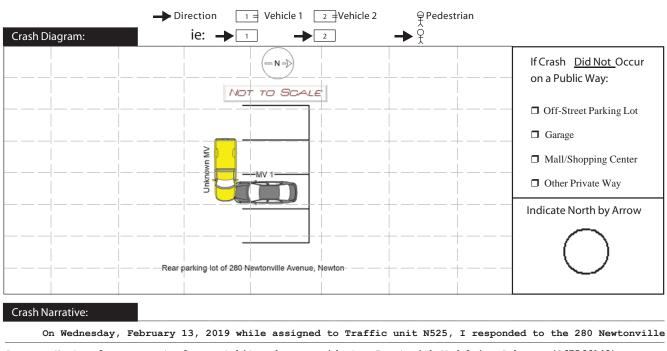
	Poli	ice Use Only		Commonwea	lth (	of Massa	achu	setts			RMV	Docum	ent Number	
	Date of Crash 02/13/2019	Time of Crash 10:21	NEWTON	MIOTOI		icle Cra	sh	Number Vehicles	Numbe	d Latit	ed Limit	15	State Police Local Police MBTA Police	N N
		24HR	1		OCA'	Report		2	0		gitude_		Other:	
		AIINIEN	RSECTION:	< I	JUCA	HON .	>		NU	IAI	INIE	CRSEC'	HON:	2 <sup>9</sup>
	1					SOUTH	280		NEWT	ONVIL	LE AVI	E		
$\frac{1}{4}$	Route# Direc	tion	Name of Ro	padway/Street		Route# Direction	n Add	lress #		Naı	me of R	oadway/S	treet	2 <sup>10</sup>
	1		710			Feet N	SEV	W of			— c	or		-  -
	Route# Direc	ction N	Name of Intersecting I			E (	delek	¥7 . c	Mile	Marker			Exit Number	
			Also at Intersec	tion with		Feet [F	SE	or or	Route	# — <u>I</u>	ntersect	ing Roady	way/Street	- 1
<b>4</b>	Route# Direc		Nome of Interception	a Doodway/Ctreat		Feet N	SEV	W of						3
3	Route# Direc	tion	Name of Intersection	ig Roadway/Street							Lan	dmark		-
3	XVehicle1	#Occupants	Hit/Run	Moped Case N	Number		190	00000183						
	License#_		St_	DOB/Age	Reg#	6AN179			_ Reg T	pe_PAN	N	Reg Si	tate MA	
	Sex Lic.	Class 18 1	8 Lic. Restrictions	19 CDL	Veh Y	ear_2018							20	
4				Endorsment		AUBOURG		MADE	LEINE				5	- <b>1</b>
1		Last		Middle		SS 5 KEITH TER	RRACE		First			Middle		_   1
				Zip		STOUGHTON					State	MA Zi	n 02072	
	Insurance Com		State			e Action Prior to	Crash	2					rcle Up to Thre	ee)
5	1	Direction: N	V F W Pospon	ding to Emorganov?		Sequence 1 2	2 22	22	<u></u>	)	3	4	1	
	]			ding to Emergency?			23		<u>ا</u> آ		M		10 Undercarri	iage
		ssued)		CI C		L	1	24		<b>←</b>	9	!	5 11 Totaled	
<sup>6</sup> 3	1			ChSec		Contributing Co	ode 9:	9	E		7	إلا	5	
3			ator and all occupa	ChSec	Under	ride/Override		Tower	<u> 1 N</u>		31	32 3	33	13
	Name (Last Fir		ator and an occupa	Address		Age/DOB	Sex Se	26 27 eat Safety os. System	28 Airbag Airl Status \$wi	29 30 Eject tch Code	31 Trap I Code S	njury Trans Status Code	sp. Medical Facili	1 2
	Operator			See Above										
7 1	Please Select C	IX Vehicle	22 <u>0</u> # Occupants	Non-Motorist A Type	e 1	14 Action 1	5 Locat		16 Cond	lition	17	X Hit/	Run Mop	ed
	of the Followi	ng:												4
	License#	18 1	St	DOB/Age	Reg#					pe_PAN	N	Reg S	tate MA	-
	Sex Lic.	Class	Lic. Restrictions	CDL Endorsment	Veh Y	ear_UNK	Veh	Make_U	NK			Veh Conf	fig. 97	
8 <b>1</b>	Operator	Last	First	Middle	Owner	Last	:		First			Middle		-
	Address				Addre	ss								-
	City		State	Zip	City_						_State_	Zi	p	-
	Insurance Com	npany			Vehicl	e Action Prior to	Crash	99 2	1 ]	Damage	d Area	Code: (Ci	rcle Up to Thre	ee)
	Vehicle Travel	Direction: N	S E W Respo	nding to Emergency?	Event	Sequence 2 2	2 22	22	22 2		3	$\overline{\mathcal{I}}$		
	Citation # (If I	ssued)			Most 1	Harmful Event	2 23		1	<b>+</b>	9	/	10 Undercarri 5 11 Totaled	iage
	Violatio	n 1: ChSe	ec Violation 2	2: ChSec	Driver	Contributing Co		24	24	·	$\Box$			
	Violatio	n 3: ChSe	ec Violation 4	4: ChSec	Under	ride/Override	25	Towed	_N_ 8		7	6	5	
	Pl Name (Last Fi		operator and all or	ccupants involved		Age/DOB		26 27 eat Safety Pos. System	28 2 Airbag Airl Status Sw	29 30 Eject ritch Cod	31 Trap I e Code	njury Tran:		ity
		Non-Motorist		See Above		Age/DOB	Sex 1		Status SW	nen Cod	Code	Status Coc	wedical Facil	ity
						1	I I	1	1 1		1		1	

