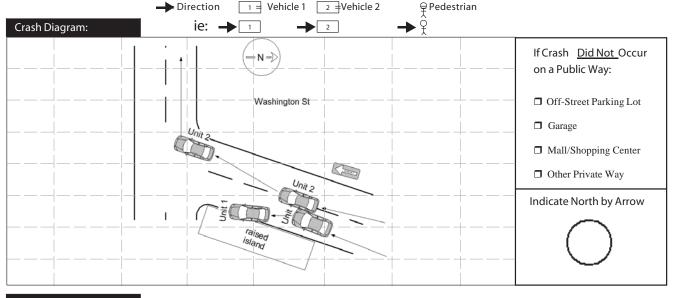
	Poli	ce Use Only		Commonwo	ealth	of Massa	achu	isett	S		RM	V Docu	ıment	Number	
	Date of Crash 08/05/2019	Time of Crash	NEWTON	MIOU		nicle Cra Report	sh	Numbe Vehicle 2		ured La	eed Lim titude _ ongitude		Loc ME	te Police cal Police BTA Police ner:	
l		AT INTER	SECTION:	<	LOCA		>			OT A					
						WEST	151	_		SHINGT					2
1	Route# Direct	tion	Name of	Roadway/Street		Route# Direction		dress #			Vame of I	Roadway	y/Stree	t	-
1	At					Feet NSEW of • or								2	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number								_	
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street							/Street		
1						Feet [N S E	W of	Ko	шен	Tittersec	ting Ko	auway)	Succi	4
	Route# Direct	tion	Name of Interse	cting Roadway/Street		Landmark									
3	XVehicle1	#Occupants	X Hit/Run	☐ Moped Ca	nse Numbe	r	19	00000080	1						
	License#		St M.	A DOB/Age	Reg #	376WP4			Res	g Type_P	AN	Res	g State	MA	
	Sex_F Lic. 0	18 1		19	_	Zear_2009								20	
4			EDNAMAY First	Endorsment		(Same as oper									1
3	Address 50 FU	Last JLLER BROOK	First	Middle						it		Midd	le		1
	City WELLES			nte_MA Zip_02482		Address City State Zip									
	Insurance Com	pany COMMER		·		Down and Arra Codes (Circle He to Thurs)								e)	
5 1	Vehicle Travel	Direction: N	S E X Resp	onding to Emergency?	Event	Sequence 1	22 20 22	_	22	0	3	<u> </u>	4		
1	Citation # (If Is	ssued)			Most	Harmful Event	1 23					\mathbf{I}		Undercarria Totaled	ge
	Violation	1: ChSec	c Violation	2: ChSec	Drive	r Contributing Co	ode 1	24	24		VÍ		ا ' ا	1 Totaled	
⁶ 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 6									
	Please fill out for operator and all occupants involved					Age/DOB	Sex F	26 27 Seat Safety	28 Airbag	29 Airbag Ej	30 31 ect Trap de Code	32 Injury T	ransp.	Medical Facility	1
	Name (Last First Middle) Address Operator See Above					·	1	4	\$witch Co	0	status C	1	wiedicai Facility	╅	
7				_											_
7	Please Select C of the Followi		e2 1_#Occupan	s Non-Motorist A	Туре	Action 1	Loca	ation	16	ondition	17	Пн	lit/Rur	Море	d
	License # St MA DOB/Age				Reg #	Reg # 149DE7				Reg Type PAN			Reg State_MA		
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 CDL				_	Veh Year 2013 Veh Make KIA Veh Config. 1							20		
8	Operator KUKSIN ARKADY Endorsment				Owne	Owner KUKSIN DAN									
4	Address 24 BRYON RD (apt. 2)					Address 24 (apt. 2) BRYON RD									
	City BOSTON State MA Zip 02467				City_	City BOSTON State MA Zip 02467									
	Insurance Company LM GENERAL				Vehic	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)							:)		
	Vehicle Travel Direction: NSEN Responding to Emergency?				Event	Event Sequence 1 22 22 22 22 2 3 4									
	Citation # (If Issued) T1444589 Violation 1: Ch 90/24/CSec Violation 2: Ch Sec Sec					Most Harmful Event 1 23 10 Undercarriag Driver Contributing Code 19 24 24 5 11 Totaled							ge		
	Violation 3: ChSec Violation 4: ChSec				Unde	Underride/Override 25 Towed N 8 7									
			operator and all	occupants involved				26 27 Seat Safety	28 Airbag	29 Airbag Ej	30 31 Trap		ransp.	M P += -	7
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB		Pos. Syste	M Statu	4 0	ode Code 0		Code 1	Medical Facilit	y
	-														



