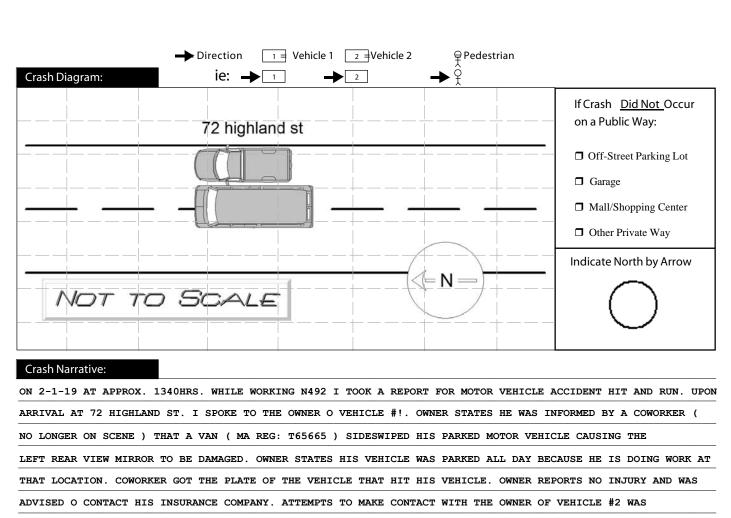
Date of Crash	Time of Crash	City/T	own Ma	otor Vel	nicle Crash	Number			Limit <u>30</u>	State Poli	
02/01/2019	13:40 24HR	NEWTON	141		Report	Vehicles 2	Injured		de tude	Local Pol MBTA Po Other:	
		SECTION:	<					U		ECTION:	
					MORTH	72	нісні	AND ST	г		
Route# Direc		Name o	of Roadway/Street		NORTH	Address #			e of Roadw	/av/Street	
Trouten Blice		- Traine	At							•	
	·				Feet N S	S E W of		• //arker	or	Exit Numb	ber
Route# Direc	ction N		ersection with		Feet N S	S E W of					
					Feet N S	S E W of	Route#	! In	tersecting R	Roadway/Street	
Route# Direc	ction	Name of Inters	ecting Roadway/Street						Landmar	·k	
XVehicle1	#Occupants	X Hit/Rur	Moped	Case Number	r	1900000129)				
License #	18 18	St	DOB/Age	Reg #	S50909		Reg Ty	pe_CON	R	eg State_MA	
Sex Lic.	Class 18 18	8 Lic. Restriction	19		Year_2015						20
	Last	_	Endorsm	ent	er CORREIA						
			Middle	Addr	ess 22 MOUNT ST		First		Mi	ddle	
			tateZip		FRANKLIN				State_MA	Zip 02137	
Insurance Com			r	-	cle Action Prior to Cr	rash 11				: (Circle Up to	Three)
Vehicle Travel	l Direction: N	S E W Res	sponding to Emergency	y? Even	t Sequence 2 22	22 22	22 2		3	4	
							/	(1)	· 1 /1	1	
Citation # (If I	Issued)			Most		23		_	11/		ercarriage
,	Issued) n 1: ChSec		on 2: ChSec		Harmful Event 2	24	1 24	←	9	10 Unde 5 11 Total	
Violation	1: ChSec	Violatic	n 2: ChSec n 4: ChSec	Drive	Harmful Event 2 er Contributing Code	1 24		←	9		
Violation Violation	1: ChSec	Violatic	n 4: ChSec	Drive	Harmful Event 2	1 24 Towe	ed <u>Y</u> 8	9 30 Eiect	0	5 11 Total 6	
Violation Violation Please Name (Last Fire	n 1: ChSec n 3: ChSec fill out for operarst Middle)	Violatic	upants involved	Drive	Harmful Event 2 er Contributing Code	1 24 Towe 25 Towe 26 27 Seat Safety	ed Y 8	9 30 Eject Code	O 31 32 Trap Injury	5 11 Total	led
Violation Violation Please	n 1: ChSec n 3: ChSec fill out for operarst Middle)	Violatic	on 4: ChSec	Drive	Harmful Event 2 er Contributing Code erride/Override Age/DOB See	1 24 Towe 25 Towe 26 27 Seat Safety	ed Y 8	9 30 Eject Code	O 31 32 Trap Injury	5 11 Total 6 Transp.	led
Violation Violation Please Name (Last Fire	n 1: ChSec n 3: ChSec fill out for operarst Middle)	Violatic	upants involved	Drive	Harmful Event 2 er Contributing Code erride/Override Age/DOB See	1 24 Towe 25 Towe 26 27 Seat Safety	ed Y 8	9 30 Eject Code	O 31 32 Trap Injury	5 11 Total 6 Transp.	led
Violation Violation Please Name (Last Fire	n 1: ChSec n 3: ChSec fill out for operarst Middle)	Violatic	upants involved	Drive	Harmful Event 2 er Contributing Code erride/Override Age/DOB See	1 24 Towe 25 Towe 26 27 Seat Safety	ed Y 8	9 30 Eject Code	O 31 32 Trap Injury	5 11 Total 6 Transp.	led
Violation Violation Please Name (Last Fire	n 1: ChSec n 3: ChSec fill out for operarst Middle)	Violatic	upants involved	Drive	Harmful Event 2 er Contributing Code erride/Override Age/DOB See	1 24 Towe 25 Towe 26 27 Seat Safety	ed Y 8	9 30 ag Eject Code	O 31 32 Trap Injury	5 11 Total 6 Transp.	led
