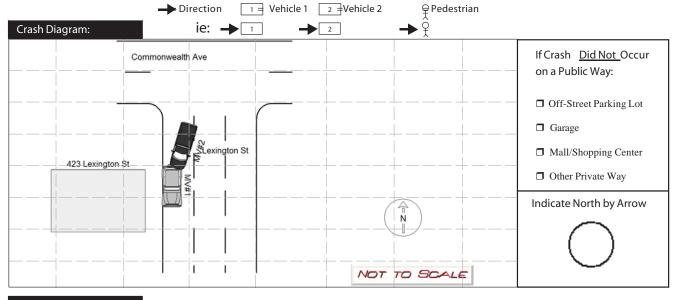
	Poli	ice Use Only		Common	nwealth	of Ma	assac	chuse	etts			RMV	V Docui	ment Nu	mber	1
	Date of Crash 01/19/2019	Time of Crash 18:30	City/I NEWTON	Yown M	lotor Ve			h $v_{\text{ve}}^{\text{Nu}}$	ımber hicles	Numb	ed Lat	ed Limi itude _		State P Local I MBTA	olice Dolice Nolice Police	
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				At		F	eet N	S E W	of -			•	or			_
	Route# Direc	ction N	Name of Intersect	ing Roadway/Street		-				Mile	Marker			Exit Nu	ımber	
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4						F	eet N	S E W	of	11041		11101500	ing rou	iaway/bac	,,,,,	2 11
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³ 5	XVehicle1	#Occupants	X Hit/Ru	n Moped	Case Numb	er		19000	00071							
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3	Vehicle Travel	Direction: N	X E W Re	sponding to Emergence	cy? Eve	ent Sequence	1 22	23	22	22 2		$\overline{\bigcap}$)	ndercarriage	
	Citation # (If I	ssued)			Mo	st Harmful Ev	vent 1		24	24	—	9	[]	1 0 01	_	
6	Violation	1: ChSec	c Violatio	on 2: ChSec	Dri	ver Contributi	ng Code	: 1	24			<u> </u>	\sum) 6		
⁶ 3		Violation 3: ChSec Violation 4: ChSec					de	_	Towed	<u>N</u>						
	Please to Name (Last Fir		ator and all occ	upants involved Addre	ss	26						cal Facility	2 13			
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7										\perp						
1	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupa	nts Non-Motori	ist A Type	Action	15	Location		Cor	dition	17	🔀 ні	it/Run	Moped	
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⁸ 2		Last	First	Middle	9		Last			First			Middle	e		
	l	Address 154 WILLOW ST				Address 26 (apt. 2) GARDEN LANE										
	City WALTH			tate MA Zip 02453	City	City WALTHAM State MA Zip 02452										
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	, , , , , , , , , , , , , , , , , , ,					Most Harmful Event 2 5 11 Totaled 5										
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Crash Narrative:

On 1/19/19 I responded to 25 Normandy Rd for a report of a past hit and run. I spoke with the Operator of MV#1 who stated the accident had taken place in front of Tom's Pizza, 423 Lexington St, at approximately 1830 hrs. Operator of MV#1 stated she parked her vehicle in a parking spot directly in front of the restaurant and went inside. When she returned approximately 5 minutes later she realized her vehicle had been rear ended.

Two witnesses provided her with information about the accident and the plate number. (See witness narratives.) MV#1 suffered moderate damage to the rear and was driven from the scene.

Waltham PD responded to the address listed for MV#2 and were not able to locate the vehicle. At approximately 2000 hrs, I was contacted at the police station by the owner of MV#2's wife. After further investigation (see incident report #19002425) it was determined that the operator of MV#2 at the time (Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
DELLANES DATES	16 KING ST NEWTON,MA		Y
MAKANABI , DAN,			Y

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

Truck and Bus Information:	Registration #	(From Vehi	icle Section)		35
Carrier Name				Carrier Issui	ing Authority Code
Address		_ City		St	Zip
US DOT #:S	State Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code Gross	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State _	Reg Year	Trailer Let		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		_ Material 4 digit # _		Release code 42

MEGHAN E MCLEAN		38801	NEWTON POLICE DEPARTM		01/19/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

•	Direction	_ 1 = Ve	hicle 1	2 =Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: →	1	→_	2	→ ĝ		
							rash <u>Did Not</u> Occur a Public Way:
		_				a c	Off-Street Parking Lot
							Garage
							Mall/Shopping Center
							Other Private Way
		_				Indic	cate North by Arrow
		 	 				
Crash Narrative:							
of the accident was the							
that the road was icy and							
and thought he had only 90/24C Leaving the Scene							
Authority. He stated the							MV WICHOUC
	venicie surie	Tea min	TOT Gamag	ge co che ii	one.		
W itnesses: Name (Last, First, Middle)		Ada	dress			Phone #	Statement
Name (Last, First, Middle)		Auc	iless			Priorie #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Damag	ged Property
Truck and Bus Information:	Registration #			(From	Vehicle Section)		25
Carrier Name						Carrier Issu	ing Authority Code
Address				City		St	Zip
US DOT #:	State Number			Issuing State _	ICC #:		Interstate 36
Cargo Body Type Code 37 G	ross Vehicle Weight	38					
Trailer Reg #:	Reg Type	l	Reg State	Reg Yes	ar Tra	ailer Length 39	
Hazmat Information:							
Placard 40 Material 1 dig	it # 41 Materia	al Name			Material 4 c	ligit #	Release code 42
MEGHAN E MCLEAN			3880	1	NEWTON POLICE DEPARTM		01/19/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)