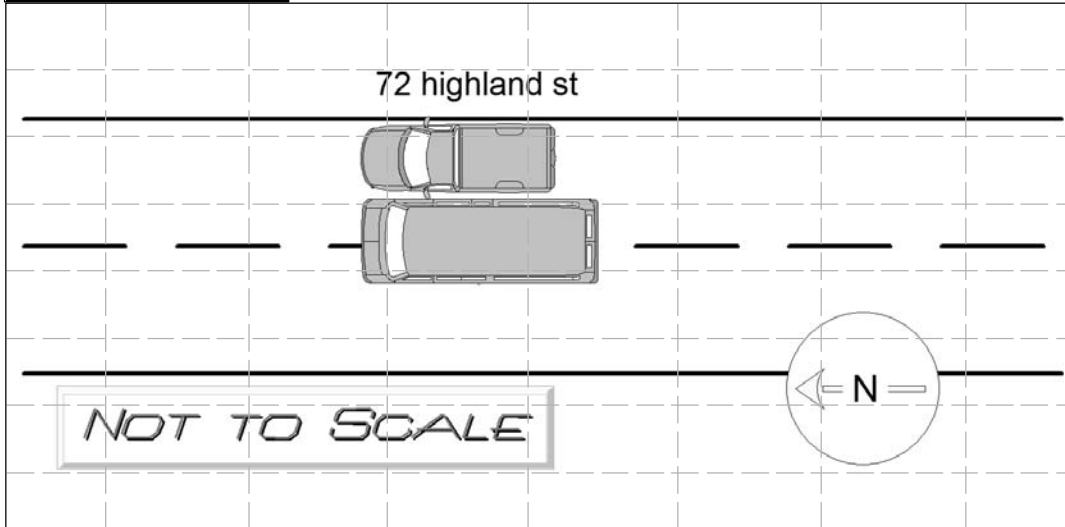


Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/01/2019	Time of Crash 13:40 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 72 HIGHLAND ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet N S E W of _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000129		
License # _____ St _____ DOB/Age _____			Reg # S50909			Reg Type CON			Reg State MA		
Sex _____ Lic. Class 18 18			Veh Year 2015			Veh Make CHEVY			Veh Config. 2 20		
Lic. Restrictions 19			Veh Year 2015			Veh Make CHEVY			Veh Config. 2 20		
CDL _____			Veh Year 2015			Veh Make CHEVY			Veh Config. 2 20		
Endorsment _____			Veh Year 2015			Veh Make CHEVY			Veh Config. 2 20		
Operator _____			Owner CORREIA JASON			Owner CORREIA JASON			Owner CORREIA JASON		
Last _____ First _____ Middle _____			Last _____ First _____ Middle _____			Last _____ First _____ Middle _____			Last _____ First _____ Middle _____		
Address _____			Address 22 MOUNT ST			Address 22 MOUNT ST			Address 22 MOUNT ST		
City _____ State _____ Zip _____			City FRANKLIN			City FRANKLIN			City FRANKLIN		
Insurance Company GEICO			State MA			State MA			State MA		
Zip _____			Zip 02137			Zip 02137			Zip 02137		
Vehicle Travel Direction: N S E W			Responding to Emergency? _____			Responding to Emergency? _____			Responding to Emergency? _____		
Citation # (If Issued) _____			Citation # (If Issued) _____			Citation # (If Issued) _____			Citation # (If Issued) _____		
Violation 1: Ch _____ Sec _____			Violation 2: Ch _____ Sec _____			Violation 2: Ch _____ Sec _____			Violation 2: Ch _____ Sec _____		
Violation 3: Ch _____ Sec _____			Violation 4: Ch _____ Sec _____			Violation 4: Ch _____ Sec _____			Violation 4: Ch _____ Sec _____		
Violation 4: Ch _____ Sec _____			Violation 4: Ch _____ Sec _____			Violation 4: Ch _____ Sec _____			Violation 4: Ch _____ Sec _____		
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved		
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			-----			---		
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		
License # _____ St MA			DOB/Age _____			Reg # T65665			Reg Type CON		
Sex M			Lic. Class D 18 18			Veh Year 2017			Veh Make MERZ		
Lic. Restrictions 1 19			Veh Year 2017			Veh Make MERZ			Veh Config. 2 20		
CDL _____			Veh Year 2017			Veh Make MERZ			Veh Config. 2 20		
Endorsment _____			Veh Year 2017			Veh Make MERZ			Veh Config. 2 20		
Operator LAPORTE-SOTO ALEXIS			Owner METROWEST PACK			Owner METROWEST PACK			Owner METROWEST PACK		
Last _____ First _____ Middle _____			Last _____ First _____ Middle _____			Last _____ First _____ Middle _____			Last _____ First _____ Middle _____		
Address 138 N MAIN STRET			Address 35 MOUNTAIN FARMS RD			Address 35 MOUNTAIN FARMS RD			Address 35 MOUNTAIN FARMS RD		
City BELLINGHAM			City WHARTFORD			City WHARTFORD			City WHARTFORD		
State MA			State CT			State CT			State CT		
Zip 02019			Zip 06117			Zip 06117			Zip 06117		
Insurance Company OLD REPUBLIC			Vehicle Action Prior to Crash 1 21			Vehicle Action Prior to Crash 1 21			Vehicle Action Prior to Crash 1 21		
Vehicle Travel Direction: X S E W			Responding to Emergency? _____			Responding to Emergency? _____			Responding to Emergency? _____		
Citation # (If Issued) T1443121			Citation # (If Issued) _____			Citation # (If Issued) _____			Citation # (If Issued) _____		
Violation 1: Ch 90/24/C Sec _____			Violation 2: Ch _____ Sec _____			Violation 2: Ch _____ Sec _____			Violation 2: Ch _____ Sec _____		
Violation 3: Ch _____ Sec _____			Violation 4: Ch _____ Sec _____			Violation 4: Ch _____ Sec _____			Violation 4: Ch _____ Sec _____		
Violation 4: Ch _____ Sec _____			Violation 4: Ch _____ Sec _____			Violation 4: Ch _____ Sec _____			Violation 4: Ch _____ Sec _____		
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved		
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			-----			---		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian
 ie: → 1 → 2 →

