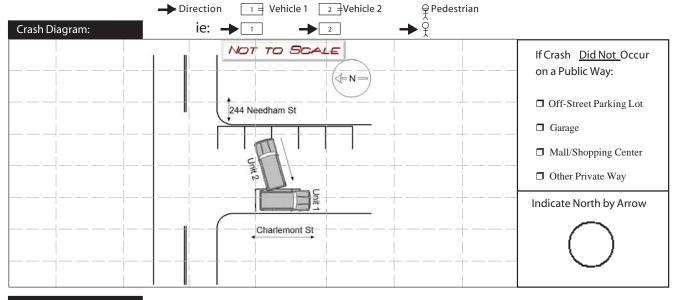
	Poli	ce Use Only		Commonwea	ılth o	of Massa	achı	ısett	S		RM	V Docu	ment Numbe	er	
	Date of Crash 08/13/2019	Time of Crash 14:53	NEWTON	MIOTOI		iicle Cra Report	sh	Number Vehicle		ired La	eed Limititude _		State Polic Local Polic MBTA Pol Other:	e 🔲	
		AT INTER	SECTION:		LOCA'		>						CTION:	$\overline{}$	
						WEST	244	ı		DHAM					2
1	Route# Direct	tion	Name of	Roadway/Street		Route# Direction		ldress #			lame of I	Roadway	//Street	—- -	2 10
1	At				Feet NSEW of or							L	2		
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number								er	
			Also at Inter	section with		Feet	N S E	W of	Ro	ute#	Intersec	ting Roa	adway/Street	-	1
2 2	D	·	N Classes	orina Dan James (Charles		Feet [1	X E	W of	CH.	ARLEMO	ONT ST	PARKI	NG SPOT BY	SPLA	7
3	Route# Direction Name of Intersecting Roadway/Street				Landmark										
	XVehicle1	1_#Occupants	X Hit/Run	Moped Case	Number		19	90000083	31						
	License#		St_M		Reg#	129BB8			Reg	g Type_P	AN	Reg	State MA		
	Sex_F_ Lic. 0	Class D 18 1	Lic. Restriction		Veh Y	ear_2008	Vel	n Make_	HOND	A		_ Veh Co	onfig. 2	20	
4 1	Operator ZIM	IMER Last	SARA First	Endorsment	Owne	r BLOTNER	t	AMY	Firs	t	JC) Middl	e	_ :	1 12
1	Address 205 W	VARD ST			Address 205 WARD ST										
	City NEWTO			nte_MA Zip_02459											
	Insurance Com	pany USAA CA	SUALTY INS		Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									Three)	
5	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency?	Event	Sequence 2 2	22 22		22	2	3		4		
	,	ssued)			Most 1	Harmful Event	2 23	24	24	1	9		10 Under 5 11 Totale	~	
⁶ 1				2: ChSec	Driver	Contributing Co	ode 25	1		8	/ /		6		
1			e Violation ator and all occu	4: ChSec	Under	ride/Override		Tov	ved N	-	30 31	32			13
	Name (Last Fire		ator and an occu	Address		Age/DOB		26 2 Seat Safe Pos. Syste	y Airbag m Status	29 Airbag Eje Switch Co	30 31 ect Trap de Code	32 Injury Tr Status C	33 ransp. Code Medical F	activity	2
	Operator			See Above				1	4	99 0	0	10 1	NON	E	
⁷ 1	Please Select C of the Followi		2 <u>1</u> #Occupan	ss Non-Motorist A Typ	ре	14 Action 1	Loca	ation	16 C	ondition	17	Х	lit/Run	Noped	
	License#		St_M							State_MA	State_MA				
	Sex_F_ Lic. 0	Class D 18 1	Lic. Restriction		Veh Year 2016 Veh Make TOYOTA Veh Confi				20						
8 1	Operator MASTERSON SHEILA Endorsment M					Owner MASTERSON STEVEN J Last First Middle									
_	Last First Middle					Address 40 WILD ACRES ROAD									
	City NORTH	City 1	NORTH ATTLE	BORO				State	MA	Zip <u>02760</u>					
	Insurance Company SAFETY					Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three)							Three)		
	Vehicle Travel	Vehicle Travel Direction: NSEX Responding to Emergency?					Event Sequence 2 22 22 22 2 3 4								
Citation # (If Issued) Most Harmful Event 2 23 Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24								10 Under 5 11 Totale	~						
	Violation	Underride/Override Towed N 8 7 6													
	Plo Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex	26 2 Seat Safe Pos. Sys	7 28 y Airbag em Statu	29 Airbag Eje Switch C	30 31 Frap ode Code	32 Injury Tr Status	33 ransp. Code Medical	Facility	
		Non-Motorist		See Above				1	4	99 0	0	10 1			



