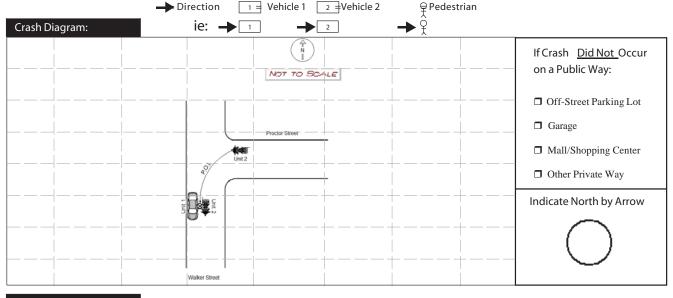
	Poli	ice Use Only		Commonv	vealth	of Mass	achus	etts		RM	IV Docı	ument l	Number	
	Date of Crash 04/05/2019	Time of Crash	City/Tow NEWTON	Mot	tor Vel	nicle Cra	$sh$ $\begin{bmatrix} N \\ V \end{bmatrix}$		Number Injured	Speed Lir Latitude		State	e Police al Police TA Police	D Xi
	04/05/2019	15:10 24HR	NEWTON		Police	Report		2	0	Longitude		MB' Oth	TA Police er:	
		AT INTER	SECTION:	<	LOCA	TION	>		NOT	AT INT	ERSE	ECTIO	)N:	2
	WEST	T PROCT	OR ST											2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direct	tion	Name of I	Roadway/Street		Route# Direction	on Addre	ess#		Name of	Roadwa	ay/Street		_ 2 10
	SOU	TH WALKE	ER ST	t		Feet [	N S E W	of —		_ •	or			-
	Route# Direc		Jame of Intersecting	Roadway/Street				,	Mile Ma				Number	_
			Also at Inters	ection with		Feet	N S E W	of	Route#	Inters	ecting Ro	oadway/S	Street	
2 1						Feet	N S E W	of			J			4 11
	Route# Direct	tion	Name of Intersec	ing Roadway/Street						L	andmark			$\neg$
3	XVehicle1	#Occupants	X Hit/Run	Moped	Case Numbe	r	1900	000341						
	License#_		St	DOB/Age	Reg ‡	£ CIJ431			Reg Type	e PAS	Re	g State	MA	_
	Sex Lic. 0	18 18		19	_	Year 2013							20	
4				Endorsment		er DAHLBEN								112
1				Middle		ess 11 EAST BO	ulevard	RD	First		Mido	dle		1
				eZip		NEWTON				Sta	te_MA	_Zip		
		pany SAFETY IN				cle Action Prior to	o Crash	11 21					Up to Three	
5	Vehicle Travel	Direction: N	X E W Respo	onding to Emergency?_	Even	t Sequence 2	22 22		22 2		3	4		
		ssued)		2 2 7 =		Harmful Event	23			. \			) Undercarria	age
	,			2: ChSec		er Contributing C		24	24		9	5 11	Totaled	
<sup>6</sup> 1	Violation	3: ChSec	Violation	4: ChSec		rride/Override	25	Towed.			O	6		
	Please fill out for operator and all occupants involved						26 Seat		28 29 irbag Airbag	30 3 Eject Trap	1 32 Injury I	33 Fransp.		13
	Name (Last Fire	st Middle)		Address See Above		Age/DOB	Sex Pos.	System S	tatus Switch	Code Code	e Status	Code N	Medical Facility	y 2
	1													_
														_
3	Please Select C of the Followi		2 1 # Occupants	Non-Motorist A	Туре	Action S	Locatio	on 16	Conditi	on 17	<b>X</b>	Hit/Run	Море	èd
	License #		St MA		Reg #	Reg # <u>2H7713</u> Reg Type <u>MCN</u> Reg State <u>MA</u>					MA 20	.		
	Sex_F Lic. Class D 18 M 18 Lic. Restrictions B 19 CDL					Veh Year 2018 Veh Make URAL Veh Config. 3								
8 <b>1</b>	Operator TOMPKINS NANCY  Last First Middle				Own	Owner (Same as operator)  Last First Middle								
	27 PROOVE AVE				Addr	Address								
	City NEWTON State MA Zip 02466				City	StateZip								
	Insurance Company GEICO					Vehicle Action Prior to Crash  4 21 Damaged Area Code: (Circle Up to Three)						e)		
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$				Even	Event Sequence 2 22 22 22 22 2 4								
	Citation # (If Issued) T1441458 Mo				Most	Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled						ige		
	Violation 1: Ch_90/24/CSec Violation 2: ChSec Dri					Driver Contributing Code 19 24 24								
	Violation 3: ChSecViolation 4: ChSec					Underride/Override 25 Towed N 8 7 6								
	Plo Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Seat Seat Pos	Safety Ai	28 29 irbag Airbag Status Switch	30 3 Eject Trap h Code Coo	1 32 Injury 1 le Status	33 Fransp. Code	Medical Facili	ty
		Non-Motorist		See Above				- 5 4		0 0		1		
														_