Po	lice Use Only		Commonwea	alth o	f Massa	achuset	tts	RM	V Docume	ent Number
Date of Crash	Time of Crash	City/Town	Motor	· Vehi	cle Cra	sh Num			it	State Police [Local Police [MBTA Police [
	24HR		Po	lice R	Report		J	Longitude_		Other:
	AT INTERS	SECTION:	<	LOCAT	ION :	>	NOT	AT INT	ERSEC	ΓΙΟN:
Route# Dire	ction	Name of Roa	dway/Street	R	oute# Direction	on Address	#	Name of I	Roadway/St	reet
					Feet [	N S E W of	Mile M	• larker		Exit Number
Route# Dire	ection Na	me of Intersecting R Also at Intersect			Feet	N S E W of				2.mt i vanioei
1		This de literace.			Feet 1	N S E W of	Route#	Intersec	ting Roadw	vay/Street
Route# Dire	ction	Name of Intersecting	g Roadway/Street					Lai	ndmark	
Vehicle	#Occupants	Hit/Run	Moped							
License#_		St	DOB/Age	Reg#			Reg Ty	oe .	Reg St	ate
Sex Lic.	. Class 18 18	Lic. Restrictions	19 CDL		ar					20
	Last	L	Endorsment		Las					
1			Middle		Las				Middle	
City		State_	Zip	City				State	Zij	p
Insurance Cor	mpany			Vehicle	Action Prior to	Crash	<b>21</b> D	amaged Area	Code: (Cir	rcle Up to Three
Vehicle Trave	el Direction: NS	E W Respond	ing to Emergency?	Event S	equence 2		2 22 2	3	4	
Citation # (If	Issued)			Most Ha	armful Event	23	1	<b>←</b>   \	$\left\{ \left  \ \right  \right\} $	10 Undercarria; 11 Totaled
Violation	n 1: ChSec_	Violation 2:	ChSec	Driver (	Contributing Co					
Violatio	n 3: ChSec_	Violation 4:	ChSec	Underri	de/Override		owed8	7	6	
Please Name (Last F	fill out for operate	or and all occupan	ts involved Address		Age/DOB	Sex Pos. \$3	27 28 29 afety Airbag Airba stem Status Switc	g Eject Trap h Code Code	32 3 Injury Trans Status Code	3 p. Medical Facility
Operator	r		See Above							
Please Select of the Follow	I Vehicle	# Occupants	Non-Motorist A Ty	rpe 14	Action 1	5 Location	16 Condi	tion 17	☐ Hit/F	Run Mope
License#		St	DOB/Age	Reg#_			Reg Ty	pe	Reg St	
Sex_M_ Lic.		Lic. Restrictions	CDL	Veh Yea	ar	Veh Mak	e		_ Veh Conf	ig. <b>20</b>
	ERIDA-DIAZ Last	ADOLFO First	V Endorsment  Middle	Owner _	Las	ı	First		Middle	
Address 138	HEATH STREET (a			Address						
City JAMAIO	CA PLAIN	State_1	MA Zip 02130	City					Zij	
Insurance Cor	mpany			Vehicle	Action Prior to			C	`	rcle Up to Three
Vehicle Trave	l Direction: N S	E W Respon	ding to Emergency?	Event S	equence 2		2 22 2	3	4	10 Undercarria
Citation # (If	,			Most Ha	armful Event	23	24	<b>←</b>   ) 9	[   5	; 11 Totaled
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			ChSec	Underri	de/Override	То	wed	) 30   21		
Name (Last 1	Please fill out for o	perator and all occ	cupants involved Address		Age/DOB	Sex Pos. S	27 28 29 afety Airbag Airba system Status Swi	g Eject Trap ch Code Code	32 33 Injury Trans Status Cod	p.
Operator	r/Non-Motorist		See Above						5 1	N/A