Violation Violation Please Name (Last Fire	n 1: ChSec n 3: ChSec fill out for operarst Middle)	Violatic	upants involved Address See Abov	Drive Unde	Harmful Event 2 er Contributing Code erride/Override Age/DOB Sea	1 24 Towe 25 Towe 26 27 Seat Safety	ed Y 8	ch Code	31 32 Trap Injury Code Status	5 11 Total 6 Transp.	Facility
Violation Violation Please Name (Last Fir	n 1: ChSec n 3: ChSec fill out for operarst Middle)	Violation Violation and all occurrence 2 1 # Occupa	n 4: ChSec upants involved Address See Abov Non-Motoris	Under St A Type	Harmful Event 2 er Contributing Code erride/Override Age/DOB Sea	25 Towo 26 27 Seat Safety Pos. Systen	8 28 2 Airbag Airbhag	ch Code	31 32 Trap Injury Code Status	5 11 Total 6 33 Transp. Code Medical Hit/Run eg State MA	Facility Moped
Violation Violation Please Name (Last Fin Operator Please Select Cof the Followi	n 1: ChSec n 3: ChSec fill out for operarst Middle)	Violation Violation and all occurrence 2 1 # Occupa	n 4: ChSec upants involved Address See Abov Non-Motoris 1A DOB/Age DOB/Age 19 1 CDL	Drive Unde s ve st A Type Reg #	Harmful Event 2 er Contributing Code erride/Override Age/DOB Sex 14 Action 15	25 Towo 26 27 Seat Safety Pos. Systen	a Status Swith Condition Reg Ty	ition	31 32 Trap Injury Code Status	5 11 Total 6 33 Transp. Code Medical Hit/Run eg State MA	Facility
Violation Violation Please Name (Last Fir Operator Please Select Cof the Followi License # Sex_M_ Lic.	n 1: ChSec n 3: ChSec fill out for operarst Middle)	Violatic Violatic ator and all occ 2 1_#Occupa St M Lic. Restriction	nts Non-Motoris The DOB/Age To DL Endorsm	Drive Unde	Harmful Event 2 er Contributing Code erride/Override Age/DOB Sex 14 Action 15	Tower 26 27 Seat Safety Pos. System Location Veh Make Make Make Make Make Make Make Make	8 28 2 Airbag Ai	ition	31 32 Trap Injury Code Status 17	5 11 Total 6 33 Transp. Code Medical Hit/Run	Facility Moped
Violation Violation Please Name (Last Fin Operator Please Select Cof the Followi License # Sex_M_ Lic. Operator LAI	One Vehicle	Violatic Violatic ator and all occ 2 1_#Occupa St M Lic. Restriction	n 4: ChSec upants involved Address See Abov Non-Motoris 1A DOB/Age DOB/Age 19 1 CDL	Drive Unde	Harmful Event 2 er Contributing Code erride/Override Age/DOB Sex	1 24 25 Towo	a Status Swith Condition Reg Ty	ition	31 32 Trap Injury Code Status 17	5 11 Total 6 33 Transp. Code Medical Hit/Run eg State MA	Facility Moped
Violation Violation Please Name (Last Fin Operator Please Select Cof the Followi License # Sex_M_ Lic. Operator LAI	One Whicle ing: Class D 18 18 Class D 18 N MAIN STRET	Violation Violation Violation and all occurs St Market Mar	nts Non-Motoris The DOB/Age To DL Endorsm	Drive Unde	Harmful Event 2 er Contributing Code erride/Override Age/DOB Sex Age/DOB Sex 14 Action 15 T65665 Year 2017 METROWEST P. Last	1 24 25 Towo	8 28 2 Airbag Ai	ition CON	31 32 Trap Injury Code Status 17 R Veh	5 11 Total 6 33 Transp. Code Medical Hit/Run	Facility Moped
