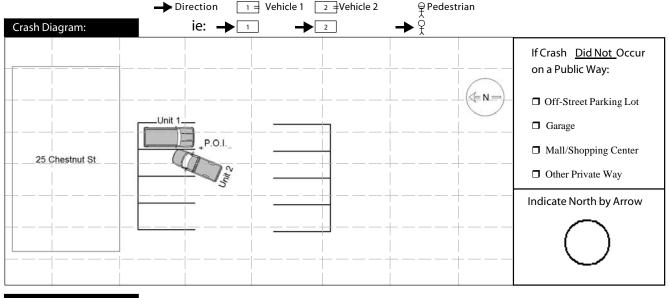
License # St   DOB/Age   Reg # 9XS415   Reg Type PAN   Reg State MA		Poli	ce Use Only		Commonv	vealth	of Mass	achu	isetts			RMV	/ Docum	ent Number	
AT INTERSECTION:    Company   State   Company   Comp			15:04	NEWTON	14100			ash	Vehicles	Injure	ed Lati	tude		Local Police MBTA Police	XI D
Routed Direction   Name of Routhway/Street   Routed Direction   Name of Routhway/Street   Air	Ī							>		NO				CTION:	
Route# Direction   Name of Intersecting Roadway/Street   Also at Intersecting Roadway/Street   Also at Intersecting Roadway/Street   Feet   NSEW   of   Mille Marker   Fast Number   Fast Number   Feet   NSEW   of   Mille Marker   Fast Number   Fast Number   Feet   NSEW   of   Mille Marker   Fast Number   Fast Nu							SOUTI	1 25		CHES	TNUT S	ST .			
Feet   NS   E W   of   Mile Marker   or   Exit Number	1 1	Route# Direc	tion				Route# Direct	ion Ad	dress #		Na	me of R	loadway/S	Street	
Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet NSEW of Feet NS				A	t		Feet [	N S E	W of		•	· ·	or	E WY 1	_
Fost   N   E   W   of   Router   Intersecting Roadway/Street   A		Route# Direc	tion N				Feet	NSE	W of	Mile	Marker			Exit Number	
Route   Direction   Name of Intersecting Roadways/Street   Landmark   1900000382	2			Also at Interse	ection with				_	Route	e# <u> </u>	Intersec	ting Road	way/Street	-  -
License #	1	Route# Direct	tion	Name of Intersect	ing Roadway/Street		1 cct	., 5 [2]	01			Lar	ndmark		<del>  4</del>
License # St DOB/Age Sex_ Lic. Class   St   St   St   St   St   St   St	3	XVehicle 1	0 #Occupants	X Hit/Run	Moped	Casa Numba	,	10	00000383						
Sex_Lic. Class   18   18   Lic. Restrictions   19   CDL   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Make JEEP   Veh Config.   20   Veh Year 2014   Veh Year 20		_									. PA	N		. MA	
Operator   Last   First   Middle   Address   1321 WASHINGTON STREET   Address   1321			18 1	8	19	_				-			_	20	-
Address   321 WASHINGTON STREET	1				Endorsment	t									
City						Own	La L	INGTO	N STREE	First		.,,,,	Middle		- [ ]
Insurance Company STANDARD FIRE  Vehicle Travel Direction: NXEW Responding to Emergency?  Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2												State	MA 7	in 02465	-
Vehicle Travel Direction: NXEW Responding to Emergency?  Event Sequence 1 22 22 22 22 22 23 20 3 4 4 Underride/Override  Violation 1: Ch. Sec Violation 2: Ch. Sec Driver Contributing Code 1 24 24 24 24 24 24 24 24 24 24 24 24 24					~ zıp			to Crash	2						ree)
Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 24 4 9 9 5 11 Totaled  Note Harmful Event 1 23 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5				nding to Emergency?				11		_			-	
Violation 1: ChSec Violation 2: ChSec Underride/Override					nding to Emergency:_			23	<u>                                      </u>			M	$A \cap$		riage
Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override					t: Ch Sec				24	24	<b>—</b>	9	$\bigcup$	5 11 Totaled	
Please fill out for operator and all occupants involved Name (Last First Middle)  Operator  See Above  Please Select One of the Following:  License# St MA DOB/Age Reg # 900ENY	<sup>6</sup> 1						· ·		JL	8 d <b>N</b>		7		6	
Operator  See Above  See Above  Operator  St. MA DOB/Age Sex.M. Lic. Class D	_						inde, o verride				29 30 Than Fiect	31 Tran	32 Injury Tran	33	۲,
7 1 Please Select One of the Following:  Vehicle 2 1_# Occupants  Non-Motorist A Type			st Middle)					Sex I	os. \$ystem	Status Sw	itch Code	Code	Status Coc	de Medical Facil	ity 2
