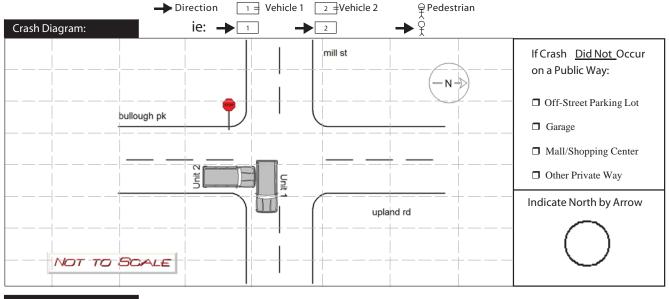
|                       | Poli                              | ce Use Only  |                      | Commonwea               | alth o   | of Massa                 | achu  | setts                | 5              |                        | RM                           | V Docun        | ment Number                                 |                  |
|-----------------------|-----------------------------------|--|----------------------|-------------------------|--|--------------------------|-------|----------------------|----------------|------------------------|------------------------------|----------------|---|------------------|
|                       | Date of Crash<br>09/28/2019       | Time of Crash<br>14:49                             | City/To              | wn Motor                | Veh  | icle Cra                 | sh    | Number               |                |                        | ed Limi                      |                | State Police<br>Local Police<br>MBTA Police | N<br>N           |
|                       | 09/28/2019                        | 24HR   | NEWTON               |                         |  | Report                   |       | 2                    | 0              |                        | ngitude_                     |                | Other:                                      |                  |
|                       |                                   | AT INTER   | SECTION:             | <                       | LOCA   | ΓΙΟΝ                     | >     |                      | N(             | TAT                    | INT                          | ERSE           | CTION:                                      | 2                |
|                       | EAST                              | MILL S   | T                    |                         |  |                          |       |                      |                |                        |                              |                |   |                  |
| <b>1</b>              | Route# Direc                      | tion   |                      | Roadway/Street          |  | Route# Direction         | on Ad | dress #              |                | N                      | ame of F                     | Roadway        | Street                                      | 2 10             |
|                       | NOR                               | TH UPLAN   |                      | At                      | Feet NSEW of • or  |                          |       |                      |                |                        |                              |                |   | _ <del>  _</del> |
|                       | Route# Direc                      | Mile Marker Exit Numl                              |                      |                         |  |                          |       |                      |                | Exit Number            | _                            |                |   |                  |
|                       |                                   | Feet N S E W of Route# Intersecting Roadway/Street |                      |                         |  |                          |       |                      |                |                        | -   11                       |                |   |                  |
| 2<br><b>1</b>         | Route# Direc                      | tion   | Feet N S E W of      |                         |  |                          |       |                      |                |                        |                              | 3              |   |                  |
| 3                     |                                   |  | 1                    | ting Roadway/Street     |  |                          |       |                      |                |                        | La                           | ndmark         |   | $\dashv$         |
|                       | XVehicle1                         | 1_#Occupants                                       | X Hit/Run            | Moped Case              | Number   |                          | 19    | 00000985             | ;              |                        |                              |                |   |                  |
|                       | License#                          |  | St                   |                         | Reg#_  | 9DLR50                   |       |                      | Reg            | Гуре_РА                | N                            | Reg            | State MA                                    | _                |
|                       | Sex_F_ Lic.                       | Class D 18 13                                      | Lic. Restriction     |                         | Veh Ye   | ear_2015                 | Veh   | Make_S               | UBARU          | J                      |                              | _Veh Co        | nfig. 20                                    |                  |
| 4                     | Operator HA                       | UBER   | ALAINA               | Endorsment              | Owner  | HAUBER JR                | t     | JOHN                 | Firet          |                        | G                            | Middle         |   | - <b>1</b>       |
| 2                     | Address 767 C                     | OMMONWEAL  | LTH AVE              | Middle                  | Addres   | 767 COMMC                | NWEA  | LTH AV               | E              |                        |                              | windule        |   | _  -             |
