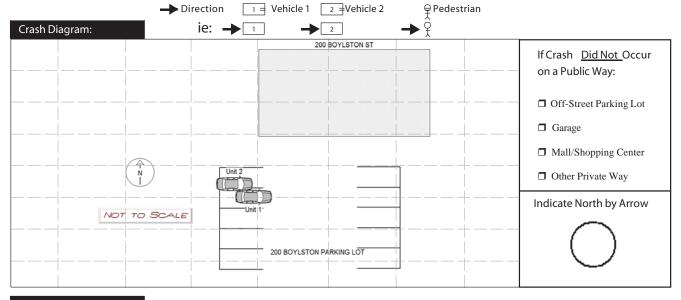
Pol	ice Use Only		Commonv	vealth	of Mass	achu	isetts					at Number	
Date of Crash 09/12/2019	Time of Crash	City/Town NEWTON			nicle Cra	ash	Number Vehicles			Limit <u>25</u> de	St La	tate Police ocal Police IBTA Police	X
	24HR				Report		1	0	Longi	tude	Ot	ther:	
	AT INTER	RSECTION:	<	LOCA	TION	>		NOT	ATI	NTER	SECT	ION:	
					EAST	200)	BOYLS	TON ST	,			ŀ
Route# Direc	tion	Name of Roa	dway/Street		Route# Directi	on Ad	ldress #		Nam	e of Road	way/Stre	eet	_
-		At			Feet	N S E	W of		•	or _			₋ŀ
Route# Direc	ction 1	Name of Intersecting Ro	oadway/Street			wlala		Mile N	Iarker		Ех	xit Number	_
		Also at Intersection	on with		_	N S E		Route#	In	tersecting	Roadwa	y/Street	-
Route# Direc	tion	Name of Intersecting	Roadway/Street		Feet	N S E	W of						
1			<u> </u>							Landm	ark		ᅱ
X Vehicle 1	#Occupants	X Hit/Run	Moped	Case Number	r	19	900000936	i					╝
License#	18 1	St1	DOB/Age	Reg #	9VG169			Reg Ty	pe_PAN		Reg State		_]
Sex Lic.			19 CDL		Year_2019	Vel	n Make_Ll	EXS		Ve	h Config	g. 20	
Operator	Last	First	Endorsment	Owne	er HORVITZ	st	ANDR	First			Middle		-
				Addr	ess 11 WILLIAN	A ST							-
City		State	Zip	City _	SOUTH DART	MOUTH	[State_MA	Zip _	02748	-
Insurance Com	npany SAFTEY I	NSURANCE		Vehic	ele Action Prior t	o Crash	11	21 [amaged	Area Coo	le: (Circl	le Up to Thre	ee)
Vehicle Travel	Direction: N	S X W Respondi	ing to Emergency?_	N Event	Sequence 1	22 22	22	22 2		3	4		
Citation # (If I	ssued)			Most	Harmful Event	1 23		1	←	9		10 Undercarri 11 Totaled	iage
Violation	1: ChSec	c Violation 2: C	ChSec	_ Drive	r Contributing C		1 24	24					
Violation	3: ChSec	c Violation 4: C	ChSec	_ Unde	rride/Override	25	Towe	ed_N8		O	0		
Please		ator and all occupant	s involved Address		Age/DOB	Sex 1	26 27 Seat Safety Pos. System	28 2 Airbag Airb Status \$wit	9 30 ag Eject ch Code	31 32 Trap Injur Code \$tatu	2 33 y Transp. Is Code	Medical Facilit	ity
Operator			See Above										
Please Select (I Vahicle	e#Occupants	Non-Motorist A	A Type	14 Action	15 Loca	ation	16 Cond	ition	17	Hit/Ru	un Mope	ed
of the Followi	ng: Venicit	recupulits	- Non Motorist?	, Type	7 Retion			Cond			- THO NO	J.mop	
License#	18 1	St	DOB/Age	Reg #	<u> </u>			Reg Ty	pe		Reg State		-
Sex Lic.	Class	Lic. Restrictions	CDL Endorsment	t	Year		n Make			Ve	h Config.	j.	
Operator	Last	First	Middle	Owne	er	st		First		N	Middle		-
Address					ess								-
City		State	Zip	City_				_		State			-
Insurance Com				Vehic	ele Action Prior t				amaged	Area Coo	de: (Circl 4	le Up to Thre	e)
Vehicle Travel	Direction: N	S E W Respond	ding to Emergency?	Event	Sequence	22 22 23		22 2		$\overrightarrow{1}$		10 Undercarri	iage
Citation # (If I	ssued)			Most	Harmful Event		24	24	←	9	1 1	11 Totaled	
		ec Violation 2:			r Contributing C	code 25		8		7			
		ec Violation 4:		Unde	rride/Override		Towed	i	30	31 2		T	_
Name (Last Fi		operator and all occ	upants involved Address		Age/DOB		26 Seat Safety Pos. Syster	28 2 Airbag Airb n Status Swi	ng Eject tch Code	Trap Injur Code Stat	y Transp. tus Code	Medical Facil	lity
Operator/	Non-Motorist		See Above										_
											+		\dashv



