh Make HONDA Veh Config. 1  Owner (Same as operator)									
<sup>8</sup> <b>1</b>		Last	Last First Middle												
	Address 9 EDINBORO TER  City NEWTON State MA Zip 02460					Address									
	Insurance Company QUINCY MUTUAL					CityStateZip									
			venicie Action Prior to Clash												
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 1 10 Undercarriage									
	Citation # (If I	·	Most Harmful Event 1 9 5 11 Totaled												
			ec Violation ec Violation	Driver Contributing Code 1 8 7 6											
		n 3: ChSe	Under	ride/Override		Tower		29   3	0 31	32	33				
	Name (Last Fi	rst Middle)	operator and all	occupants involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag A m Status S	29 Eje witch Co	0 31 ct Trap de Code	Injury I'r	ransp. Code Medical Fa	acility	
	Operator/	Non-Motorist		See Above			-	1	4 9	9 0		10 1	1		



## Crash Narrative:

Operator of vehicle one stated that while turning her vehicle north bound onto Parsons St from the west bound lane of Watertown St her vehicle passed in front of vehicle two. Vehicle two was travailing west bound on Watertown St. Operator of vehicle one stated that she miscalculated the time and distance that was needed to safely turn onto Parsons St. Operator of vehicle one stated that as she was turning onto Parsons St vehicle two front passenger side stuck her vehicle's rear passenger side bumper and rear passenger side tire. Vehicle one had damage to it's bumper, rear passenger side tire and rear passenger side fender. Vehicle one required a tow from the crash scene. Operate of vehicle one stated that they were not injured in the crash. Operator of vehicle two stated that vehicle one turned into his path of travel too quickly to avoid a collision.

Vehicle two did not require a tow and it's operator stated that he was not injured. Operator of vehicle one

(Continued on next page) Witnesses: Address Name (Last, First, Middle) Phone # Statement **Property Damage:** Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #\_\_\_\_\_(From Vehicle Section) 35 Carrier Name \_ \_\_\_ Carrier Issuing Authority Code Address\_\_ US DOT #: \_\_\_\_ State Number \_\_\_\_ Issuing State \_\_\_\_ ICC #:\_\_\_ Cargo Body Type Code Gross Vehicle Weight Reg Type\_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year\_\_\_\_ Trailer Length Trailer Reg #: Hazmat Information: Material Name\_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code Placard Material 1 digit #

MICHAEL A MCSWEENEY		NEWTON POLICE DEPARTM	06/16/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction	1 =	Vehicle	e i [	2 = Vehicle 2		₹ Pedestr	ian		
Crash Diagram:	ie: →	1		<b>→</b> [	2	<b>→</b>	Ŷ			
Crash Diagram:	ie: ->			→[ 					If Crash Did Not Con a Public Way:  Off-Street Parking Garage Mall/Shopping Co	g Lot enter
	## #204570	1					f war ab	00.0		
was issued MA Unifrom Cita										
oncoming traffic while tur	ming left. B	otn	water	town	and Parson	s str	eets are	publ	ic ways in the City o	<u> </u>
Newton.										
Witnesses:										
Name (Last, First, Middle)			Address						Phone #	Statement
Property Damage:										
Owner (Last, First, Middle)	Address				Phone #		34-Type	Descri	ption of Damaged Property	
Truck and Bus Information:	Registration #				(Fr	om Vehi	cle Section)			25
Carrier Name							Carrier Issuing Authority Code			
Address					City				St Zip	
										36
37			38		Issuing Sta	te	ICC #:_		Interstate	
Cargo Body Type Code Gro	ss Vehicle Weight		50							
Trailer Reg #:	Reg Type		 Reg S	State	Reg	Year_	Tra	ailer Lei	ngth 39	
Hazmat Information:				_						
Placard 40 Material 1 digit s	41 Mataria	al Mass	na				Matarial 4	digit #	Release code	42
Placard Material 1 digit	Wateria	ai iNdE	<u> </u>				14101011014	uigit#_	Release code	
MICHAEL A MCSWEENEY							N POLICE DEPART?		06/16/2	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)