of the Following: X Vehicle 2 1_#Occupants Non-Motorist A Type Action Location Condition X Hit/Run Moped  License # St MA DOB/Age Reg # 900ENY Reg Type PAN Reg State MA  Sex_M Lic. Class D		орыны			500110010										
of the Following: X Vehicle 2 1_#Occupants Non-Motorist A Type Action Location Condition X Hit/Run Moped  License # St MA DOB/Age Reg # 900ENY Reg Type PAN Reg State MA  Sex_M Lic. Class D	}														
of the Following:    Vehicle 2 1_#Occupants															
of the Following:    Vehicle 2 1_#Occupants															
Sex_M_Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2004 Veh Make FORD Veh Config. 2 20  Operator MASTROPIERI ROCCO  Address 15 HARTMAN RD  City NEWTON State MA Zip 02459  Insurance Company COMMERCE  Veh Year 2004 Veh Make FORD Veh Config. 2 20  Owner (Same as operator)  Address	<b>1</b>		I A I Venicle			А Туре			ntion	Con	dition	17	X Hit	/Run Mop	oed
Sex_M Lic. Class D Lic. Restrictions 1 CDL Veh Year 2004 Veh Make FORD Veh Config. 2  Operator MASTROPIERI ROCCO Last First Middle Address 15 HARTMAN RD  City_NEWTON State_MA_Zip_02459  Insurance Company_COMMERCE  Veh Year 2004 Veh Make_FORD Veh Config. 2  Owner (Same as operator)  Address  City_NEWTON State_MA_Zip_02459  City_NewToN State_WA_Zip_02459  Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three)		License #				Reg #	900ENY			Reg T	ype_PA	N	Reg S	State MA	_
Operator MASTROPIERI ROCCO Operator Last First Middle Address 15 HARTMAN RD  City NEWTON State MA Zip 02459 Insurance Company COMMERCE Operator MASTROPIERI ROCCO Owner (Same as operator)  Last First Middle Address  City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three)			Class D		1 CDL		Year 2004	Vel	Make_F0	ORD			Veh Con		
Address 15 HARTMAN RD  City NEWTON  State MA Zip 02459  City Company COMMERCE  Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three)	8 <b>99</b>		Last			Own	er (Same as ope	erator)		First			Middle		-
Insurance Company COMMERCE  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)		Address 15 HA	ARTMAN RD			Addr	ess								-
insurance company voince Action 110 to class 10 10 22 22 23 24		City NEWTO	N	Stat	e MA Zip 02459	City						_State	Z	ip	_
Vehicle Travel Direction: NXEW Responding to Emergency? Event Sequence 2 22 22 22 22 3 4		Insurance Com	pany COMMER	CE		Vehic	cle Action Prior	to Crash	10	21	Damage	d Area	Code: (C	ircle Up to Thr	ree)
		Vehicle Travel	Direction: N	K E W Resp	onding to Emergency?	Even	Sequence 2			22		3			
Citation # (If Issued) 1		Citation # (If Is	ssued)			Most	Harmful Event	2 23		1	•	9	$\left( \mid \cdot \mid \cdot \right)$		riage
Violation 1: Ch_003 Sec Violation 2: ChSec Driver Contributing Code 12 24 24		Violation	n 1: Ch <u>003</u> Se	ec Violation	2: ChSec	Drive	r Contributing C		12	_					
Violation 3: ChSec Violation 4: ChSec Underride/Override		Violation	n 3: ChSe	ec Violation	4: ChSec	Unde	rride/Override		Tower	<u>N</u>	•	7			
Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age/DOB  Please fill out for operator and all occupants involved  Address  Age/DOB  Sex Pos.   System   Status Switch   Gode Code   Status   Gode Medical Facility    Address	ſ			operator and all o	*		Age/DOR		26 27 Seat Safety Pos. System	28 Airbag Ai	29 Siperitary 29 Eject	Trap	32 Injury Tran	ısp.	ility
Operator/Non-Motorist See Above	ļ													Medicai Paci	
	-														