Crash Narrative:

Vehicle 1 was parked facing eastbound in a parking stall located in the parking lot of Wegmans Supermarket 200 Boylston St. Vehicle 1 was struck by Vehicle 2 who left the scene without leaving any identifying information. As a result of the impact Vehicle 2 sustained damage to the drivers side rear quarterpannel, rear tire and rear passenger door. Vehicle 1 was unoccupied at the time of the crash. This crash occurred on 09/12/2019 between 1730 and 1800 hrs. No injuries were reported and no vehicles required a tow.

The owner of Vehicle 1 Andrew Horvitz came to NPD Headquarters on 9/13/2019 to report the crash. Horvitz stated that Wegmans Supermarket may have video footage of the crash but would not release it to a civilian. I called Wegmans and spoke to Store Manager Chrissy Delmastro 617-762-2000. Delmastro stated she will notify her security team who will contact me back some time next week. I also contacted Dahn Pham 617-795-5999 of

(Continued on next page) Witnesses: Address Name (Last, First, Middle) Phone # Statement **Property Damage:** Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # ______(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code _____ City____ Address__ US DOT #: State Number ___ Issuing State _____ ICC #:____ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information:

JASON M. SCHLEGEL			NEWTON POLICE DEPARTM		09/13/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Material Name______ Material 4 digit # ______ Release code

Placard

Material 1 digit #

→	Direction 1	Vehicle 1	2 ≢Vehicle 2	₽ Pedestri	an	
Crash Diagram:	ie: → 1	→ [2	₽Ŷ		
						<u>Did Not</u> Occur blic Way:
						treet Parking Lot
					☐ Gara	ge
						Shopping Center
						Private Way
			+			North by Arrow
					Indicate	North by Arrow
						()
						\smile
Crash Narrative:						
Chestnut Hill Square Secur	ity to inquire	about their	security foo	tage. A mes	ssage for Pham to	contact me next
week. At this time the ide	ntity of Vehicl	le 2 is unkno	own.			
To be further investigated	•					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (Last, First, Mildule)		Address			Priorie #	Statement
Property Damage:	l		T-1			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged	Property
Truck and Bus Information:	Registration #		(From V	ehicle Section)		35
Carrier Name					Carrier Issuing	Authority Code
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC #:	I	nterstate 36
Cargo Body Type Code Gros	ss Vehicle Weight	38			20	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	iler Length	
Hazmat Information:	<u> </u>					42
Placard 40 Material 1 digit #	Material Na	ame		Material 4 d	ligit # Re	lease code 42
JASON M. SCHLEGEL			NIES	WTON POLICE DEPARTM		09/13/2019
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks	Date

CDP1 11 ·24·00