Violation Violation Please Name (Last Fit Operator Please Select Cof the Followi License # Sex_M_ Lic. Operator LAI Address 138 M City_BELLING	One Whicle ing: Class D 18 18 Class D 18 N MAIN STRET	Violatic Violatic Total All occ 2 1_#Occupa St Market ALEXIS First	nn 4: ChSecupants involved Address See Above Non-Motoris 1A DOB/Age ons 19 CDL Endorsm Middle	Drive Unde s ve at A Type Reg # Veh Y ent Owne Addr City	Harmful Event 2 or Contributing Code or Contributing Code age/DOB Second Sec	Tower 26 27 Seat Safety Pos. System Location Veh Make Make Make Make Make Make Make Make	8 28 2 Airbag Airban Status Swith Status Swith Reg Ty Reg Ty First	ition CON	Trap Injury Code Status 17 R Veh State CT Area Code	5 11 Total 6 Transp. Code Medical Hit/Run Leg State MA Config. 2	Facility Moped
Violation Violation Please Name (Last Fit Operator Please Select Cof the Followi License # Sex_M_ Lic. Operator LAI Address 138 M City_BELLING	One Middle) One Class D 18 18 PORTE-SOTO Last N MAIN STRET GHAM Inpany OLD REPL	Violatic Violatic Total and all occ 2 1_#Occupa St_M Lic. Restrictic ALEXIS First SUBLIC	nn 4: ChSecupants involved Address See Above Non-Motoris 1A DOB/Age ons 19 CDL Endorsm Middle	Drive Unde s ve St A Type Reg # Veh Y Lent Owne Addr City Vehic	Harmful Event 2 er Contributing Code erride/Override Age/DOB Ser Ag	Towo 26 27 Seat Safety Pos. Systen Location Veh Make Make Make Make Make Make Make Make	8 28 2 Airbag Airban Status Swith Status Swith Reg Ty Reg Ty First	ition CON	31 32 Trap Injury Code Status 17 R Veh State CT	5 11 Total 6 33 Transp. Code Medical Hit/Run Leg State MA Config. 2 ddle Zip 06117 E: (Circle Up to	Moped 20 Three)
Violation Violation Please Name (Last Fin Operator Please Select Cof the Followi License # Sex_M_ Lic. Operator Lal Address	One Middle) One Class D 18 18 PORTE-SOTO Last N MAIN STRET GHAM Inpany OLD REPL	Violatic Violatic Total All Occupa St Market Lic. Restrictic ALEXIS First SUBLIC	nts Non-Motoris The DOB/Age CDL Endorsm Middle MA Zip 02019	Drive Unde s ve St A Type Reg # Veh Y Lent Owne Addr City Vehic Ty? Even	Harmful Event 2 er Contributing Code erride/Override Age/DOB Ser Age/DOB Ser Age/DOB Ser Frest 15 Action 15 Action 15 Action 15 Action 2017 Action 2017	Town 25 Town 26 27 Seat Safety Pos. Systen	16 Cond Reg Ty First	ition CON	31 32 Trap Injury Code Status 17 R Veh State CT Area Code	5 11 Total 6 33 Transp. Code Medical Hit/Run Leg State MA Config. 2 ddle Zip 06117 E: (Circle Up to	Moped 20 Three)
Please Select Cof the Followi License # Sex_M Lic. Operator LAI Address 138 N City BELLING Insurance Com Vehicle Travel Citation # (If I	One ing: Note that the second is the second in the second ing. One ing: One ing: Vehicle Class D 18 PORTE-SOTO Last PORTE-SOTO	Violatic Violatic Toronto and all occ 2 1_#Occupa St Mark Lic. Restrictic ALEXIS First SUBLIC S E W R	nts Non-Motoris The DOB/Age CDL Endorsm Middle MA Zip 02019	Drive Unde s ve st A Type Reg # vent Owne Addr City Vehic vy? Event Most	Harmful Event 2 er Contributing Code erride/Override Age/DOB Ser Ag	24 25 Towo 26 27 Seat Safety Pos. System 1 22 22 22 23 24	16 Cond Reg Ty First	ition CON	Trap Injury Code Status 17 R Veh State CT Area Code	5 11 Total 6 33 Transp. Code Medical Hit/Run Leg State MA Config. 2 ddle Zip 06117 E: (Circle Up to	Moped 20 Three)