|                       | City NEWTO                        | N  | Sta                  | te_MA _ Zip _02459      | City N   | IEWTON                   |       |                      |                |                        | State                        | MB             | Zip <u>02459</u>                            | _                |
|                       | Insurance Com                     | pany GENERAL                                       |                      |                         | Vehicle  | e Action Prior to        | Crash | 1                    | 21             | Damag                  | ed Area                      | Code: (0       | Circle Up to Thr                            | ee)              |
| 5                     | Vehicle Travel                    | Direction: N                                       | S X W Resp           | onding to Emergency? N  | Event Sequence 1 22 22 22 22 2 4   |                          |       |                      |                |                        |                              |                |   |                  |
|                       | Citation # (If I                  | ssued)   |                      | Most Harmful Event 1 23 |  |                          |       |                      |                |                        | 10 Undercarr                 | riage          |   |                  |
|                       | Violation                         | 1: ChSec   | Violation            | 2: ChSec                | Driver Contributing Code 1 24 24 5 1 Totaled   |                          |       |                      |                |                        |                              |                |   |                  |
| <sup>6</sup> <b>1</b> | Violation                         | 3: ChSec   | Violation            | 4: ChSec                | Underride/Override $\frac{25}{1000}$ Towed $\frac{Y}{1000}$ 8 $\frac{7}{1000}$ 6   |                          |       |                      |                |                        |                              |                |   |                  |
|                       |                                   |  | ator and all occu    |                         | Age/DOB Sex Pos. \$\frac{26}{9} \text{ 28} \text{ 29} \text{ 30} \text{ 31} \text{ 32} \text{ 33} \text{ 33} \text{ 345 kg/st 345 kg/st 37} \text{ 29} \text{ 30} \text{ 31} \text{ 32} \text{ 33} \text{ 335 kg/st 345 kg/st 35}  366 kg/st 366 |                          |       |                      |                |                        |                              | ity <b>1</b> 3 |   |                  |
|                       | Name (Last Fir<br>Operator        | st Middle)   |                      | Address<br>See Above    | Age/DOB Sex 10s. System Status Switch Code Code Status C   |                          |       |                      |                | Status Co              |                              | ity -          |   |                  |
|                       |                                   |  |                      |                         |  |                          |       |                      |                |                        |                              |                |   |                  |
|                       |                                   |  |                      |                         |  |                          |       |                      |                |                        |                              |                |   |                  |
|                       |                                   |  |                      |                         |  |                          |       |                      |                |                        |                              |                |   |                  |
| 7                     |                                   |  |                      |                         |  |                          |       |                      |                |                        |                              |                |   |                  |
| 2                     | Please Select C<br>of the Followi | I A Venicle  | 2 <u>1</u> #Occupant | s Non-Motorist A Typ    | pe 1   | 4 Action 1               | Loca  | tion                 | 16 Co          | ndition                | 17                           | Hi             | t/Run Mop                                   | oed              |
|                       | License#                          |  | St M                 |                         | Reg#   | Reg # 1MB926 Reg Type_PA |       |                      |                |                        | N                            | Reg            | State MA                                    | _ ]              |
|                       | Sex_F_ Lic.                       | Class D 18 1                                       | Lic. Restriction     |                         | Veh Ye   | ear_2011                 | Veh   | Make_A               | CURA           |                        |                              | _ Veh Co       | nfig. 20                                    |                  |
| <sup>8</sup> <b>2</b> | Operator EPS                      | TEIN   | MARSHA<br>First      | Endorsment H            | Owner  | EPSTEIN Las              |       | MART                 | First          |                        |                              | Middle         |   | _                |
|                       | Address 1 REI                     | PTON PL. (apt. 1                                   | .338)                | Wildle                  | Addres   | 3S 1 (apt. 1336) l       |       | N PL                 | Filst          |                        |                              | Middle         |   | _                |
