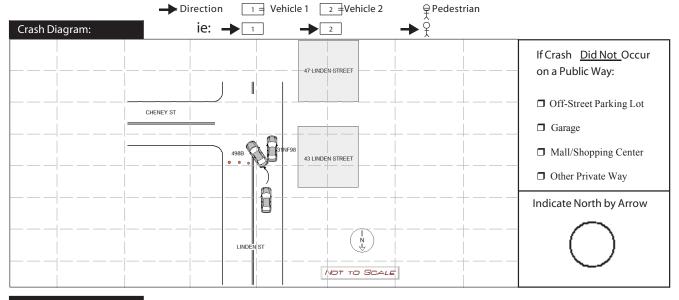
	Poli	ice Use Only		Common	wealth	of M	assa	chu	ıset	ts	[]	RMV	Docur	nent Nu	ımber	
	Date of Crash 06/19/2022	Time of Crash 12:43	City/Tov NEWTON	vn Mo	otor V	ehicle	Cras	sh	Num			Speed Latitud			State I Local	Police Police A Police	N X
	00/19/2022	12.43 24HR			Police	Repo	rt		2	0		Longit			Other:	A Police	
		AT INTER	RSECTION:	<	LOC	CATION	>	>		N	OT A	AT II	NTE	RSE	CTION	V:	7
							SOUTH	43		LIN	IDEN S	ST					┢
	Route# Direc	tion	Name of l	Roadway/Street		Route#	Direction	n Ac	ldress #	<u></u>		Name	e of Ro	oadway.	Street		_
\dashv	At						Feet NSEW of or										_
	Route# Direc	etion N	Name of Intersecting	g Roadway/Street		-		~ -		М	ile Mar	ker			Exit N	umber	
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_	Route# Direction Name of Intersecting Roadway/Street					Landmark											
	XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Num	ber		22	200054	4							
	License#		St MA	DOB/Age	- Do	g # 498B				Pa	a Tumo	MVN	1	Род	State M	A	
	Sex M Lic. (18 1		19		h Year_2020		17-1	L M-1							20	-
			ALAN	Endorsme RICHARD	ent								OF		iiiig		_
L	Operator SOI	Last WASHINGTON	First	Middle		vner NEWI	Last VASHIN	NGTO	N ST	Fir	st			Middle			-
	City NEWTO			te_MA Zip_02465		NEWTON							State I	MA ,	Zip 0246	i5	•
		npany SELF INST		Zip <u>02130</u>		hicle Action		Crach		21						p to Thre	e)
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				onding to Emergency		•		23	<u> </u>				\Box		10 U	Indercarri	age
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				2: ChSec		iver Contribu		de	20		8	V	7 7		6		
-	Violation 3: ChSec Violation 4: ChSec U Please fill out for operator and all occupants involved						Underride/Override										
	Name (Last Fir			Address		Age/		Sex 1	Pos. \$ys					status Co	ode Med	lical Facilit	y
	Operator			See Abov	e				1	4	2	0	0	10 1	+		_
1	Please Select C of the Followi		2 <u>0</u> #Occupants	Non-Motoris	t A Type	14 Actio	15	Loca	ation	16	Conditio	on	17	Hi	t/Run [Мор	ed
	License# St DOB/Age				Re	Reg # 31NF98 Reg Type PAN							Reg State MA				
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	Operator	Last	First	Endorsme	ent Ov	vner LEFEV				CHELE			BRI	ENDA			
	Address	Ac	Address 43 LINDEN STREET														
	City State Zip					City NEWTON State MA Zip 02464											
	Insurance Company GEICO					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									ee)		
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	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					Driver Contributing Code 1 24 1 1 9 5 11 Totaled											
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ļ				occupants involved			· [27 28 fety Airbag	29 Airbag	30 Eject	31 Frap Ir	32 njury Tra	33 insp.		\dashv
	Name (Last Fi	Non-Motorist	<u> </u>	Addres See Abov		Age	DOB			ystem Statu	Switch	Code			ode Me	dical Facil	ity
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								\dashv	+								\dashv



Crash Narrative:

Placard

Material 1 digit #

On Sunday 6/19/22 at aproximaytely 11:48 hours while assigned to marked unit N-498 Officer Soloman was on a special assignment to assist with a procession at Mary Immaculate of Lourdes Church (280 Elliot Street) beginning at noon. While setting up a road closure by placing traffic cones on Linden Street Officer Soloman inadvertently struck a parked motor vehicle in front of 43 Linden Street. While attempting to go around a traffic cone the passenger side fender above the wheel well of N-498 struck the drivers side tail light of the parked motor vehicle. The collision caused the tail light to crack on the parked motor vehicle and there were only minor scratches to N-498. Officer Soloman left the location to assist with the event at the church, Sgt. Dempsey was notified. At the conclusion of the event Officer Soloman went back to 43 Linden Street to attempt to speak with the owner of the motor vehicle. The owner was not home, but Officer Soloman

(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:

STEVEN DEMPSEY			NEWTON POLICE DEPARTM					
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date			
CDP1 11 ·24·00								

Material Name_____ Material 4 digit # _____ Release code

-	Direction 1	■ Vehicle 1 2	≥ Vehicle 2	→ Pedestrian		
Crash Diagram:	ie: → 1	→ 2	2	→Ŷ		
					If Crash <u>Did Not</u> O	Occur
					☐ Off-Street Parking	g Lot
					☐ Garage	,
			+	+-		.
					☐ Mall/Shopping Ce	
					☐ Other Private Way	7
					Indicate North by A	rrow
Crash Narrative:						
was able to speak with he	r husband, DWYEF	R Michael, an	d inform hir	n of what happ	ened. Officer Soloman o	gave him
all the pertinent informa	tion that he wou	ıld need. Pi	ctures were	taken of the	damage to the motor vehi	icle and
N-498 and forwarded to IT						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Dranarty Damaga						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type Des	scription of Damaged Property	
2 1 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2				,		
	_					
Truck and Bus Information:	Registration #		(From `	Vehicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	
Address			City		St Zip	
US DOT #:	_State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	r Trailer	Length 39	
Hazmat Information:		-	-			
Placard 40 Material 1 digit	# 41 Material N	ame		Material 4 digit	#Release code	42
STEVEN DEMPSEY			N	EWTON POLICE DEPARTS	06/19/20)22
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Date	

CDP1 11 ·24·00