Please Select Cof the Followin License # Sex_M_ Lic. Operator LAI Address 138 N City_BELLING Insurance Comvehicle Travel Citation # (If I Violation	One III Out for operarst Middle)	Violatic Violatic To and all occ 2 1_#Occupa St Market ALEXIS First SUBLIC S E W R CC Violatic	nts Non-Motoris Non-Motoris Address See Above Non-Motoris ADOB/Age DOB 1 Endorsm Middle tate MA Zip 02019 esponding to Emergency	Drive Drive Drive Drive Drive	Harmful Event 2 er Contributing Code er Contributing Code er Contributing Code er Contributing Code Age/DOB Ser Age/DOB	24 25 Towo 26 27 Seat Safety Pos. System 1 22 22 22 23 24	16 Cond Reg Ty 18 Tirst 28 2 2 Airbag	ition CON	31 32 Trap Injury Code Status 17 R Veh State CT Area Code	5 11 Total 6 33 Transp. Code Medical Hit/Run Leg State MA Config. 2 ddle Zip 06117 E: (Circle Up to	Moped 20 Three)
Please Select Cof the Following License # Sex_M_ Lic. Operator LAI Address_138 M City_BELLING Insurance Com Vehicle Travel Citation # (If I Violatio Violatio	One ing: Vehicle i	Violation Viol	nts Non-Motoris Non-Motoris TA DOB/Age To Lendorsm Middle tate MA Zip 02019 esponding to Emergence on 2: Ch Sec Il occupants involved	Drive Under st A Type Reg # weth Veh Vehic y? Event Most Drive Under d	Harmful Event 2 er Contributing Code erride/Override Age/DOB Ser Ag	24 25 Towe 26 27 Seat Safety Pos. System 1 22 22 23 19 24 25 Tower 26 Seat Safety Safety	16 Cond	ition Damaged Oamaged Oamaged	31 32 Trap Injury Code Status 17 R Veh State CT Area Code 31 32 Frap Injury	5 11 Total 6 Transp. Medical Hit/Run Leg State MA Config. 2 ddle Zip 06117 E: (Circle Up to 4 10 Unde 5 11 Total 6	Moped 20 20 20 2rcarriage
Please Select Cof the Following License # Sex_M_ Lic. Operator License # Sex_M_ Lic. Operator License # City_BELLING Insurance Com Vehicle Travel Citation # (If I Violation Violation Violation Please Select Cof Vehicle Travel Citation # (If I Violation Violation Please Select Cof Vehicle Travel Citation # (If I Violation Violation Please Select Cof Vehicle Travel Citation # (If I Violation Violation Violation Please Name (Last Fermion Violation Violati	One ing: Vehicle i	Violation Viol	nn 4: ChSec upants involved Address See Abov Non-Motoris IA DOB/Age Bons	Drive Under st A Type Reg # ent Owne Addr City Vehic y? Even Most Drive Under dd ss	Harmful Event 2 er Contributing Code erride/Override Age/DOB Ser Ag	24 25 Towe 26 27 Seat Safety Pos. System 1 22 22 23 19 24 25 Tower 26 Seat Safety Safety	Reg Ty First 21 22 24 4 4 4 4 4 4 4 4 4 4	ition Damaged Oamaged Oamaged	31 32 Trap Injury Code Status 17 R Veh State CT Area Code	5 11 Total 6 Transp. Medical Hit/Run Leg State MA Config. 2 ddle Zip 06117 E: (Circle Up to 4 10 Unde 5 11 Total 6	Moped 20 Three)