## Crash Narrative:

Operator of MV1 states she parked MV1 on Walker Street, while she was visiting a friend and when she came out to her vehicle she found damage to the drivers side door, left front corner panel and left front tire rim.

Operator of MV1 states two people witnessed the hit and run who were both on scene.

The first witness, Aaron Creecit, was making deliveries for UPS when he saw MV2, which was a motor cycle with a side car attached to it, take a left from Proctor Street onto Walker Street and struck MV1 with the side car portion of the motor cycle and left the scene.

The second witness, Jeanette Even, who lives at 30 Walker Street witnessed the hit and run and stated she saw MV2 take a left from Proctor Street onto Walker Street and struck MV1 and left the scene.

The first and second witness took down the registration plate (MA Reg: 2H7713) which came back to 27

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	304 PLEASANT ST		
CREECIT , AARON,	BELMONT,MA 02478		Y
	30 WALKER ST		
EVEN , JEANETTE,	NEWTON,MA 02460		Y

•	INEVVIOLATION, IV.	1/1 02400		
Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Туре	Description of Damaged Property
Truck and Bus Information:	Registration #	(From Vehic	cle Section)	35
Carrier Name				Carrier Issuing Authority Code
Address		_ City		St Zip
US DOT #:		Issuing State	ICC #:_	Interstate 36
Cargo Body Type Code Gros	ss Vehicle Weight 38			39
Trailar Dag #:	Pag Type Pag State	Dog Voor	T.	

TIMOTHY F KEEFE			NEWTON POLICE DEPARTM		04/05/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

\_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

Hazmat Information:

Material 1 digit #

Material Name\_

Placard

-	→ Direction	1 = Vehicle 1	₂ ≢Vehicle 2	₽ Pedestri	an	
Crash Diagram:	ie: →□	1 -	2	<b>→</b> ĝ		
					If Crash <u>Did</u> on a Public V	
		_			Off-Street	Parking Lot
		İ				
					☐ Mall/Shopp	ping Center
		-			Other Priva	ate Way
					Indicate Nort	h by Arrow
		 -	+			
		į į	į	į	(	)
Crash Narrative:					· · · · · · · · · · · · · · · · · · ·	
Brooks Ave. I responded a	nd found the mo	otor cycle in	the drivewa	y covered h	by a blue tarp. I lift	ted the tarp
and found damage on the r	ight side porti	ion of the sid	de car, which	would be o	consistent with the hi	it and run. I
spoke with the operator o	f MV2, who stat	tes the motoro	cycle is new	and she di	dn't realize she hit	MV1.
I issued the operator of	MV2 in hand Mas	ssachusetts Ur	niform Citati	on #T144145	58 for MGL Ch. 90 Sec.	. 24
(2) Leaving the scene of	property damage	e (crash)				
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Trume (East, Fist, Findale)		radiess			Thore #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Proper	rtv
o mer (2034) i magici	/ tual ess		I Hone #	31.750	Description of Barnagea Frope.	•
Truck and Bus Information:	Registration #		(From V	Vehicle Section)		35
Carrier Name					Carrier Issuing Author	
			•			p
US DOT #:		38	Issuing State	ICC #:	Intersta	ite
Cargo Body Type Code Gr	oss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information:	41					. 42
Placard Material 1 digit	# Material I	Name		Material 4 d	igit # Release c	ode

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)