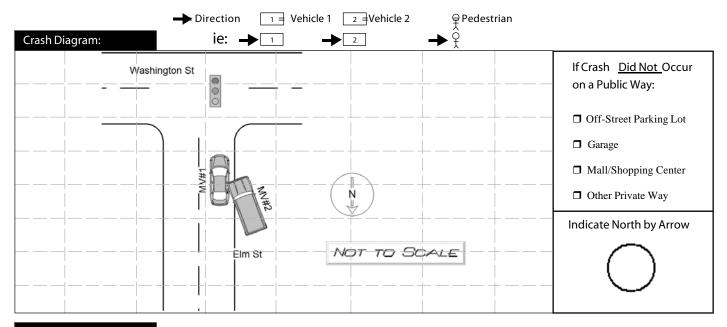
	Police Use Only	ıwealth (ealth of Massachusetts RMV Document Number						
	Date of Crash Time of Crash Cit 02/27/2019 14:36 NEWTON			icle Crash	Number Vehicles		Speed Limit <u>25</u> Latitude		N N
	24HR		Police 1	Report	2	0	Longitude	Other:	е 🔲
	AT INTERSECTION	N: <	LOCA	TION >		NOT .	AT INTERS	SECTION:	
				SOUTH	115	ELM ST			- 2
1	Route# Direction Nam	ne of Roadway/Street		Route# Direction	Address #		Name of Road	way/Street	
		At		Feet N S	EW of -		• or _		F
	Route# Direction Name of Inters	ecting Roadway/Street				Mile Ma	rker	Exit Number	
	Also at	Intersection with		Feet N S	E W of	Route#	Intersecting	Roadway/Street	-
1				Feet N S	E W of			y	4
	Route# Direction Name of Int	tersecting Roadway/Street					Landma	ark	
	Wehicle 1 1_#Occupants Hit/R	Run Moped	Case Number		1900000235				
		t MA DOB/Age	Reg#	6HA712		_Reg Type	PAN	Reg State MA	_
	Sex_F Lic. Class D 18 18 Lic. Restric			ear_2018	Veh Make_TC	YOTA	Vel	h Config. 20	
	Operator KULARSKI AMY Last First	Endorsm	Owne	r RAMOS	IVAN	First		Aiddle	_
3	Address 114 MECHANIC ST	Middle		2SS 114 MECHANIC	ST	First		Aladie	_
	City_FITCHBURG	_State_MA _Zip_01420	City_I	FITCHBURG			State_MA	A Zip 01420	
	Insurance Company COMMERCE INSURA	NCE	Vehicl	le Action Prior to Cra	ash 1	Dai	naged Area Cod	le: (Circle Up to Th	ree)
1	Vehicle Travel Direction: NXEW	Responding to Emergency	y? Event	Sequence 1 22	22 22	22 2	0	4	
1	Citation # (If Issued)			Harmful Event 1	23			10 Underca	rriage
	Violation 1: ChSec Viola	ation 2: ChSec		Contributing Code	1 24	24		5 11 Totaled	
1	Violation 3: ChSec Viola			rride/Override	25 Towed		7	6	
	Please fill out for operator and all o	occupants involved				28 29 Airbag Airbag	30 31 32 Eject Trap Injur	2 33 y Transp.	
	Name (Last First Middle) Operator	Addres See Abor		Age/DOB Sex	Pos. \$ystem	Status Switch 4 99	Code Code Statu	Code Medical Fac	ility
	Орегию	566 7180	<u> </u>		1	4 99	0 0 5	1	
						6	17	,	ped
	Please Select One of the Following: X Vehicle 2 1 #Occu	ipants Non-Motoris	st A Type	Action 15	Location	Condition	on i	Hit/Run Mo	
	of the Following: Venicle 2 1 # Occu		st A Type	Action	Location	Condition	on		
<u> </u>	of the Following: Venicle 2 1 # Occul	tDOB/Age	st A Type Reg#	Action 1 9RM445	Location	Condition	PAN	Reg State MA	
	of the Following: Venicle 2 1 # Occur License # S Sex_M_ Lic. Class 99 18 18 Lic. Restriction	tDOB/Age ctions	Reg#	9RM445 Year_2018	Veh Make_JEI	Condition	on	Reg State MA	
	License # S Sex_M Lic. Class 99 18 18 Lic. Restrict Operator UNKNOWN UNKNOWN Last First	tDOB/Age ctions	Reg# Veh Y	9RM445 Year 2018 (Same as operator Last	Veh Make_JEI	Condition Reg Type EP	PAN Vel	Reg State MA	
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Crash Narrative:

On 3/4/19 at approximately 1630hrs, I responded to the front desk for a report of a past hit and run. Operator#1 stated she was involved in an an accident on 2/27/19 at 1436hrs in front of Mango Thai, 115 Elm St. Operator #1 stated she was stopped waiting for the red light at Elm St and Washington when a "new black or gray SUV" pulled out of a parking spot the right of her. The other vehicle sideswiped her passenger side causing a large scratch. Operator #1i stated she honked and attempted to stop the vehicle but the driver pulled away. Operator #1 was only able to identify the driver as a male but did provide me with a plate of MA Reg 9RM445. The plate comes back leased to a 2018 Gray Jeep Compass registered to a Matthew Veteto. I was

who advised her she would	ld need a police report				
	on next page)			<u>, , , , , , , , , , , , , , , , , , , </u>	
W itnesses:					
Name (Last, First, Middle)	Address	S		Phone #	Statement
Property Damage:	•				
Owner (Last, First, Middle)	Address	Phone #	34-Type D	escription of Damaged Propert	у
Truck and Bus Information:	Registration #	`	Vehicle Section)		35
Carrier Name				Carrier Issuing Authorit	y Code
Address		City		St Zip	
US DOT #:	State Number	Issuing State _	ICC #:	Interstate	e 36
Cargo Body Type Code 37 G	Gross Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg	State Reg Year	r Traile		
Hazmat Information:					
Placard 40 Material 1 dig	it # 41 Material Name		Material 4 dig	it # Release co	ode 42
MEGHAN E MCLEAN		38801 N	EWTON POLICE DEPARTM	0	3/04/2019

	→ Direction 1	Vehicle 1	Vehicle 2	₽ Pedesti	rian		
Crash Diagram:	ie: → 1	→ [2	<u>-</u>	₽Ŷ			
						If Crash Did Not on a Public Way: Off-Street Parki Garage Mall/Shopping Other Private W Indicate North by	ng Lot Center ay
						()	
Crash Narrative:							
was not issued.							
W.							
W itnesses: Name (Last, First, Middle)		Address				Phone #	Statement
Nume (East, First, Middle)		Madicis				THORE II	Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	on of Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)			25
Carrier Name						Carrier Issuing Authority Co	ode 35
Address			City			StZip	
US DOT #:							36
Cargo Body Type Code 37	Gross Vehicle Weight	38	issuing state	ICC #:_		interstate	
				_		39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tr	ailer Length		
Hazmat Information:	41					r	42]
Placard 40 Material 1	digit # 41 Material N	Jame		Material 4	digit #	Release code	42
						L	
MEGHAN E MCLEAN		38801	NE	WTON POLICE DEPART	S	03/04	/ 2019