|                       | City WATER                        | TOWN   | Sta                  | te_MA _ Zip_02472       | City V   | VATERTOWN                |       |                      |                |                        | State                        | MA             | Zip <u>02472</u>                            | _                |
|                       | Insurance Com                     | pany_PLYMOUT                                       | TH ROCK              |                         | Vehicle  | e Action Prior to        | Crash | 1                    | 21             | Damag                  | ed Area                      | Code: (0       | Circle Up to Thr                            | ee)              |
|                       | Vehicle Travel                    | Direction:   | Event                | Sequence 1              | 22 22  | 22                       | 22    | 2                    | 3              |                        | 4                            |                |   |                  |
|                       | Citation # (If I                  | ssued) T1445179                                    | Most I               | Harmful Event           | 1 23   |                          |       |                      | 9              | $\langle   \; \rangle$ | 10 Undercari<br>5 11 Totaled | riage          |   |                  |
|                       | Violatio                          | n 1: Ch <u>89/9</u> Se                             | Driver               | Contributing Co         | ode 3  | 3 24                     | 24    |                      |                | $\bigvee$ ,            | J 11 Tollicu                 |                |   |                  |
|                       | Violatio                          | n 3: ChSe  | Under                | ride/Override           | 25   | Towe                     | 1_Y   | 8                    | 7              |                        | 6                            |                |   |                  |
|                       |                                   |  | operator and all     | occupants involved      |  |                          |       | 26 27<br>Seat Safety | 28<br>Airbag A | 29 3<br>irbag Ejec     | 0 31<br>Trap                 | Injury Tra     | 33<br>unsp.                                 |                  |
|                       | Name (Last Fi Operator/           | rst Middle) Non-Motorist                           |                      | Address<br>See Above    |  | Age/DOB                  | Sex   | Pos. System          | m Status S     | Switch Co              | de Code<br>0                 | Status C       | ode Medical Faci                            | lity             |
|                       | *                                 |  |                      |                         |  |                          |       | -                    |                |                        |                              |                |   |                  |
|                       |                                   |  |                      |                         |  |                          |       |                      |                | +                      |                              |                |   |                  |
|                       |                                   |  |                      |                         |  |                          |       |                      |                |                        | -                            |                |   |                  |
|                       |                                   |  |                      |                         |  | 1                        |       |                      |                |                        | - 1                          |                | 1   |                  |

| Date of Crash Police Report  AT INTERSECTION:  AT INTERSECTION:    Control   | P                                     | olice Use Only  |                    | Common                | wealth       | of Mass                           | achus                              | etts                                    |                                   | RMV D                                 |            | at Number                  |      |  |  |  |
|--|---------------------------------------|---|--------------------|-----------------------|--------------|-----------------------------------|------------------------------------|---|-----------------------------------|---------------------------------------|------------|----------------------------|------|--|--|--|
| Post      | Date of Cras                          | sh Time of Cras                                       | h City/Te          | own Mo                |              |                                   | ish Nu                             |   |                                   |                                       | S L        | tate Police<br>ocal Police |      |  |  |  |
| Routed Direction  Name of Readway/Street  Also as free-section with  Routed Direction  Name of Intersecting Roadway/Street  Also as free-section with  Routed Direction  Name of Intersecting Roadway/Street  Also as free-section with  Routed Direction  Name of Intersecting Roadway/Street  Feet NSEW of Mile Marker of Exit Number  Feet NSEW of Intersecting Roadway/Street  Routed Direction  Name of Intersecting Roadway/Street  Feet NSEW of Intersecting Roadway/Street  Intersecting Roadway/Street  Routed Direction  Name of Intersecting Roadway/Street  Feet NSEW of Intersecting Roadway/Street  Intersecting Roadway/Street  Routed Parket Name  Intersecting Roadway/Street  Routed Parket Name  Intersecting Roadway/Street  Intersecting Roadway |                                       |   |                    |                       |              |                                   |                                    |   |                                   |                                       | 0          | ther:                      | _    |  |  |  |