UNSUCCESSFUL AT THIS TIME.

FOUND A SECOND NUMBER (860-301-1336) FOR THE METROWEST PACKAGING COMPANY AND LEFT ANOTHER VOICE

MAIL.WILL TRY TO MAKE CONTACT AGAIN BEFORE PURSUING OTHER OPTIONS.

MAIL.WILL TRY TO MAKE CONTACT AGAIN BEFORE PURSUING OTHER OPTIONS.									
(Continued o	n next page)								
Witnesses:									
Name (Last, First, Middle)		Address			Phone #		Statement		
Property Damage:		•							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	ed Property			
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			35		
Carrier Name					Carrier Issui	ng Authority Cod	e		
Address			City		St	_ Zip			
US DOT #:	State Number		Issuing State	ICC #:_		_ Interstate	36		
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38			39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length				
Hazmat Information:									
Placard 40 Material 1 digit #	# 41 Material Na	nme		Material 4	digit #	Release code	42		

THOMAS P WALSH NEWTON POLICE DEPARTS 02/01/2019

-	Direction 1	Vehicle 1	₂ ≢Vehicle 2	무 Pedestrian		
Crash Diagram:	ie: → 1	→	·	▶ ♀		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkin	ıg Lot
	_	 			Garage	
		į	į	į	☐ Mall/Shopping C	Center
	- — — — — —				☐ Other Private Wa	ıy
	- — — — — —				Indicate North by	Arrow
Crash Narrative:	'			,	•	
Traffic Bureau Updat	e (Officer Gau	det): On Mor	day, February	, 4, 2019 I m	ade contact with the	
President of Metrowest Pac	kaging, Brian 1	Hersh. Hersh	stated his c	company does	fulfillment deliveries	for
Amazon. Hersh was advised	that a vehicle	e registered	to his compan	y was allege	dly involved in a hit a	and run
accident. Hersh was provi	ded information	n on the vehi	cle involved.	Hersh state	ed an employee named Al	exis was
operating MA CON:T65665 on	the date of the	he accident a	nd provided a	phone number	r for this party.	
On Tuesday, February						ed
he was operating a 2017 Me date of the accident. I ex					_	
	n next page)		· venicie ne w	as operating	was alleged to have be	
Witnesses:	page,					
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:					I.	
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	cription of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	hicle Section)		
Carrier Name			(1011)		Carrier Issuing Authority Co	de 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Grow	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer l	Length 39	
Hazmat Information:	<u> </u>					42
Placard Material 1 digit #	Material N	lame		Material 4 digit	# Release code	42
					" Release code	

