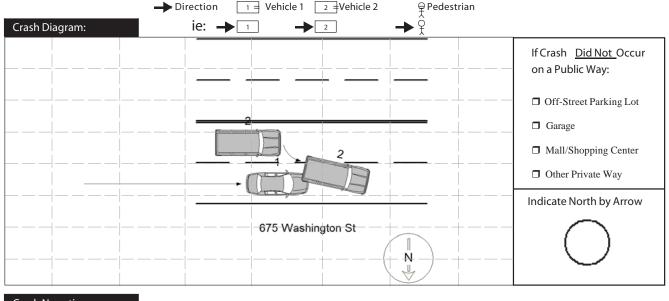
Date of Crash 04/20/2019 Time of Crash 17:34 NEWTON NEWTON Police Report 2 Number Vehicles Injured Latitude 10 MBTA Police Report 2 NOT AT INTERSECTION: AT INTERSECTION: Route# Direction Name of Roadway/Street At Police Report 2 NOT AT INTERSECTION: Route# Direction Address # Name of Roadway/Street At Feet N S E W of • or	2 2
AT INTERSECTION: < LOCATION > NOT AT INTERSECTION: EAST 675 WASHINGTON ST	2
1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street At	2
1 At	
Mile Marker Exit Numb	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet N S E W of	
2 Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Route# Or Roadway/Street	
Landmark	
3 Wehicle 1 1_#Occupants MHit/Run Moped Case Number 1900000398	
License # St MA DOB/Age Reg # 8FJ869 Reg Type PAN Reg State MA	
Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL Veh Year 2018 Veh Make SUBARU Veh Config. 1	20
4 Operator BOGUSLAVSKAYA ALISA	_ 1
Address 23 SHERWOOD ST Address	_ F
City DEDHAM State MA Zip 02026 City State Zip	
Insurance Company LM GENERAL Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to 2 2 2 2 2 2 2 3 4	Γhree)
2 Venicie Travel Direction: [1] S N W Responding to Emergency: Event Sequence [1] 10 Under	carriage
Citation # (If Issued) Most Harmful Event 1 9 5 11 Totale	~
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 Violation 3: ChSec Violation 4: ChSec Underride/Override	
Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33 Sept. Airbag First Tran Injury Transport	
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Status Code Medical Operator See Above	
7 Please Select One White the second	
	Noped
License # St DOB/Age Reg # Reg Type UNKNOWN Reg State	201
Sex Lic. Class 99 Lic. Restrictions 9 CDL Veh Year UNK Veh Make SUV Veh Config. 2	
8 Operator UNKNOWN UNKNOWN Owner (Same as operator) Last First Middle Last First Middle	
Address UNK Address	-
City State Zip UNK City State Zip Damaged Area Code: (Circle Up to	Thrac)
insurance Company — venicle Action Prior to Clash 5	Tillee)
Vehicle Travel Direction: NSXW Responding to Emergency? Event Sequence 1 10 Under	carriage
Citation # (If Issued) Most Harmful Event 1 5 11 Totals Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 10 24 24 1	d
Violation 2: ChSec Violation 4: ChSec Underride/Override	
Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.	
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Operator/Non-Motorist See Above	



Crash Narrative:

The operator of Vehicle #1 stated as she was travelliong eastbound on Washington St, Vehicle #2 collided with her vehicle as it crossed into her travel lane and slammed on his brakes, leaving her without time to stop.

The resulting collision caused damage to the front of the vehicle, a well as the quarter panel. Vehicle #2 then fled the area by driving through the parking lot, and back onto Washington St, in the opposite direction.

2 witnesses, identified as Ms. Christine Cole. and Mr. Ed Cronin, gave a similar account of the incident.

Neither party was able to get a plate. The only description is of a white SUV type vehicle.

A canvass of the area yielded negative results.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	387 SCHOOL ST		
COLE , CHRISTINE,	WATERTOWN,MA		N
	36 (apt 702) VILLAGE RD		
CRONIN , EDWARD,	MIDDLETON MA 01949		N

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

Truck and Bus Information:	Registration #	(From Vehic	ele Section)		
Carrier Name				_ Carrier Issui	ing Authority Code 35
Address		City		St	Zip
US DOT #:		Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code Gross	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

DECLAN G HEALY			NEWTON POLICE DEPARTM	04/20/2019	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date