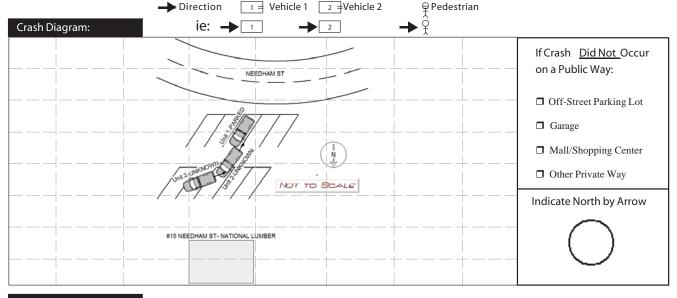
	Pol	ice Use Only		Commonwea	alth (	of Mass	achu	setts			RMVI	Oocumei	nt Number	
	Date of Crash 05/07/2019	Time of Crash 07:00 24HR	NEWTON	MIOTOI		icle Cra Report	sh [	Number Vehicles 1	Number Injured 0	Latitu	l Limit <u>5</u> ıde itude	L	State Police Local Police MBTA Police Other:	XI C
			RSECTION:		LOCA		>					RSECT		2
						SOUTH	15		NEEDH	AM ST	,			2
1 1	Route# Direc	tion	Name of Ro	padway/Street		Route# Direction	on Ad	dress #		Nan	ne of Roa	idway/Str	reet	_ 2
	At					Feet NSEW of or Exit Number								
	Route# Direc	ction N	Name of Intersecting I Also at Intersec		I	Feet	N S E	W of						1
<sup>2</sup> <b>1</b>						Feet	N S E	W of	Route#	In	ntersectin	g Roadwa	ay/Street	3
	Route# Direction Name of Intersecting Roadway/Street				Landmark								ⅎ	
3	XVehicle1	#Occupants	X Hit/Run	☐ Moped Case	Number		19	00000490						
	License # St DOB/Age				Reg # T83695 Reg Type CON Reg State MA									
	Sex Lic.	Class 18 1	Lic. Restrictions	CDL Endorsment	Veh Y	ear_2018	Veh	Make_TC	OYOTA		V	eh Config	g. 20	
4 1	Operator	Last	First	Middle		LOPES Las	st	LUIZ	First			Middle		7
						SS 4 GILMORE	ST					ΓΛ	00140	
	1		State PROTECTION	Zip		EVERETT			1 D			•	cle Up to Three	9
5	1	Direction: N		ding to Emergency?		Sequence 1	22 22	11	22 2		3	4	or op to Times	
	]	ssued)		unig to Emergency:		Harmful Event	23						10 Undercarria	ge
	Violation	1: ChSec	Violation 2:	ChSec	Driver	Contributing C		24	24	•	9	\	11 Totaled	
<sup>6</sup> 1	Violation	Under	Underride/Override 25 Towed N 7 6											
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex S	26 27 Seat Safety Pos. System	28 29 Airbag Airba Status \$wite	g Eject Code	31 Trap Inju Code Sta	32 33 ury Transp tus Code	Medical Facility	2
	Operator			See Above										
														_
9	Please Select ( of the Followi	I Vehicle	e# Occupants	Non-Motorist A Ty	уре	Action S	Loca		Condi	tion	17	Hit/R	un Mope	d
	License # St DOB/Age				Reg#	g # Reg Type Reg State								
	Sex Lic. Class Lic. Restrictions CDL Endorsment					h Year Veh Make Veh Config.								
8 <b>1</b>	Operator Last First Middle					Owner Last First Middle								
	Address  City StateZip					ddress								
	CityStateZip  Insurance Company					City State Zip  Vehicle Action Prior to Crash							;)	
						Event Sequence 22 22 22 22 3 4								
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled							ige	
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24								
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed 8 7 6						_		
	Pl Name (Last Fi		operator and all oc	ecupants involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 29 Airbag Airba Status Swi	g Sject ch Code	Trap Inju	32 33 ury Transp atus Code	).	у
	Operator/	Non-Motorist		See Above										



## Crash Narrative:

On 05/10/19 I met with Luiz A. Lopes who stated his vehicle (Mass Commercial Reg# T83695 White Toyota Tacoma P/U) was struck while parked in the lot around 07:00. Lopes said he didn't call the Police right away because he wasn't sure his car was struck there. The truck sustained a cracked front bumper and the fog light was popped out. We went inside of National Lumber and spoke with a manager who said he would contact G.M. Greg Assarian and have him look at the security footage.

On 05/14/19 at approximately 14:00 the Police Station received a call from Lopes who just got off the phone with Assarian who found some security footage of the incident. I then traveled over to National Lumber and met with Assarian. He showed me the video and it appears that a newer grey four door Chevrolet truck backed into Lopes truck around 06:58 of 05/07/19. The Massachusetts plate is unreadable but an older White heavy

(Continued on next page)

(Constituted on next page)										
Witnesses:										
Name (Last, First, Middle)	Address		Phone #	ŧ	Statement					
Property Damage:										
Owner (Last, First, Middle)		Phone #	ged 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			
Cargo Body Type Code 37 Gross Vehicle Weight 38 39										
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
Placard 40 Material 1 digit #	me		Material 4 d	ligit #	Release code	42				

ZACHARY S RAYMOND

Newton Police Departs

O5/14/2019

Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks Date

	→ Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: →□	1 -	2	<b>&gt;</b> ♀ ♀		
					If Crash <u>Did No</u> on a Public Way:	I .
		<u> </u>	<u> </u>		Off-Street Park	ing Lot
					☐ Garage	
i i	j			İ	☐ Mall/Shopping	Center
		_			Other Private W	
		 -	 			·
	į	į į		į	Indicate North by	Allow
		-	 			
Crash Narrative:						
set male gets out of the	truck and walks	s into the st	ore. After par	king the	truck the male can be see	en
checking his own truck l	oumper for damag	ge. The male	is wearing a b	aseball h	at and sun glasses and ca	nnot be
identified on the video.	The male does h	nowever walk	with a noticeal	ble limp.	Assarian will show his p	oicture to
his employees and contact	t me if the empl	loyees are ab	le to identify	the male	driver.	
I called Lopes back and	apprised him of	my findings.				
**************************************	******	*****	*****			
As of today 05/20/19 I ha	ave yet to hear	back from any	yone at Nation	al Lumber	so I will end this inve	stigation
and label it a hit and re	ın crash.					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		35
Carrier Name					Carrier Issuing Authority C	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38			L	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39	
Hazmat Information:			_	_		
Placard 40 Material 1 dig	it # 41 Material I	Name		_ Material 4 o	digit # Release code	42
ZACHARY S RAYMOND				ON POLICE DEPARTM	05/14	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)