Crash Narrative:

(Continued on next page)

On 08/13/19 at 14:53 hours, I responded to a hit and run motor vehicle accident located at 244 Needham Street. The operator of MV1 states she was parked in a parking spot to the right of the Splash business at 244 Needham Street. The parking spot is located on Charlemont Street. After parking, she was sitting in her motor vehicle when she heard a bump to her driver's side rear end from MV2 backing up from a parking spot across from her. She says the operator of MV2 turned and looked at her and kept proceeding (NB) on Charlemont towards Needham Street. She then exited her vehicle to try and get the operator's attention to no avail. She took a photo of MV2 which was a black Toyota Highlander bearing MA reg.# R85045. She described the operator as a white female in her forties with possibly dark curly hair. I observed minor paint damage and scratches to the driver's side rear quarter panel area. The operator is unsure if that damage is from

Witnesses:							
Name (Last, First, Middle)		Address			Phone #	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration #		`		Carrier Issu	uing Authority Cod	e 35
Address			City		St	Zip	
US DOT #:S	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	Tı			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit #	Release code	42

→	Direction 1 :	Vehicle 1 2	Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 1	2	→	ĝ			
						If Crash <u>Did Not</u> C on a Public Way:	Occur
						☐ Off-Street Parking	Lot
						☐ Garage	
	<u> </u>					☐ Mall/Shopping Ce	enter
	· — — — — -					☐ Other Private Way	,
	· — — — — -					Indicate North by A	rrow
	· — — — — — — — —					\bigcirc	
Crash Narrative:							
the accident.							
The owner of MV2, Steven Ma	asterson has a	residential a	address of 40 N	Wild Acr	es Rd in N	orth Attleboro, M	MA and a
mailing address of 34 Cent	ral Street Foxb	orough, MA.	A telephone se	earch re	vealed a p	hone number of	
(269)857-7814 for him out	of Aiken, SC an	d the Foxboro	ough address bu	ut the n	umber is n	ot in service.	
UPDATE:							
I was provided a phone numb	per for Masters	on from N. A	ttleboro PD. (On 08/16	/19 at 12:	45 hours, I spoke	e to
Sheila Masterson who stated	d she was drivi	ng MV2 at the	e time of the	reported	accident.	She stated that	she
was unaware that she struck	c MV1 and saw t	he other open	rator looking a	at her b	ut thought	nothing of it.	Due to
the accident being very min	nor or possibly	no damage at	t all, no furth	her acti	on will be	taken. Masterso	on was
(Continued or	n next page)						
Witnesses:		1				21	la
Name (Last, First, Middle)		Address			1	Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	f Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			
Carrier Name	8				Car	rier Issuing Authority Code	35 e
Address			City		St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39	
Hazmat Information:					_		42
Placard 40 Material 1 digit #	Material Na	me		Material 4 o	digit #	Release code	42
JEREMY L WILSON		25227	NEWTON	N POLICE DEPARTN		08/13/20)19
Police Officer Name (Please Print)	Signature			artment		ct/Barracks Date	

-	Direction 1	₹ Vehicle 1 2	_≠Vehicle 2	₹ Pedestriai	า	
Crash Diagram:	ie: → 1	2	_ →	▶Ŷ		
					on a Pu	Did Not Occur ublic Way: Street Parking Lot age //Shopping Center or Private Way Port North by Arrow
						\smile
Crash Narrative:						
provided with the other of	perator's inform	mation.				
		,				
Witnesses:		Address			Db #	Chahamanh
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged	Property
Truck and Bus Information:	+					
	_		(From Veh	nicle Section)		35
Carrier Name					Carrier Issuing	Authority Code
Address			City		St	Zip
US DOT #:	State Number		Issuina Stata	ICC #·	1	Interstate 36
37		38	issuing state	1CC#		mersuae
Cargo Body Type Code Gro	oss Vehicle Weight	55				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	
Hazmat Information:						
40	41					42
Placard Material 1 digit	# Material Na	ame		_ Material 4 dig	it # Re	elease code
JEREMY L WILSON		25227	NIE	ON POLICE DEPARTM		08/13/2019
Police Officer Name (Please Print)	Signature			partment	Precinct/Barracks	
(1 10th)	Digitature		Dauge ii De	r		