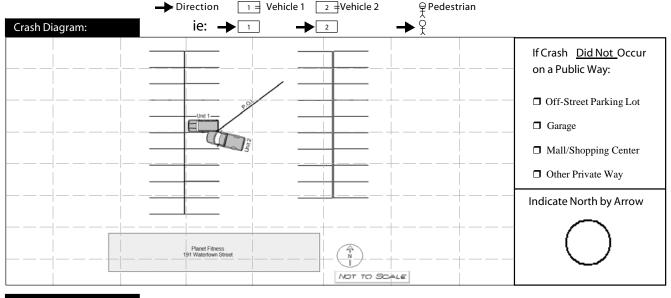
	Poli	ce Use Only		Commonwea	alth o	of Massa	achus	setts	}		RM	V Docu	ıment	Number	
	Date of Crash 08/30/2019	Time of Crash 15:01	NEWTON	MIOTOL		icle Cra Report	sh [	Number Vehicles 2		red Lat	eed Lim titude _ ngitude		Loc ME	te Police cal Police BTA Police her:	
		AT INTER	SECTION:		LOCA'		>			OT AT					┪_
		111 11 111												0111	2
1	Route# Direc		Name of	Roadway/Street		Route# Direction	191 Add	ress #	WA1	ERTOW	ame of I	Soadway	v/Stree	at .	-
1	Koute# Direc	uon		At				_					-		2
						Feet N	N S E V	v of		– – e Marker		or		it Number	
	Route# Direc	tion 1	Name of Intersecting Also at Inter	<u>-                                      </u>		Feet [1	N S E V	V of							
<sup>2</sup> <b>1</b>						Feet N	N S E V	v of	Rou	te#	Intersec	ting Ro	adway	/Street	4
1	Route# Direc	tion	Name of Interse	cting Roadway/Street		_		_			La	ndmark			- -
3	XIVehicle1	#Occupants	X Hit/Run	Moped Case	Number		100	0000899							1
	_	_													4
	License#	18 1	St M.	OOB/Age		1NCZ21								20	
	Sex_M_ Lic. 0		Lic. Restriction	CDL Endorsment		ear_2009		Make_JE	EP			_Veh C	onfig.	2	
4 1	Operator BAU	JER Last	DEREK First	Middle	Owner	(Same as oper	rator)		First			Middl	le		7
	Address 1 BO				Addre	ss									
	City MILLIS			ate_MA Zip_02054	City_										
	Insurance Com	pany COMMER	RCE INSURANCI	<u> </u>	Vehicl	le Action Prior to		11	21				,	Up to Three	()
5 <b>2</b>	Vehicle Travel	Direction: N	S E X Resp	oonding to Emergency? N	Event	Sequence 2 2	22 22	22	22	2	3		4		
	Citation # (If I	ssued)			Most 1	Harmful Event	1 23			1 📥	9	$\left\{ \right\}$		0 Undercarria 1 Totaled	ge
	Violation	1: ChSec	c Violation	2: ChSec	Driver	Contributing Co		24	24		VŢ		ر		
<sup>6</sup> 1	Violation	3: ChSec	c Violation	4: ChSec	Under	ride/Override	25	Towe	d <u>N</u>	8	(		6		
	Please fill out for operator and all occupants involved  Name (Last First Middle) Address					Age/DOB	Sex Po	26 27 at Safety s. System	28 Airbag A Status S	29 Eje witch Coo	30 31 ct Trap de Code	32 Injury Tr Status C	ransp.	Medical Facility	2
	Operator	,		See Above				0		99 0	0		1		
													$\dashv$		
7				•									$\bot$	_	
1	Please Select C of the Followi		2 <u>1</u> #Occupan	ts Non-Motorist A Tyj	pe :	Action 1	5 Locati		16 Co	ndition	17	Жн	lit/Rur	Mope	d
	License#		St_M	A DOB/Age	Reg#	9JGD90			Reg	Type_PA	AN	Rec	g State	MA	
	Sex_M_ Lic. 0	18 1		19	_		Veh l	<sub>Make</sub> D	-			Veh Co		20	
8	Operator DO	•	KENNETH	Endorsment		(Same as oper						_ ven e	omig.		
8 <b>1</b>	Address 41 TF	Last	First	Middle		Last First Middle  Address									
	City NEWTO		St	nte MA Zip 02460	City_						State		Zip		
		pany GOVT EM		Zip <u>0=200</u>	-	le Action Prior to	Crock	2	1	Dama				Up to Three	
				enonding to Emargon and N			22 22	22		2	<b>Q</b>		<b>4</b>	,	
	Vehicle Travel Direction: NSWW Responding to Emergency? N  Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec					Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled						ge			
					Driver Contributing Code 19										
!				n 4: ChSec occupants involved	Under	ride/Override		Towed		29 3 Airbag Eje	30 31 Trap	32	33		4
	Name (Last Fi	rst Middle)	. operator and an	Address		Age/DOB	Sex Pe	os. Systen	Airbag A n Status	Switch Co	ct Trap ode Code	Status	ransp.	Medical Facilit	y_
	Operator/	Non-Motorist		See Above			-	99	4	99 0	0	99 :	1		
															$\dashv$



## Crash Narrative:

Owner of Motor Vehicle #1 stated that he was exiting the gym at Planet Fitness and he noticed that someone was leaving a piece of paper on his front windshield. He was approached by the man who told him that he witnessed a Gray Dodge Ram bearing MA Reg 9JGD90 strike his Jeep Grand Cherokee that was parked and unoccupied causing moderate rear drivers side damage.

