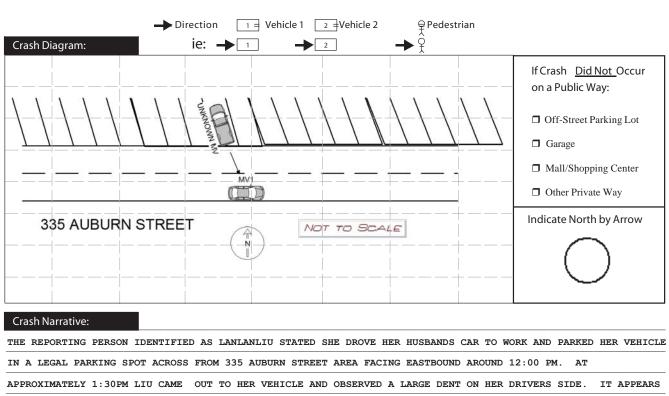
	Poli	ice Use Only		Commonwe	alth	of Massa	chus	etts		RM	V Docum	ent Number	
	Date of Crash 03/28/2019	Time of Crash 13:34	City/Town NEWTON	MIOTO		nicle Cra Report	\	Number Vehicles	Number Injured 0	Speed Lim Latitude _ Longitude		State Police Local Police MBTA Police Other:	N Xi
		24HR AT INTER	SECTION:	<	LOCA		>	1		AT INT			┪
						EAST	335		AUBURN	l ST			2
1 1	Route# Direc	tion		adway/Street		Route# Directio	n Addr	ess #		Name of	Roadway/S	Street	$ \frac{1}{2}$
	At					Feet NSEW of or							.   _
	Route# Direc	ction N	Jame of Intersecting R	<u>-</u>		Faat N	SEW	of	Mile Ma	ırker		Exit Number	_
2	1		Also at Intersect	tion with			SEW	_	Route#	Interse	cting Road	way/Street	·  -
2 <b>1</b>	Route# Direc	tion	Name of Intersectin	g Roadway/Street		reet [N	S   E   W	OI		L	ındmark		$-\frac{3}{}$
3	XVehicle1	0 #Occupants	X Hit/Run	Moped Cas	se Number		1000	0000324		2.			7
										DAG		364	4
	License # St DOB/Age					20 Z							
4	Sex Lic.		Lic. Restrictions	CDL Endorsment								ng.	1
1	1			Middle		Last					Middle		
				Zip							eZ	ip	
	Insurance Com	ipany			_ Vehic	le Action Prior to	Crash	11 21	Da	maged Area	a Code: (C	ircle Up to Thre	e)
5	Vehicle Travel	Direction: N	S W Respond	ding to Emergency?	_ Event	Sequence 1 2	2 22	22	22 2	3		4	
	Citation # (If I	ssued)			Most	Harmful Event	1 23	'	_ 1 4		<u> </u>	10 Undercarris 5 11 Totaled	age
	Violation	1: ChSec	Violation 2:	ChSec	Drive	r Contributing Co		24	24				
<sup>6</sup> 1				ChSec	Unde	rride/Override	25	Towed		(	,	6	
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB Sex Pos. \$ystem Status \$witch Code Code Status Code Medical Faci						33 lsp. le Medical Facilit	y2
	Operator			See Above				-					
7 <b>1</b>	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A	Туре	14 Action 1	Location	on 1	6 Conditi	ion 17	Hit/	/Run Mope	ed
	License#StDOB/Age				_ Reg#	eg#Reg TypeReg State					state		
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					n YearVeh MakeVeh Config.						-	
8 1	Operator	Last	First	Endorsment	_ Owne	rLast			First		Middle		
	Address				_ Addre	ess							
	CityStateZip				_ City_	City State Zip							
	Insurance Company					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)  Damaged Area Code: (Circle Up to Three)							e)
	Vehicle Travel Direction: N S E W Responding to Emergency?					Event Sequence 10 Undercarriage							age
	Citation # (If Issued)					Most Harmful Event 9 5 11 Totaled							
	Violation 1: ChSec Violation 2: ChSec  Violation 3: ChSec Violation 4: ChSec					Driver Contributing Code 8 7 6							
			operator and all oc		Unde	inde/Override	2 Sea	Towed _	28 29 airbag Airbag	30 31 Eject Trap	32 January Trans	33	$\dashv$
	Name (Last Fi	irst Middle)		Address		Age/DOB	Sex Po	s. System	irbag Airbag Status Switcl	Eject Trap h Code Code	Injury Tran		ty
	Operator/	Non-Motorist		See Above				-					
								+					$\dashv$



THE REPORTING PERSON IDENTIFIED AS LANLANLIU STATED SHE DROVE HER HUSBANDS CAR TO WORK AND PARKED HER VEHICLE
IN A LEGAL PARKING SPOT ACROSS FROM 335 AUBURN STREET AREA FACING EASTBOUND AROUND 12:00 PM. AT

APPROXIMATELY 1:30PM LIU CAME OUT TO HER VEHICLE AND OBSERVED A LARGE DENT ON HER DRIVERS SIDE. IT APPEARS
AS IF ANOTHER MV BACKING OUT OF A PARKING SPACE BACKED INTO HER AND LEFT THE SCENE WITHOUT LEAVING THEIR
INFORMATION. I CHECKED WITH EMPLOYEES INSIDE THE VILLAGE BANK TO SEE IF THEIR SURVEILLANCE CAMERA OUTSIDE
THE FRONT DOORS CAPTURED THE ACCIDENT, BUT THE VEHICLE WAS OUT OF VIEW. I WAS TOLD BY ONE OF THE EMPLOYEES
THAT SOMEBODY FROM THE SECOND FLOOR OBSERVED A BLACK PICKUP TRUCK BACK UP INTO THE RP'S VEHICLE BUT DIDNT'T
GET A PLATE NUMBER OR A DESCRIPTION OF THE DRIVER.

W itnesses:										
Name (Last, First, Middle)	Address		Pho	Phone #						
Property Damage:										
Owner (Last, First, Middle)		Phone #	34-Type	Description of Da	cription of Damaged Property					
Truck and Bus Information: Registration #(From Vehicle Section)										
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			25			
Truck and Bus Information:  Carrier Name				cle Section)	Carrier	Issuing Authority Code	35			
			· · · · · · · · · · · · · · · · · · ·				e			
Carrier Name			City		St	Zip	e			
Carrier Name Address US DOT #:	State Number		City		St	Zip				
Carrier Name Address US DOT #:	State Number		City		St	Zip Interstate				
Carrier Name Address US DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip				
Carrier Name  Address US DOT #:  Cargo Body Type Code 37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip Interstate				
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC#:_	St	Zip Interstate				

MATTHEW W COLELLA		NEWTON POLICE DEPARTM	03/28/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date