Crash Narrative:

Operator of vehicle 1 states she was traveling westbound on Washington St when the vehicle to her right began to enter her lane and then struck her passenger side pushing her onto the raised island. As a result vehicle 1 suffered a flat front driver side tire. Vehicle 2 did not stop and continued westbound on Washington St towards Wellesley. Operator of vehicle 1 was able to follow the other vehicle and got a license plate of MA reg#149DE7 and described the vehicle as a black sedan. AAA responded and fixed vehicle 1s flat tire and she was able to go on her way.

I ran the license plate that was given for the other vehicle and it came back to a 2013 black Kia Rio sedan owned by a Dan Kuksin of 24 Bryon Rd apt 2 in Boston. I was unable to get a phone number for Kuksin.

Dispatch requested Boston send a unit by to try and make contact and as of finishing this report I have not

(Continued on next page)									
Witnesses:									
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement	
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damag	ged Property		
Truck and Bus Information: Carrier Name			(From Vehic	ele Section)		Carrier Issu	ning Authority Coo	35 le	
								le	
Carrier Name			City			St	Zip	le	
Carrier NameAddressUS DOT #:			City			St	Zip	le	
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le	
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le	
Carrier NameAddressUS DOT #:Cargo Body Type Code Growth Trailer Reg #:	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tr	ailer L	St	Zip Interstate	le	

→	Direction 1 :	Vehicle 1 2	₹Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 1	2	→	Ŷ			
						If Crash <u>Did Not</u> Con a Public Way:	Occur
						☐ Off-Street Parking	g Lot
						☐ Garage	
	į į	į		į		☐ Mall/Shopping Ce	enter
	- — — — — -					☐ Other Private Way	,
						Indicate North by A	
	· — — — — — — — —	 				\bigcirc	
Crash Narrative:							
heard back.							
Traffic Bureau Update (Off	icer Gaudet): O	n Tuesday, J	uly 6, 2019, I	attempt	ed to make	contact with the	e
registered owner of MV2, Da	aniel Kuksin (S	61105670), w	ith a negative	result.	A Hit and	Run inquiry was	S
mailed to the Kuksin.							
On 08/07/2019 the owner of	MA reg#149DE7	came into he	adquarters to	discuss	what happer	ned. With him wa	as his
father, Arkady Kuksin who	was operating t	he vehicle a	t the time of	the inci	dent. Kuks	sin admitted to	
operating the vehicle in the	he area at the	time of the	incident but s	tated th	at someone	had thrown a roo	ck at
his vehicle causing damage	. He then stat	ed that it w	as not thrown	out kick	ed up from	his tire. Mysel	lf and
(Continued or	n next page)						
Witnesses:		1					1 -
Name (Last, First, Middle)		Address			PI	none #	Statement
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					Carri	er Issuing Authority Code	e 35
Address			City		St_	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39	
Hazmat Information:							
Placard 40 Material 1 digit #	Material Na	nme		Material 4 o	digit #	Release code	42
MICHAEL ANTHONY IAROSSI			NEWTO	N POLICE DEPARTM		08/05/20)19
Police Officer Name (Please Print)	Signature			artment		t/Barracks Date	

_	Direction	ı ≢ Vehicle 1:	≥ ≢Vehicle 2	Pedestrian	1	
Crash Diagram:	ie: →□	→	2	→ ♀		
	_				If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
					☐ Garage	
					☐ Mall/Shopping Co	enter
		-	+		Other Private Way	
					Indicate North by A	
		 -				
		+				
Crash Narrative:						
Officer Gaudet went outside	le with Kuskin	and examined	his vehicle	and saw obvi	ous damage that correspo	nded
with the damage to vehicle	1. There wer	e obvious sig	ns of fresh	paint transf	er. I informed Kuksin t	hat I
would be updating my repor	rt and he would	l be receiving	g a summons i	n the mail f	or 90/24 leaving the sce	ne
property damage. i mailed	l Kuksin MA uni	form citation	T1444589.			
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
		1.000.000				
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name					Carrier Issuing Authority Cod	de 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	r Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material N	Name		Material 4 digi	it # Release code	42
MICHAEL ANTHONY IAROSSI			NES	VTON POLICE DEPARTM	08/05/2	019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)