MA Reg 9JGD90 came back to a 2018 Dodge Ram 1500 Gray in Color and registered to a Kenneth Doucette out of 41 Thaxter Street, Newton MA. I was able to locate several telephone numbers from our in house system however those numbers were no longer in service. I made several attempts to make contact with Mr. Doucette at his residents and had negative results. N491 Officer D. Healy also made an attempt to make contact with Kenneth Doucette later on in the evening and had negative results.

(Continued o	on next page)							
Witnesses:								
Name (Last, First, Middle)	Address				Phone #		Statement	
SILVA , CLAUDIO,	,						N	
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damag	ged Property	
Truck and Bus Information:  Carrier Name			(From Vehic			Carrier Issu	ing Authority Co	35 de
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36
37		38	Issuing State	ICC #:_			Interstate	36
37	ss Vehicle Weight	38				39	Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				39	Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight Reg Type	Reg State		Tra	ailer L	ength 39		36

→	Direction 1	Vehicle 1 2	Vehicle 2	Pedestria	an	
Crash Diagram:	ie: → 🗆	2	• →	· ĝ		
		    			If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parking	g Lot
					Garage	
					☐ Mall/Shopping C	enter
	- —   — — — —				☐ Other Private Way	y
				+	Indicate North by A	irrow
				+		
	- —   — — —	 			\ \ /	
Crash Narrative:						
I left a voicemail message	to the witness	s and have ye	t to receive a	return c	call for questioning.	
This will be further inves	tigated on my	next tour of	Duty.			
**UPDATE Wednesday 09/04/	19**					
At approximately 10:00 a.m	. I went to 41	Thaxter Stre	et to once aga	in attemp	ot to make contact with Ke	nneth
Doucette and had negative	results.					
I left another voicemail f	or the witness	Claudio Silv	a and had nega	tive resu	ılts.	
I then spoke to Traffic Of	ficer M. Gaude	t to inform h	im about this	incident	and he stated that he wi	11
follow up with this invest	igation.					
(Continued or	n next page)					
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 Vehi	cle Section)		
Carrier Name					Carrier Issuing Authority Coc	le 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	Trai	iler Length	
Hazmat Information:						427
Placard 40 Material 1 digit #	Material N	ame		Material 4 di	igit # Release code	42
701 H I AZARAKIS			1777770	N POLICE DEPARTA	08/30/2	010

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)

Crash Diagram: ie: → 1	2	<b>▶</b> ♀	If Crash Did N	
			If Crash Did N	
			on a Public Wa	l <u>ot_</u> Occur ny:
			—	rking Lot
			Garage	
	į į	į	☐ Mall/Shoppir	ng Center
			Other Private	Way
			Indicate North	by Arrow
		+    +		
Crash Narrative:				
Traffic Bureau update (Officer Gaudet):	On September 4, 20	)19, I atte	mpted to make contact	with
the witness to the crash, Claudio Silva, with a	negative result.	I mad	e contact with the reg	istered
owner of MV2, Kenneth Doucette (S80920300).	Ooucette stated he w	vas operati	ng MA: 9JGD90 at the t	ime
of the accident. Doucette stated he pulled int	to a parking spot ne	ext to MV1	and stated he didn't t	hink he
"hit it hard". Doucette stated a short time la	ter he left the are	ea and when	he got back to work h	e observed
damage to his own vehicle. Doucette stated he	had damage to the f	front passe	nger bumper area. Do	ucette
stated he returned to the crash scene to see if	the other vehicle	had damage	but it was gone.	Doucette
was advised and provided Massachusetts Uniform	Citation T2016422 i	n hand for	Chapter 90, Section 2	4
(Leaving the Scene of Property Damage, MV).				
(Continued on next page)				
Witnesses:  Name (Last, First, Middle)  Addres	c		Phone #	Statement
Name (Last, First, Middle) Address	3		rnone #	Statement
Property Damage:				
Owner (Last, First, Middle) Address	Phone #	34-Type [	Description of Damaged Property	
Truck and Bus Information: Registration #	(From Ve	shiele Section)		
Carrier Name			Carrier Issuing Authority	Code 35
Address	City		St Zip_	
US DOT #: State Number				36
Cargo Body Type Code 37 Gross Vehicle Weight 38	issuing state	100#	merstate	
	State D V	ar n	Jon Longth 39	
Trailer Reg #: Reg Type Reg	State Reg Year_	Trail	ier Length	
Hazmat Information:				
Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name		Material 4 di	git # Release cod	de 42

ID/Badge #

Department

Precinct/Barracks

Date

Signature

CDP1 11 ·24·00

Police Officer Name (Please Print)

	→ Direction	1 ≢ Vehicle 1	2 =Vehicle 2	₽ Pedestri	ian	
Crash Diagram:	ie: →□	1	2	→ĝ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
		_			Off-Street Parkin	ng Lot
					Garage	
				į	☐ Mall/Shopping (	Center
		_	++		☐ Other Private W	
		 			Indicate North by	
		 _				
					( )	
			++			
Crash Narrative:						
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	Registration # _		(From V	Pehicle Section)	Carrier Issuing Authority Co	ode 35
Address			City		St Zip	
	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39	
Hazmat Information:						
Placard 40 Material 1 dig	git # 41 Material	Name		Material 4 d	ligit # Release code	42
ZOI H LAZARAKIS			NE	WTON POLICE DEPARTM	08/30/	2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)