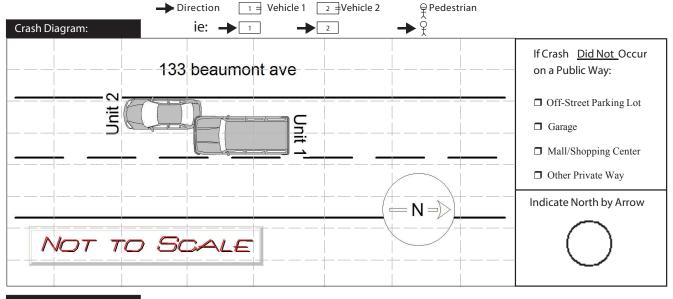
Date of Crash Time of Crash ChysToon Police Report	Po	lice Use Only		Commonw	ealth	of Massa	ichu	setts					ent Number	
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Feet N S E W of Mile Marker or Exit Number						SOUTH	133		BEAUM	IONT A	AVE			
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Address 28 PAIAMER ST City WALTHAM State MA Zip 02451 City WALTHAM State Tzip Vehicle Traved Direction: NX E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch See Violation 2: Ch See Driver Contributing Code 22 24 24 24 3 10 Undecrearinge Violation 3: Ch See Violation 4: Ch See Underride/Override Please Select One of the Following: Vehicle 2 0 # Occupants Involved Name (Last First Middle) See Above Please Select One of the Following: Non-Motorist A Type Please Select One of the Following: Non-Motorist A Type Please Select One of the Following: Non-Motorist A Type Please Select One of the Following: Non-Motorist A Type Please Select One of the Following: Non-Motorist A Type Please Select One of the Following: Non-Motorist A Type Please Select One of the Following: Non-Motorist A Type Please Select One of the Following: Non-Motorist A Type Please Select One of the Following: Non-Motorist A Type Please Select One of the Following: Non-Motorist A Type Please Select One of the Following: Non-Motorist A Type Please Select One of the Following: Non-Motorist A Type Please Select One of the Following: Non-Motorist A Type Address Address See Above Reg # 75CG86 Reg Type PAN Reg State MA Veh Config 1 Owner ADLER ELIZA Address City Show Non-Motorist A Type Vehicle Travel Direction: No Se Wiolation 2: Ch See Vehicle Travel Direction: No Se Wiolation 2: Ch See Vehicle Action Prior to Crash Please Select One of the Following Non-Motorist A Ch See Vehicle Action Prior to Crash Please Select One of the Following Non-Motorist A Type Vehicle Action Prior to Crash Please Select One of the Following Non-Motorist A Type Vehicle Action Prior to Crash Please Select One of the Following Non-Motorist A Type Vehicle Travel Direction: N S E W See Non-Motorist A Type Vehicle Action Prior to Crash Please Select One of the Following Non-Motorist A Type Vehicle Travel Direction: N S E W See Non-Motorist A Type Vehicle Action Prior to Crash Please Select One of the Following		-		Endorsment LEMUS									g	
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Insurance Company SAFETY Vehicle Travel Direction: Name Clast First Middle) Please Select One of the Following: Sex Lie. Class B B Lie. Restrictions Sex Lie. Class B St DOB/Age Responding to Emergency? Notation 1: Ch Sex Lie. Class B Lie. Restrictions Final Middles Address City State Time Middles City State Company COMMERCE Vehicle Action Prior to Crash 1 1 2 1 1 Damaged Area Code: (Circle Up to Three) Vehicle Action Prior to Crash 1 2 1 1 Totaled Driver Contributing Code 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1		Stat	e MA 7in 02451								7	'in	_
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Violation 3: Ch	1			O: Ch Sag		L		24	24	←	9		5 11 Totaled	
Please fill out for operator and all occupants involved AgeDOB Sex Pos. System States Sevech Code Code Status Code Code Code Status Code Code Code Status Code Code Code Code Status Code									8		7		6	
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License # St DOB/Age Reg # 75GG86 Reg Type PAN Reg State MA Sex_ Lic. Class			e2 <u>0</u> #Occupants	Non-Motorist A	Туре		5 Loca	tion	16 Cond	ition	17	Hit	/Run Mor	oed
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Operator			18	19				T		pe_TAI			20	-
Address			Lic. Restrictions				Veh					Veh Con	nfig. 1	
City City State Zip City BROOKLINE State A Zip O2446		Last	First	Middle		Las		ELIZA				Middle		-
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Crash Narrative:

ON 7-9-22 AT APPROX. 1226HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 133 BEAUMONT AVE. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING S-BOUND ON BEAUMONT WHEN HE LOST CONTROL OF HIS STEERING AND WAS UNABLE TO AVOID HITTING VEHICLE #2. DRIVER HAD CALLED FOR A TOW. IT WAS EVIDENT BY OBSERVING HIS VEHICLE THAT HIS FRONT TIRES WERE GOING IN OPPOSITE DIRECTIONS. POSSIBLY AN AXLE OR TIRE ROD HAD BROKEN. OWNER OF VEHICLE #2 STATED SHE LEFT HER CAR PARKED IN FRONT OF 133 BEAUMONT AVE. WHEN SHE HEARD THE CRASH SHE CAME TO THE SCENE. VEHICLE #1 HAD MINOR RIGHT FRONT FENDER DAMAGE AS WELL AS TIRE DISPLACEMENT AND WAS TOWED BY PRIVATE TOW. VEHICLE #2 HAD MINOR LEFT REAR FENDER DAMAGE BUT WAS STILL OPERATIONAL. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

Witnesses:									
Name (Last, First, Middle)	Address				Phone #	Statement			
Property Damage:									
Owner (Last, First, Middle)	Address		Phone # 34-Type Des				scription of Damaged Property		
Truck and Bus Information:	D 11 11 11			100					
Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issuir	ng Authority Coo	35 le	
Address			City			St	Zip		
US DOT #:	State Number		Issuing State	ICC #:_			_ Interstate	36	
Cargo Body Type Code Gros	ss Vehicle Weight	38				39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer L				
Hazmat Information:									
Placard 40 Material 1 digit #	# 41 Material Na	me		Material 4	digit#		Release code	42	

THOMAS P WALSH		NEWTON POLICE DEPARTM	07/09/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date