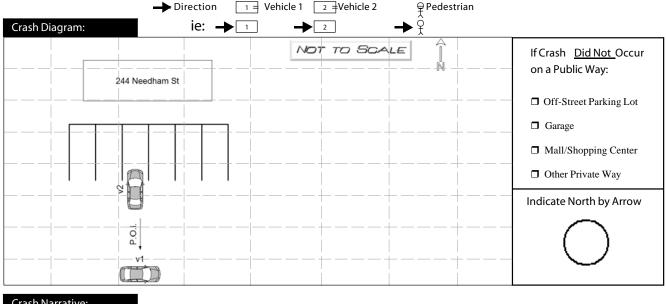
	Poli	ice Use Only		<u>Com</u> monw	ealth	of Mass	sach	useti	ts		RMV	V Docun	nent Number	
	Date of Crash 04/15/2019	Time of Crash 14:56 24HR	NEWTON	141011		icle Cr Report	ash	Numb Vehicl 2		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	Xi O
			RSECTION:	<	LOCA		>		NO				CTION:	
						EAST	2	14	NEEL	OHAM S	ST			
	Route# Direc	tion	Name of Ro	adway/Street		Route# Direc	tion A	ddress #		N	ame of R	Roadway/	Street	_[:
						Feet	N S I	W of		 Marker		or	Exit Number	-
	Route# Direc	etion N	Name of Intersecting R Also at Intersect			Feet	N S I	W of						
1						Feet	N S I	W of	Rout	e#	Intersec	ting Road	lway/Street	-
	Route# Direc	tion	Name of Intersectin	g Roadway/Street							Lar	ndmark		
	XVehicle1	1_#Occupants	Hit/Run	☐ Moped C	ase Number		:	19000003	78					
	License#	18 1	St MA	DOB/Age	Reg #	1JC467			Reg	Гуре_РА	N	Reg	State MA 20	_
	Sex_F Lic.	Class D	Lic. Restrictions	B CDL Endorsment		ear_2015				· · · · · · · · · · · · · · · · · · ·		_ Veh Coi	nfig. 1	
1	Operator KA	Last TON PD	First	Middle	Owne	KAUFMAN 12 FATON	ast	GAR	First		M	Middle		- [
	Address 12 EA		S I	MA Zip 02492		SS 12 EATON	KD				Ct-t-	MA ,	Zip_02492	-
	· ·	pany COMMER		Zip <u>02132</u>		le Action Prior	to Crash	1 11	21				Circle Up to Thr	ree)
		Direction: N		ling to Emergency?		Sequence 1		22 22		2	3		4	
	Citation # (If I	ssued)			Most	∟ Harmful Event	1 2	3		1 📥	9	$\left(\mid \cdot \mid $	10 Undercarr 5 11 Totaled	riage
	Violation	1: ChSec	C Violation 2:	ChSec	Drive	Contributing		1 24	24	8			6	
1			C Violation 4:		Under	ride/Override			wed N		<u>O</u>			
	Name (Last Fir		ator and all occupan	Address		Age/DOB	Sex	26 Seat Safe Pos. Syst	27 28 ty Airbag A em Status S	29 Sirbag Ejectoristich Coc	0 31 Et Trap Code	status (Co	33 nsp. de Medical Facil	ity
	Operator			See Above			-			_		10 1		
											-			
	Please Select (One Waller		D	_	14	15		16		17	N		
1	of the Followi	I A I Venicie	2 <u>0</u> #Occupants	Non-Motorist A	Туре	Action	Lo	cation	Co	ndition		X Hit	:/Run	oed
	License # St DOB/Age 19 19				Reg # Reg Type UNKNOWN Reg State Veh Year Veh Make UNKNOWN Veh Config.							-		
	Sex Lic.	Class	Lic. Restrictions	CDL Endorsment				eh Make_	UNKNO	WN		_ Veh Coi	nfig.	
L	Operator Address	Last	First	Middle		r	ast		First			Middle		_
			State_	Zip							State	2	Zip	
	Insurance Com	pany			Vehic	le Action Prior	to Crash	10	21	Damag	ed Area	Code: (C	Circle Up to Thr	ree)
	Vehicle Travel	Direction: N	K E W Respor	nding to Emergency?_	Event	Sequence 2		22 22	22	2	3		4	
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				: ChSec	_	Contributing		99 24		8	7		6	
			operator and all oc	: ChSec cupants involved	_ Under	ride/Override		Tow	red N 7 28 ty Airbag A	29 3	0 31 Trap	32 Fra	33	
	Name (Last Fi			Address See Above		Age/DOB	Sex	Pos. Sys	ty Airbag A	switch Co	de Code	Injury Tra Status C	nsp. ode Medical Faci	ility
	Орегасог	1 1011-1110101181		See Allove					+	+				
							+							
							+							



Crash Narrative:

(Continued on next page)

Vehicle 1 was parked in a parking space perpendicular to vehicle 2, in front of Splash. The operator of vehicle 1 went inside of Starbucks from 1300-1445 hours. When she arrived back to her car she noticed damage to the drivers side of the vehicle. I observed there to be moderate damage to this side of the vehicle. appeared that vehicle 2 backed into the drivers side of vehicle 1. The operator of vehicle 2 left from the scene and failed to provide their information. There are no witnesses or suspects at this time. surveillance cameras in front of Splash. I asked the employees in Splash if I could access the camera's, and they explained that they would have to wait until tomorrow to speak with the manager. No one was injured, and vehicle 1 did not need to be towed.

On Monday, April 29th 2019, at approximately 1600 hours, I left a voicemail for the owner of Splash, Jamie

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
			l

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property**

Truck and Bus Information:	Registration #	(From Vehi	cle Section)		
Carrier Name				Carrier Issui	ng Authority Code
Address		City		St	Zip
US DOT #:	_ State Number	_ Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code 37 Great	oss Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Lengt		
Hazmat Information:					
Placard 40 Material 1 digit	# 41 Material Name		Material 4 digit #		Release code 42

TIMOTHY ROCHE 04/15/2019 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

-	→ Direction 1		± ≠Vehicle 2	₹ Pedestri	an	
Crash Diagram:	ie: → 🛚	2	· -	₽Ŷ		
Crash Diagram:	ie: •			P -	on a on a of Ga of M	rsh Did Not Occur Public Way: Ff-Street Parking Lot arage all/Shopping Center ther Private Way ate North by Arrow
		 	+			
						_
		-				
Crash Narrative:						
Mcmanus, in regards to an	y possible surve	eillance foo	tage. I req	uested that	he call Newtor	n Police
headquarters and ask for	me, when he gets	s the message				
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\\/ i+u						
Witnesses: Name (Last, First, Middle)		Address			Phone #	Statem
Nume (East, 1113t, Mildale)		7 daic33			T Hone #	Statem
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	ed Property
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name					Carrier Issuir	ng Authority Code
A 11			G''		g.	
Address			City		St	
US DOT #:	_ State Number		Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code Gr	oss Vehicle Weight	38				
Cargo Body Type Code Gr	200 VCHICIE WEIGHT				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	iler Length	
Hazmat Information:						
A0 M	41			34	• • • "	42
Placard Material 1 digit	# Material Na	ame		Material 4 d	igit #	Kelease code
TIMOTHY ROCHE				VTON POLICE DEPARTM		04/15/2019
Police Officer Name (Please Print)	Signature			Department	Precinct/Barrac	
Tonce Officer Name (Flease Fillit)	Signature		ıD/Dauge# D	с рагинені	r recinct/ Darrac	ko Date