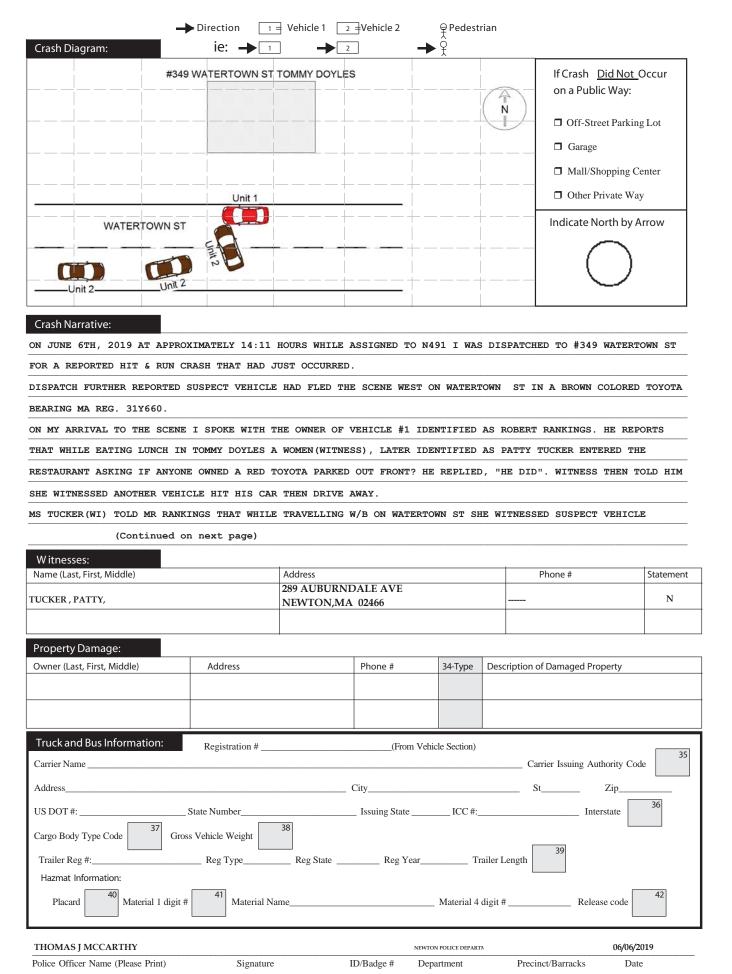
	Poli	ce Use Only		Commony	vealth	of Mass	achı	ıseti	S		RM	V Docu	ıment l	Number	
	Date of Crash 06/06/2019	Time of Crash 14:11	NEWTON	14100		hicle Cra	ash	Numb Vehicl	es Inj	ured L	peed Lim		Loc MB	te Police cal Police BTA Police	
		24HR				Report		2	0		ongitude.		Oth		
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						WEST	349	9	WA	TERTO	WN ST				
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	At					Feet NSEW of or								<u> </u>	
	Route# Direc	tion N	Name of Intersectin	g Roadway/Street						ile Marke				t Number	_
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3	Www.iclo.1	0 #Occupants	☐ Hit/Run	Moped		•								7	
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5						cle Action Prior t	o Crash 22 2	2 22	22	2	3		4	op to Tinec	´
	Vehicle Travel	Direction: N	S E X Resp	onding to Emergency?_	Even	t Sequence 1	23		22		T	$\overline{\mathcal{A}}$		0 Undercarria	
	Citation # (If Is	ssued)			Most	Harmful Event	1 23	<u> </u>		1	. 9	1		1 Totaled	ge
-	Violation	1: ChSec	c Violation	2: ChSec	_ Drive	er Contributing C		1 24	24						
⁶ 1	Violation	3: ChSec	c Violation	4: ChSec	_ Unde	erride/Override	25	Tov	wed N	(7		6		
			ator and all occu					26 2 Seat Safe	7 28 ty Airbag	29 Airbag E	30 31 ject Trap	32 Injury T	ransp.		2 13
	Name (Last Fire	st Middle)		Address See Above	Age/DOB Sex Pos. System Status Switch Code Code Status Code					Code I	Medical Facility	<u> </u>			
	1														_
												+ +			_
7 1	Please Select C of the Followi	I X Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A	Туре	14 Action	15 Loc	ation	16	ondition	17	X	Hit/Run	Море	d
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	License #	18 1	18	19							Reg Type PAN Reg State N			20	
	Sex_M_ Lic. (Lic. Restriction	Endorsment	t			h Make_	10101	A		_ Veh C	onfig.	1	
8 1	Operator OU	Last	OUSSAMA	S Middle	Own	er (Same as ope	erator)		Firs	t		Midd	le		
	Address 62 DI	EHON ST			Addr	ess									
	City REVERE	City						State	·	_Zip					
	Insurance Com	pany OCCIDEN	TAL FIRE		Vehic	cle Action Prior t	o Crash	8	21	Dama	iged Area	Code:	(Circle	Up to Three)
	Vehicle Travel	Direction: N	Even	t Sequence 2	22 22	2 22	22	0_	3		4				
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1				n 4: ChSec occupants involved	Unde	erride/Override				29	30 31	32	33		\dashv
	Name (Last Fi		operator and all	Address		Age/DOB			ty Airbag tem Statu	29 Airbag E Switch	30 Trap Code Code	Injury IT	ransp.	Medical Facilit	у
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									+						_



