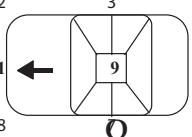
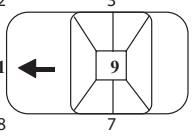


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 06/27/2022		Time of Crash 14:24 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 20 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>																																																																
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																																																																						
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>29</div> <div>NORTH 33 AUSTIN ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>																																																																						
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<div>3</div> <div><input checked="" type="checkbox"/> Vehicle 1 0 #Occupants</div>		<div><input checked="" type="checkbox"/> Hit/Run</div>		<div><input type="checkbox"/> Moped</div>		Case Number 22000580																																																																						
<div>41</div> <div>License # _____ St _____ DOB/Age _____</div> <div>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____</div> <div>Operator _____</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Insurance Company THE STANDARD FIRE INSURANCE COMPANY</div>						<div>712</div> <div>Reg # 2TBL44 Reg Type PAN Reg State MA</div> <div>Veh Year 2021 Veh Make TOYOTA Veh Config. 2 20</div> <div>Owner DELANEY IVY B</div> <div>Address 21 SHAW ST</div> <div>City NEWTON State MA Zip 02465</div> <div>Vehicle Action Prior to Crash 11 21</div> <div>Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 99 22 22 22 22 2</div> <div>Most Harmful Event 99 23</div> <div>Driver Contributing Code 1 24 24</div> <div>Underride/Override 25 Towed N</div> <div></div> <div>10 Undercarriage 5 11 Totaled</div>																																																																						
<div>51</div> <div>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>																																																																												
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→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

The owner of Vehicle #1. Ms. Ivy Delaney, returned to her vehicle to find fresh damage to the rear driver's side bumper and quarter panel. The vehicle was parked in the Star Market parking lot at 33 Austin St.

I spoke to the manager at Star Market in order to view the camera that faces the parking lot in an effort to possibly get a plate/description of the vehicle that struck Ms. Delaney's vehicle, however the manager refused to allow me to view the footage. I didn't push the issue, but instead asked that he view it, and notify me if he is able to get a description of the vehicle in question.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code