Crash Diagram:



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:

ON 2-1-19 AT APPROX. 1340HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT HIT AND RUN. UPON ARRIVAL AT 72 HIGHLAND ST. I SPOKE TO THE OWNER O VEHICLE #!. OWNER STATES HE WAS INFORMED BY A COWORKER (NO LONGER ON SCENE) THAT A VAN (MA REG: T65665) SIDESWIPE HIS PARKED MOTOR VEHICLE CAUSING THE LEFT REAR VIEW MIRROR TO BE DAMAGED. OWNER STATES HIS VEHICLE WAS PARKED ALL DAY BECAUSE HE IS DOING WORK AT THAT LOCATION. COWORKER GOT THE PLATE OF THE VEHICLE THAT HIT HIS VEHICLE. OWNER REPORTS NO INJURY AND WAS ADVISED O CONTACT HIS INSURANCE COMPANY. ATTEMPTS TO MAKE CONTACT WITH THE OWNER OF VEHICLE #2 WAS 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.

(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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

THOMAS P WALSH

NEWTON POLICE DEPART

02/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
ie: → 1 → 2 →

Crash Diagram:

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:

Traffic Bureau Update (Officer Gaudet): On Monday, February 4, 2019 I made contact with the President of Metrowest Packaging, Brian Herish. Herish stated his company does fulfillment deliveries for Amazon. Herish was advised that a vehicle registered to his company was allegedly involved in a hit and run accident. Herish was provided information on the vehicle involved. Herish stated an employee named Alexis was operating MA CON:T65665 on the date of the accident and provided a phone number for this party.

On Tuesday, February 5, 2019 I spoke with Alexis Laporte-Soto (S84358654). Laporte-Soto stated he was operating a 2017 Mercedes Sprint van (MA CON:T65665) in Newton for Metrowest Packaging on the date of the accident. I explained to Laporte-Soto the vehicle he was operating was alleged to have been

(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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

THOMAS P WALSH

NEWTON POLICE DEPART

02/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Principal/Remarks

Date

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

involved in a hit and run accident on Highland Street in Newton. Highland Street is a public way maintained by the City of Newton. Laporte-Soto stated the vehicle he was operating hit the driver door mirror of a parked car on Highland Street. Laporte-Soto reported the accident as mirror (MV2 passenger side) to mirror (MV1 driver side).

Laporte-Soto stated after his passenger side door mirror made contact with MV1's driver side door mirror, he stopped his vehicle 15 feet down the road. Laporte-Soto stated he walked up to the car he hit and saw the mirror was bent back but there was no damage. Laporte-Soto stated he waited near the car for 10 minutes and the owner never showed up. Laporte-Soto also stated a "random guy" took a picture of his license plate. Laporte-Soto stated he said "hi" to this party but the party ignored him and left the area.

(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 35

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THOMAS P WALSH

NEWTON POLICE DEPART

02/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

I asked Laporte-Soto why he did not call Newton Police to assist him in finding the owner of the vehicle he hit. Laporte-Soto stated he didn't know. I also advised Laporte-Soto that the name of the owner of the vehicle he hit was printed on the driver side door next. The owner's phone number and email address were also printed on the driver door. Laporte-Soto stated he didn't see that.

I spoke with the owner of MV1, Jason Correria. Correria stated a co-worker observed the entire accident and observed MV2's passenger side mirror hit MV1's driver side mirror. Correria stated his co-worker then observed MV2 travel down Highland Street with out stopping and pull into the Santander parking lot located at 1314 Washington Street. Correria stated his co-worker saw the operator of MV2 exit his vehicle, check his passenger side door mirror for damage, and leave the area.

(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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

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Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Principal/Remarks

Date

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

Laporte-Soto will be mailed Massachusetts Uniform Citation T1443121 for Chapter 90, Section 24
(Leaving the scene of property damage).

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 35

Address _____ City _____ St _____ Zip _____

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Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

THOMAS P WALSH

NEWTON POLICE DEPART

02/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Incident/Remarks

Date