THOMAS P WALSH 02/01/2019 NEWTON POLICE DEPARTM

-	→ Direction	ı ∃ Vehicle 1	₂ ≠Vehicle 2	₽ Pedestrian		
Crash Diagram:	ie: →□	1 -	2 -	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
	_				─ ☐ Off-Street Parkin	g Lot
	_	 				
					☐ Mall/Shopping C	enter
					☐ Other Private Wa	у
	- — — — — —	-			Indicate North by A	rrow
			<u>+</u> -	 -		
Crash Narrative:	•					
involved in a hit and run	accident on Hi	ghland Street	in Newton.	Highland Str	reet is a public way ma	intained
by the City of Newton. La	porte-Soto sta	ted the vehic	cle he was ope	rating hit th	ne driver door mirror o	f a
parked card on Highland St	reet. Laporte	e-Soto reporte	ed the acciden	t as mirror ((MV2 passenger side) to	
mirror (MV1 driver side).	after his pass	senger side do	or mirror mad	e contact wit	th MV1's driver side do	or
mirror, he stopped his veh						
saw the mirror was bent b					_	
minutes and the owner neve	r showed up.	Laporte-Soto	also stated a	"random guy"	' took a picture of his	license
plate. Laporte-Soto state	d he said "hi"	' to this part	ty but the par	ty ignored hi	im and left the area.	
(Continued o	n next page)					
Witnesses:						_
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Desc	cription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		
Carrier Name			(ŕ	Carrier Issuing Authority Cod	le 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer L	Length 39	
Hazmat Information:	A1					42
Placard 40 Material 1 digit #	# Material I	Name		_ Material 4 digit #	‡ Release code	42

→ D	irection 1	Vehicle 1 2	 ¥Vehicle 2	Pedestrian		
Crash Diagram:	ie: -> 1	Vehicle 1	_	Pedestrian	If Crash Did Not On a Public Way: Off-Street Parking Garage Mall/Shopping Co	g Lot enter
	u ho did not	anll Nowton	Police to age	iat him in	finding the owner of th	
vehicle he hit. Laporte-Soto of the vehicle he hit was pri were also printed on the driv I spoke with the owner accident and observed MV2's p co-worker then observed MV2 parking lot located at 1314 W his vehicle, check his passen	nted on the er door. La of MV1, Jaso assenger sid travel down ashington St	driver side of porte-Soto sin Correria. e mirror hit Highland Street. Corres	door next. The tated he didn't Correria state MV1's driver eet with out state tia stated his	e owner's p t see that. ed a co-wor side mirro topping and co-worker	hone number and email a ker observed the entire r. Correria stated his pull into the Santande saw the operator of MV2	ddress
(Continued on n	ext page)					
W itnesses: 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: Carrier Name Address			,		Carrier Issuing Authority Cod	35 le
US DOT #:State			•			36
Trailer Reg #:		Reg State	Reg Year	Trailer	Length 39	
Placard 40 Material 1 digit #	41 Material Na	ime		Material 4 digit	# Release code	42

	_	Vehicle 1	² Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: -> 1	_				If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping Company of the Private Was Indicate North by A	ng Lot Center
Crash Narrative: Laporte-Soto will (Leaving the scene of p	be mailled Massacroperty damage).	chusetts U	niform Citation	n T1443121	for Chapt	er 90, Section 24	1
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: Carrier Name	Registration #			Vehicle Section)	C	arrier Issuing Authority Co	de 35
	State Number Gross Vehicle Weight	38	Issuing State	ICC #:			36
Trailer Reg #: Hazmat Information: Placard 40 Material 1 d	41				l	Release code	42

THOMAS P WALSH 02/01/2019 NEWTON POLICE DEPARTM