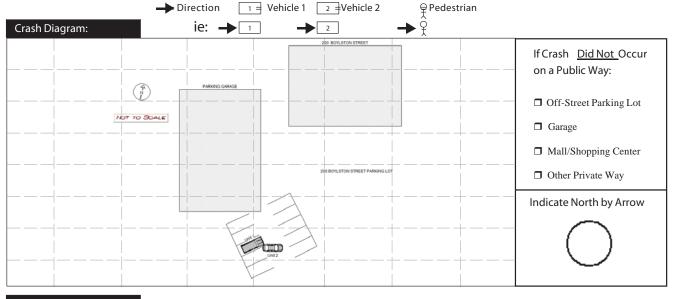
	Poli	ce Use Only		Commonwea	alth (	of Massa	achu	setts		RM	V Docum	ent Number	
	Date of Crash 01/17/2019	Time of Crash	City/Town NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles	Number Injured 0	Speed Lim Latitude _ Longitude		State Police Local Police MBTA Police Other:	XI O
		AT INTER	SECTION:		LOCA		>	1		AT INT			_
						SOUTH	200		BOYLSTO	ON ST			2
1 <b>1</b>	Route# Direc	tion	Name of Ro	adway/Street		Route# Direction		lress #			Roadway/S	Street	
			At			Feet 1	N S E V	V of -		_ •	or		
	Route# Direc	tion N	Name of Intersecting F	Roadway/Street					Mile Ma			Exit Number	_
			Also at Intersec	tion with		Feet [	N S E V	<b>V</b> of	Route#	Interse	cting Road	way/Street	
<sup>2</sup> <b>1</b>	Route# Direc		Name of Intersecting	ng Roadway/Street		Feet [	N S E V	<b>V</b> of					3
3				<u> </u>						La	ndmark		$\dashv$
	X Vehicle 1	#Occupants	X Hit/Run	Moped Case	Number		190	00000116					_
	License#	18 1	St	DOB/Age	Reg#	1PK335			_Reg Type	PAN	Reg S	tate MA	
	Sex Lic.		Lic. Restrictions	CDL	Veh Y	ear_2010	Veh	Make_CF	IEVY		_ Veh Con	fig. 20	
4 1	Operator	Last	First		Owne	GRIFFIN	t	KAREN	First		Middle		1
						SS 418 NEWTO	NVILLE						
				Zip	City _	NEWTON				State			
5	1	pany QUINCY N			Vehic	e Action Prior to		11 21		maged Area		ircle Up to Thre	e)
5 <b>1</b>	Vehicle Travel	Direction: N	S E W Respon	ding to Emergency?	Event	Sequence 1	22 22 23	22	22 0			10 Undercarri	200
		ssued)				Harmful Event	1	24	24 1	<b>⊢</b>   )		5 11 Totaled	age
<sup>6</sup> 1	1			ChSec		Contributing Co	ode 1			7		6	
1			2 Violation 4: ator and all occupa	ChSec	Under	ride/Override		Towed		30   31	32 3	33	
	Name (Last Fir		tior and an occupa	Address		Age/DOB	Sex Po	26 27 eat Safety os. System	28 29 Airbag Airbag Status Switch	30 31 Eject Trap Code Code	32 Tran Status Cod	sp. e Medical Facilit	1 2
	Operator			See Above									
<sup>7</sup> <b>9</b>	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Ty	уре	Action 1	Locat		Conditi	on 17	Hit/	Run Mope	ed
	License#		St	DOB/Age	Reg#				_Reg Type	·	Reg S		. ]
	Sex Lic.	Class 18 1	Lic. Restrictions	CDL	Veh Y	ear	Veh	Make			_ Veh Con	fig. <b>20</b>	
<sup>8</sup> 1	Operator	Last	First	Endorsment	Owne	Las	it		First		Middle		-
	Address					ss							
	City		State	Zip	City_					State	Z	ip	.
	Insurance Com	pany			Vehic	e Action Prior to		21		Ü	,	ircle Up to Thre	e)
	Vehicle Travel	Direction: N	S E W Respo	nding to Emergency?	Event	Sequence	22 22	22	22 2	3		4 10 Undercarri	000
	Citation # (If I	ssued)			Most	Harmful Event	23	24	24 1	<b>←</b>   ]	<u> </u>	5 11 Totaled	age
	Violatio	n 1: ChSe	ec Violation 2	:: ChSec	Driver	Contributing Co	ode 25	24	24 8			6	
				: ChSec	Under	ride/Override		Towed		_30 _ 31		33	_
	Pl Name (Last Fi		operator and all oc	ccupants involved Address		Age/DOB		26 27 eat Safety . System	28 29 Airbag Airbag Status Switch	Eject Trap Code Code	Injury Tran	sp.	ity
	Operator/	Non-Motorist		See Above									



## Crash Narrative:

On 01/28/2019 Karen Griffin came into NPD Headquarters to report the following. Griffin states that on 01/17/2019 her vehicle (V1) was parked in a parking space in the lower parking lot of Wegman's 200 Boylston Street. Griffin states that V1 was backed into a parking stall near the entrance of the parking garage. Griffin states that between 1015 and 1130hrs V1 was stuck by an unknown motor vehicle (V2). V2 left the scene without leaving leaving their information. At the time of the collision V1 was parked and unoccupied. As a result of the impact V1 sustained minor damage to the passenger side front bumper. Griffin states that an employee of Wegman's witnessed the crash and described V2 as a Gray Honda Accord with a possible Maryland Reg JNK824. I conducted an RMV check of V@ registration with negative results. At this time the identity of V2 is unknown.

(Continued on n	ext page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:	-							1
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	ption of Damag	ged Property	
Truck and Bus Information:			(From Vehi	,		Carrier Issu	ing Authority Cod	e 35
Address			City			St	Zip	
US DOT #: State			Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code 37 Gross Ve	ehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Le			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4	digit#_		Release code	42

JASON M. SCHLEGEL			NEWTON POLICE DEPARTM	01/28/2019	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

_	Direction 1	delicle 1 ≥ delicle 1 ≥ delicle 1 ≥ delicle 2	_ <del>_</del> Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: → 1	2	□ ⊣	₽Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
	ii				Off-Street Parking Lot
					☐ Garage
			+-		
	i i				☐ Mall/Shopping Center
					☐ Other Private Way
					Indicate North by Arrow
		<u> </u>			
Crash Narrative:					
No injuries were reported					
Griffin stated she did not	report the cra	ish to the po	lice until in	structed to	do so by her insurance company.
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
D					
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property
omer (2004) instrinction	7.007.055		Trione #	51.)pc 50	sempaon of Burnagea Hoperty
Truck and Bus Information:	Registration #		(From Ve	hicle Section)	35
Carrier Name					Carrier Issuing Authority Code
Address			City		St Zip
US DOT #:	_State Number		Issuing State	ICC #:	Interstate 36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38			39
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	r Length
Hazmat Information:  40	<u> </u>				42
Placard Material 1 digit	# Material Na	ame		Material 4 digi	t#Release code
JASON M. SCHLEGEL			NEW	TON POLICE DEPARTM	01/28/2019
Police Officer Name (Please Print)	Signature			epartment	Precinct/Barracks Date

CDP1 11 ·24·00