Avenue, Newton for a report of a past hit and run accident. I met with Madeleine Aubourg (S67566148) who stated she is a Nursing Assistant at Cabot Park Village. Aubourg stated due to the snowfall the area had the previous day, Aubourg left her vehicle parked (S) in the rear parking lot overnight. Aubourg stated this morning when she returned to work she observed damage to the front bumper area of her 2018 Toyota Camry (MA: 6AN179). Aubourg stated she believes sometime overnight when the parking lot was being plowed a plow truck hit the front of her vehicle. I observed moderate damage to the front bumper area.

I spoke with Adolfo Merida-Diaz (S44133458) on scene who stated he is employed by Marquense

(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 Damaged Pro	pperty
Truck and Bus Information:	Registration #	(From Veh	icle Section)		35
Carrier Name				Carrier Issuing Au	
Address		City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:	Inte	erstate 36
Cargo Body Type Code 37 Gros	ss Vehicle Weight 38				
Trailer Reg #:	Reg Type Reg State _	Reg Year	Trai	iler Length	
Hazmat Information:					
Placard 40 Material 1 digit #	# Material Name		Material 4 di	igit#Relea	ase code 42

MICHAEL R GAUDET		1	NEWTON POLICE DEPARTM		02/13/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction	1 = Vehicle 1	2 = Vehicle 2	Pedestri		
Crash Diagram:	ie: →□	1 -	2	<b>₽</b> Ĝ		
					If Crash <u>Did Not</u> C on a Public Way:	Occur
					Off-Street Parking	Lot
					☐ Garage	
					☐ Mall/Shopping Ce	enter
					Other Private Way	,
				+	Indicate North by A	rrow
		 -	+ -			
Crash Narrative:						
	he removed snow	from the par	rking lot and	did not ma	ke contact with any vehicl	les in
the parking lot during hi	s duties. I sh	nowed Merida-I	Diaz where the	alleged a	ccident occurred. Merida-	-Diaz
stated he does not rememb	er a car being	parked in tha	at particular	spot, but	if there was a car parked	there
he leaves enough room so	he is not near	any vehicles	•			
I did not observe a	ny surveillance	cameras in t	this portion o	of the park	ing lot. There are no wi	tnesses
to the alleged accident.	Aubourg was ad	lvised to spea	ak with her in	surance co	mpany.	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
			FIIOTIE #	34-1 ype		
			riiolie #	34-туре		
			rnone #	34-1ype		
Truck and Bus Information:	Desirtation #					
Truck and Bus Information:	Registration #			Phicle Section)	Carrier Issuing Authority Code	e 35
			(From Ve	Phicle Section)		e 35
Carrier Name			(From Ve	chicle Section)	St Zip	35
Carrier NameAddressUS DOT #:			(From Ve	chicle Section)	St Zip	e
Carrier NameAddressUS DOT #:	_ State Numbeross Vehicle Weight	38	(From Ve	Phicle Section)  ICC #:	St Zip Interstate	e
Carrier Name  Address US DOT #: Cargo Body Type Code 37 Gr	_ State Numbeross Vehicle Weight	38	(From Ve	Phicle Section)  ICC #:	St Zip Interstate	36
Carrier Name	State Number oss Vehicle Weight Reg Type	38 Reg State	(From Ve	chicle Section)  ICC #: Trai	St Zip Interstate	e

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)