→	▶ Direction 1	Vehicle 1 2	≠Vehicle 2	Pedestri	an		
Crash Diagram:	ie: → 1	2	→	Ŷ			
						f Crash <u>Did Not</u> On a Public Way:	Occur
						J Off-Street Parking	g Lot
						3 Garage	
						Mall/Shopping Co	enter
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					. — — — In	dicate North by A	rrow
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Crash Narrative:							
WHO WAS GOING IN THE OPOS	ITE DIRECTION (E	E/B) ATTEMPT	TO MAKE A U TU	RN IN FRO	ONT OF HER. S	SUSPECT MADE TO	WO OW
ATTEMPTS MAKING HIS U/TURN	THE SECOND ATT	EMPT HE CRAS	HED INTO HIS V	EHICLE.			
WITNESS TOOK A PICTURE OF	TH SUSPECTS LIC	CENSE PLATE,	MA REG 31Y660	AND GAVE	IT TO MR RA	ANKINGS.	
A REGISTRATION INQUERY BY I	POLICE SHOWED T	HE VEHICLES	REGISTERED OWN	ER AS OUG	CIBLE OUSSAM	A, DOB 12/16/1	984,
ADDRESS OF 62 DEHON ST, REV	/ERE MA, 02151.	A BOLO WAS P	UT OUT ON THIS	VEHICLE	WITH NO SUC	CESS.	
REVERE PD WAS NOTIFIED TO C	CHECK SUSPECT V	EHICLES ADDR	ESS WITH NEGAT	IVE RESU	LTS. THERE V	VAS NO TELEPHO	NE
LISTING FOR THE REVERE ADDI	RESS.						
(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phor	ne #	Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	maged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Carrier Name					Carrier	Issuing Authority Cod	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:		Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	39	
Hazmat Information: Placard 40 Material 1 digit #	41 Material Na	ame		Material 4 d	ligit #	Release code	42
THOMAS I MCCARTHY			NEWTO	N POLICE DEPARTA		06/06/20	n19

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)

Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate 36 Cargo Body Type Code 37 Gross Vehicle Weight 88 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Hazmat Information: Placard 40 Material 1 digit # Material Name Material 4 digit # Release code 42	→	Direction 1	Vehicle 1 2	=Vehicle 2	Pedestria	an		
Crash Natrative: Crash Natrat	Crash Diagram:	ie: → 1	2	→	Ŷ			
Crash Narrative: THE FOLLOWING DAY, JUNE 7TH, 2019, AT 09:30HOURS I SPOKE WITH THE WITNESS, PATTY TUCKER. SE TUCKER GAVE THE FOLLOWING STATEMENT TO ME REGARDING THIS INCIDENT: WAS GOING W/B ON MATERYCOME ST HEADING TOWARDS WEST ST WHEN SUSPECT VEHICLE WHO MAS COMING E/B ON MATERYCOME TO COMPLETE HIS U/FURN HOMEVER ON THE SECOND ATTEMET HE STRUCK THE VICTIMS PARKED VEHICLE. SUSPECT THEN DROVE A SHORT DISTANCE AMAY STOPPING IN FRONT OF MAGNI FUNERAL PARLOR. SUSPECT, WHO HAS DESCRIBED AS A W/M, IN HIS THIFTIES WITH A SHANDE HEAD AND MEMARING SUNCLASSES GOT MALFWAY OUT OF HIS PERICLE, LOCKED BACK HENG GOT BACK INTO HIS VEHICLE AND DOVE ANAY. SE TUCKER WAS ABLE TO TAKE A PICTURE OF THE SUSPECTS LICENSE PLATE WITH HER CELL PHONE PRIOR TO HIM FLEEING. (Continued on next page) Winceses: Name (Last First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Sus Information: Carrier Name Carrier Reside A Reg Type Reg State Reg State Reg You Trailer Length Address Placed Address Reg State Reg You Trailer Length Address Reclease code 42 Address Material 4 digit # Material 4 digit # Reclease code 43 Address Material 4 digit # Reclease code 44 Material 4 digit # Reclease code 45 Carrier Residence code 46 Material 4 digit # Reclease code 47 Material 4 digit # Reclease code 48 Material 4 digit # Reclease code 49 Material 4 digit # Reclease code 40 Material 4 digit # Reclease code 41						I		Occur
CASH Natirative: Other Private Way Indicate North by Arrow Indicate North Base Party Touker Indicate North Base Party Touker Indicate North Base Party Touker Indicat							Off-Street Parking	g Lot
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Truck and Bus Information: Registration # Address Phone # 34-Type Description of Damaged Property Witnesses: Name (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Witnesses: Name (Last, First, Middle) Address Carrier Issuing Authority Code Registration # (From Vehicle Section) Carrier Issuing Authority Code Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name Address Reg State Reg State Reg		_					Other Private Way	,
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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: Carrier Name Carrier Name Carrier Issuing Authority Code Address City State Number Issuing State LICENSE PLATE WITH HER CELL PHONE PRIOR TO HIM FLEEING. (Continued on next page) Witnesses: Name (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Carrier Issuing Authority Code 35 Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate 36 Cargo Body Type Code 37 Gross Vehicle Weight 38 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Hazmat Information: Placand 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42	DESCRIBED AS A W/M, IN HIS	THIRTIES WITH	A SHAVED HEA	D AND WEARING	SUNGLASS	SES GOT HALFW	AY OUT OF HIS	
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THOMAS J MCCARTHY Newton Police Departs 06/06/2019	Placard 40 Material 1 digit #	41 Material Na	ame		Material 4 di	igit #	Release code	42
THOMAS J MCCARTHY NEWTON POLICE DEPARTS 06/06/2019								
	THOMAS J MCCARTHY Police Officer Name (Please Print)	Cianatura				Draginat/Da		

-	Direction	1 = V	ehicle 1	2 =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →[1	→[2	→ ♀			
							If Crash <u>Did Not</u> O on a Public Way:	Occur
							☐ Off-Street Parking	Lot
							☐ Garage	,
		_			- — — —		☐ Mall/Shopping Ce	ntor
		_j					-	
							☐ Other Private Way	
							Indicate North by A	rrow
	—— ————— 	_						
				 				
Crash Narrative:							·	
SHE LATER PROVIDED IT TO	THE VICTIM, RO	BERT	RANKINGS	•				
I WILL BE MAILING A CITAT	'ION#T1444062 T	O THE	REGISTE	RED OWNER FO	R LEAVING T	HE SCENE	OF ACCIDENT, 90/24	4C AND
MAKING AN ILLEGAL U/TURN,	CITY ORDINANO	E VIC	LATION 1	9/86				
W itnesses: Name (Last, First, Middle)		Ad	ldress				Phone #	Statement
Name (East, 111st, Middle)		710	101033				THORE #	Statement
Property Damage:				T = 1				
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	n of Damaged Property	
Truck and Bus Information:	Registration #			(From `	Vehicle Section)			35
Carrier Name						(Carrier Issuing Authority Cod	
Address				_ City			St Zip	26
US DOT #:	State Number	38		Issuing State _	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gr	ross Vehicle Weight	30					20	
Trailer Reg #:	Reg Type		Reg State _	Reg Yea	r Tra	ailer Length	39	
Hazmat Information:	45							42
Placard 40 Material 1 digi	t # Material	Name_			Material 4 o	digit #	Release code	42
THOMAS J MCCARTHY				N	EWTON POLICE DEPART?		06/06/20)19

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)