## Crash Narrative:

On 4/16/19 I was sent to 25 Chestnut St the Newton Police Annex for a past motor vehicle hit and run. On arrival I was met by LAU, Justin who stated that upon leaving work around 1530 hrs, he observed a fresh scratch to his personal vehicle. The vehicle, MA 9XS415, was parked backed into the marked parking spot against the exterior wall of 25 Chestnut St and closest to the handicapped ramp. This will now be referred to as vehicle #1. The scratch is on the passenger side doors.

25 Chestnut St is equipped with an exterior surveillance system which caught this incident on camera. At 1210 hrs it shows an older white male in a blue/green pickup make contact with vehicle #1 two times as he was attempting to park. The vehicle drove into the parking spot, hitting the passenger corner of vehicle #1's front bumper, then the passenger door, before coming to a stop. The male that exited the pickup had a distinct (Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:			_					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	of Damage	ed Property	
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	cle Section)	Ca	arrier Issuir	ng Authority Co	35 le
Address			City		5	St	_ Zip	
US DOT #:S			Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code Gross	Vehicle Weight	38			_	39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	33		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4	digit #		Release code	42

-	→ Direction 1	Vehicle 1	₂ ≢Vehicle 2	₽ Pedestri	ian	
Crash Diagram:	ie: → 🗆	<b>→</b>	2	<b>&gt;</b> ĝ		
					If Crash Did I on a Public W	
		<u> </u>			☐ Off-Street P	arking Lot
		 			Garage	
	İ			į	☐ Mall/Shoppi	ing Center
		+			☐ Other Privat	e Way
					Indicate North	by Arrow
			<del> </del> -	   		
Crash Narrative: grey beard and hair. A st immediately recognized and						
party is identified as MA	STROPIERI, Rocc	o DOB 2/16/40	).			
I spoke with MASTROPIERI	via phone and e	xplained why	I was calling	. He info	rmed me that he was at	t the Annex
dropping off a check for	the NPMA and di	d not realize	that he made	contact	with vehicle #1 when pa	arking.
MASTROPIERI apologized and	d stated that h	e would have	reported the	incident,	had he known. MASTROP	IERI
responded to headquarters	where he was i	ssued a writt	en warning in	hand for	C.O. 19-75 Failure to	Use Care in
Turning.						
The Police Annex is a bui	lding/lot with	public access	s in the City	of Newton	•	
(Continued	on next page)					
Witnesses:		1			21 "	la
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	у
Truck and Bus Information:			(From Veh		Carrier Issuing Authorit	y Code 35
Address					St Zip	36
US DOT #:	_ State Number oss Vehicle Weight	38	Issuing State	ICC #:	Interstate	e
Trailer Reg #:		Reg State	Reg Vear	Tra	iler I ength	
Hazmat Information:	5 1 JPC	105 5000	105 100	110		
Placard 40 Material 1 digit	# 41 Material N	Jame		_ Material 4 d	ligit# Release co	ode 42
				ON POLICE DEPARTA		4/16/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

Crash Diagram:  ie:   1
on a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by Arrow
Garage  Mall/Shopping Center  Other Private Way  Indicate North by Arrow
Mall/Shopping Center   Other Private Way   Indicate North by Arrow
Other Private Way Indicate North by Arrow
Other Private Way Indicate North by Arrow
Indicate North by Arrow
Crash Narrative:
Crash Narrative:
Crash Narrative:
Crash Narrative:
<u></u>
Witnesses:  Name (Last, First, Middle)  Address  Phone # Statement
Name (Last, First, Middle) Address Priorie # Statement
Property Damage:
Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property
Truck and Bus Information: Registration # (From Vehicle Section)
Carrier Name Carrier Issuing Authority Code
Address City St Zip
US DOT #: State Number Issuing State ICC #: Interstate 36
37] 38]
Cargo Body Type Code Gross Vehicle Weight 39
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:
40 41
Placard Material 1 digit # Material Name Material 4 digit # Release code
KELEIGH N DONAHUE NEWTON POLICE DEPARTS 04/16/2019  Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 ·24·00