| Feet   N   E   W   of   Milk Marker   Or   Fest Number   |                                       | AT INTE   | ERSECTION:         | <                     | LOC          | ATION                             | >                                  | N                                       | OT AT                             | INTER                                 | SECT       | ION:                       |      |  |  |  |
| Route# Direction Name of Intersecting Roudway/Street Also at Intersecting Roudway/Street Also at Intersecting Roudway/Street Also at Intersecting Roudway/Street    Vehicle  |                                       |   |                    |                       |              |                                   |                                    |   |                                   |                                       |            |                            |      |  |  |  |
| Feet   N   E   W   of   Mile Marker   or   Exist Number  | Route# Di                             | rection   | Name o             |                       |              | Route# Directi                    | on Addres                          | ss #                                    | Na                                | ame of Roa                            | dway/Stre  | eet                        | _    |  |  |  |
| Routest   Direction   Name of Intersecting Roadway/Street   Feet   N S E W of   Intersecting Roadway/Street   Feet   N S E W of   Intersecting Roadway/Street   Intersecting Roadway/Str   | -                                     |   |                    | At                    |              | Feet                              | N S E W                            | of —                                    |                                   | • or                                  |            | 2.37                       | _    |  |  |  |
| Rouse   Direction   Name of Intersecting Rondway/Street  | Route# Di                             | rection   |                    |                       |              |                                   |                                    |   |                                   |                                       |            |                            |      |  |  |  |
| Rouse# Direction   Name of Intersecting RoadwayStreet   Landmark   |                                       | Also at Intersection with                             |                    |                       |              |                                   | Route# Intersecting Roadway/Street |   |                                   |                                       |            |                            |      |  |  |  |
| Vehicle  | Route# Dir                            | rection   | Name of Interse    | ecting Roadway/Street |              |                                   |                                    |   |                                   |                                       |            |                            |      |  |  |  |
| License # St DOB/Age Reg # Reg Type Reg State  Sex_ Lie. Class 18 18 Lie. Restrictions 19 CDL. Veh Year Veh Make Veh Config. 20  Operator Liu From Madile State Address  City State Zip City State Zip Crive Direction: NS   E   W Responding to Emergency?  Vehicle Travel Direction: NS   E   W Responding to Emergency?  Vehicle Travel Direction: NS   E   W Responding to Emergency?  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 23 22 22 22 22 23 4 10 Underraded Override  Please fill out for operator and all occupants involved Nation Madile Responding to See Above  Please fill out for operator and all occupants involved Nation Madile See Nove See Reg # Reg Type Reg State Veh Config. 20  Vehicle Travel Direction: NS   E   W Responding to Emergency?  From Madile See Nove Nation Madile Nation  |                                       | "0  |                    | I Dv. i               | Ι            |                                   |                                    |   |                                   | Landn                                 | nark       |                            |      |  |  |  |
| Sex_Lic_Class I8   | Vehicle                               | e#Occupan   | ts Hit/Kun         | Moped                 |              |                                   |                                    |   |                                   |                                       |            |                            |      |  |  |  |
| Deperator   Lie. Class   Lie. Class   Lie. Restrictions   CDL   Veh Year   Veh Make   Veh Config.  | License #                             |   |                    |                       | Reg          | #                                 |                                    | Reg                                     | Type                              |                                       | Reg Stat   |                            | -    |  |  |  |
| Owner    Address   | Sex Li                                |   |                    | ns CDL                |              | Year                              | Veh Ma                             | ake                                     |                                   | V                                     | eh Config  |                            |      |  |  |  |
| City   | Operator _                            | Last  | First              |                       |              | ner                               | st                                 | First                                   |                                   |                                       | Middle     |                            | -    |  |  |  |
| Insurance Company  Vehicle Action Prior to Crash  Vehicle Acti | Address                               |   |                    |                       | Add          | lress                             |                                    |   |                                   |                                       |            |                            | -    |  |  |  |
| Vehicle Travel Direction: NSEW Responding to Emergency?  Vehicle Travel Direction: NSEW Responding to Emergency?  Violation 4: Ch Sec Violation 2: Ch Sec Driver Contributing Code  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Name (Last First Middle)  Vehicle #Occupants  Non-Motorist A Type   74 Action   97 Is Location   99 Is Location   99 Is Condition   1   17   17   17   17   17   17   17   | City                                  |   | S                  | City                  |              |                                   |                                    |   |                                   |                                       |            |                            |      |  |  |  |
| Vehicle   Travel Direction:   Yellow   Please File   Totaled   Please File   Please File   Totaled   Please File   Pleas   | ┪                                     | _   |                    |                       |              |                                   |                                    |   | _                                 |                                       |            | le Up to Thre              | æ)   |  |  |  |
| Violation 1: Ch Sec Violation 2: Ch Sec Violation 2: Ch Sec Violation 4: Ch Sec Underride/Override   | Vehicle Tra                           | vel Direction:  | N S E W Res        | ponding to Emergency  | y? Eve       | nt Sequence                       |                                    | 22 22                                   |                                   | <u> </u>                              |            | 10 Undercarri              | iage |  |  |  |
| Violation 1: Ch. Sec Violation 2: Ch. Sec Underride/Override   | 1                                     |   |                    |                       |              | st Harmful Event                  |                                    | 24 24                                   | 1                                 | 9                                     | 5          |                            | age  |  |  |  |
| Please fill out for operator and all occupants involved Name (Last First Middle)  Please SelectOne of the Following:  Operator  Please SelectOne of the Following:  Operator  Please SelectOne of the Following:  Operator  Name (Last First Middle)  Address  AgeDOB See Above  Please Fill out for operator and all occupants involved Name (Last First Middle)  Address  AgeDOB See Above  AgeDOB AgeTo Table AgeDoB See Above  AgeDOB AgeTo Table AgeDoB See Above  AgeDOB AgeTo Table AgeDoB Above  AgeDOB AgeTo Table AgeTo AgeTo AgeDo | Violation 1: ChSec Violation 2: ChSec |   |                    |                       |              | Driver Contributing Code 25 8 7 6 |                                    |   |                                   |                                       |            |                            |      |  |  |  |
| Name (Last First Middle)   |                                       |   |                    |                       | Uno          | lerride/Override                  |                                    |   | 29 3                              | 0 31 3                                | 32   33    | T                          |      |  |  |  |
| Please Select One of the Following:  Vehicle # Occupants Non-Motorist A Type 97  |                                       |   | erator and an occi | Address               |              |                                   | Sex Pos.                           | Safety Airbag System Status             | Airbag Ejec<br>Switch Cod         | t Trap Inju<br>e Code Stat            | ry Transp. | Medical Facilit            | ty   |  |  |  |
| The following:   | Operat                                | or  |                    | See Abov              | ve           |                                   |                                    |   |                                   |                                       |            |                            |      |  |  |  |
| City BELMONT Insurance Company Vehicle Travel Direction:  N S E W Responding to Emergency? Vehicle Action Prior to Crash Violation 1: Ch Sec Violation 2: Ch Sec Violation 2: Ch Sec Violation 4: Ch Sec Violation 4: Ch Sec Violation 4: Ch Sec Violation 5: Ch Sec Violation 5: Ch Sec Violation 4: Ch Sec Violation 6: Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Contributing Code Violation 6: Ch Sec Violation 7: Ch Sec Violation 6: Ch Sec Violation 6: Ch Sec Violation 7: Totaled Vehicle First Vehicle Action Prior to Crash Violation 1: Ch Sec Violation 2: Ch Sec Violation 4: Ch Sec Violation 4: Ch Sec Violation 4: Ch Sec Violation 5: Ch Sec Violation 4: Ch Sec Violation 6: Code Violation 6: Code Violation 7: Totaled Violation 8: Code Violation 8: Code Violation 8: Code Violation 99 Condition 1  Hit/Run Mopped  Note Harm 7  Note Harm 8  Note Harm 99 Condition 99 Condition 1  Indication 1  Indication 99 Condition 99 Conditi |                                       |   |                    |                       |              |                                   |                                    |   |                                   |                                       |            |                            |      |  |  |  |
| The following:   |                                       |   |                    |                       |              |                                   |                                    |   |                                   |                                       |            |                            |      |  |  |  |
| The following:   |                                       |   |                    |                       |              |                                   |                                    |   |                                   |                                       |            |                            |      |  |  |  |
| Sex M Lic. Class   |                                       | I Vehic   | ele# Occupar       | nts Non-Motoris       | st A Type 97 | Action 97                         |                                    |   | ondition                          | 17                                    | Hit/Ru     | un Mope                    | ed   |  |  |  |
| Sex M Lic. Class   | License#_                             |   |                    |                       | Reg          |                                   |                                    |   |                                   |                                       |            | te                         | _    |  |  |  |
| Operator EPSTEIN MARTIN  Address 34 CUSHING AVE  City BELMONT  Insurance Company  Vehicle Travel Direction: NSEW Responding to Emergency?  Vehicle Travel Direction: NSEW Responding to Emergency?  Violation 1: ChSec Violation 2: ChSec  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Owner  Last First Middle  Last First Middle  Last First Middle  Address  Address  Address  Owner  Last First Middle  Address  Address  Address  Owner  Last First Middle  Address  Address  Address  Address  Address  Address  Address  Owner  Last First Middle  Address  Address  Address  Address  Address  Address  Address  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility  | Sex_M_Li                              | c. Class  |                    | ns CDL                |              | Year                              | Veh Ma                             | ake                                     |                                   | V                                     | eh Config  | -                          |      |  |  |  |
| Address 34 CUSHING AVE  City BELMONT State MA Zip 02478 City State Zip  Insurance Company Vehicle Action Prior to Crash  Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 22 22 22 22 22 22 22 22   | Operator <u>E</u>                     | PSTEIN<br>Last  |                    |                       |              | ner                               | st                                 | First                                   |                                   |                                       | Middle     |                            | _    |  |  |  |
| Insurance Company  | Address 34                            |   |                    |                       |              |                                   |                                    |   |                                   |                                       |            |                            |      |  |  |  |
| Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 23 3 4  Citation # (If Issued) Most Harmful Event 23  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 24 24 24  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed  Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex System Status Switch Code Code Status Code Medical Facility  | City BELMONT State MA Zip 02478       |   |                    |                       |              | City State Zip                    |                                    |   |                                   |                                       |            |                            |      |  |  |  |
| Vehicle Iravel Direction: N S E W Responding to Emergency? Event Sequence  Citation # (If Issued)  | Insurance Company                     |   |                    |                       |              | icle Action Prior to              | o Crash                            |   | Ü                                 |                                       | ,          | le Up to Thre              | :e)  |  |  |  |
| Citation # (If Issued) Most Harmful Event  | Vehicle Trav                          | $\begin{tabular}{lllllllllllllllllllllllllllllllllll$ |                    |                       |              |                                   | _ Event Sequence                   |   |                                   |                                       |            |                            |      |  |  |  |
| Violation 1: ChSec Violation 2: ChSec Driver Contributing Code  Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age/DOB  Sex Pos. System Status Switch Code Code Status Code Medical Facility  Address  Age/DOB  Age/                      | Citation # (I                         | Citation # (If Issued)                                |                    |                       |              |                                   | Most Harmful Event                 |   |                                   |                                       |            |                            |      |  |  |  |
| Violation 3: ChSec Violation 4: ChSec Underride/Override   | