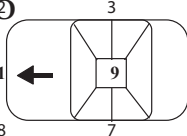
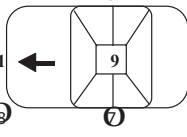


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/06/2022		Time of Crash 08:54 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# Direction Name of Roadway/Street At				SOUTH 875 WALNUT STREET Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____								2	10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	4
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000600							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BOWERS ANNE Address 206 SIDERS POND ROAD City FALMOUTH State MA Zip 02540 Insurance Company ARBELLA				Reg # 2SWC85 Reg Type PAN Reg State MA Veh Year 2020 Veh Make MAZDA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								12	
Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13	1
Please fill out for operator and all occupants involved													
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility				Operator See Above --- 1 4 99 0 0 10 1 N/A									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator INGA-MARTIN KATIA Address 49 WELLINGTON STREET City WALTHAM State MA Zip 02451 Insurance Company GEICO				Reg # 1VAX73 Reg Type PAN Reg State MA Veh Year 2021 Veh Make NISSAN Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 5 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 19 24 4 24 Underride/Override 25 Towed Y								13	
Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13	1
Please fill out for operator and all occupants involved													
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility				Operator/Non-Motorist See Above --- 99 4 99 0 0 10 1 N/A									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Beacon Street

1087 Beacon Street

Walnut Street

Unit 1

Unit 2

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On Wednesday, July 6, 2022, while assigned to unit N495, I responded to the area of Beacon Street and Walnut Street, Newton for a report of an MVA with no injuries. I met with both vehicles in the parking lot behind 1087 Beacon Street.

The operator of MV1, Ms. Anne Bowers (SA6690354), stated she was operating her 2020 Mazda CX-5 (MA: 2SWC86) on Walnut Street (S) towards Beacon Street in the left turn only lane. Ms. Bowers stated the vehicle to her right entered her lane as she was traveling straight and crashed into the front passenger side area of her vehicle. I observed damage to the front passenger side tire/bumper/fender area of MV1. Ms. Bowers reported no injuries.

The operator of MV2, Ms. Katia Inga-Martin (S74928812) stated she was operating her 2021 Nissan

(Continued on next page)

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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

Rogue (MA:1VAX73) on Walnut Street (S) towards Beacon Street. Ms. Inga-Martin stated she put her left directional on to move into the other lane and did not see any other vehicles. Ms. Inga-Martin stated when she attempted to move into the left lane the driver side of her vehicle crashed into the passenger side of MV1. I observed moderate damage to the front driver side tire/fender/bumper/door area of MV2. Ms. Inga-Martin reported no injuries.

Tody's towing responded and removed MV2 from the roadway due to the driver door not being able to secure. Both parties were advised.

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

MICHAEL R GAUDET

NEWTON POLICE DEPART

07/06/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date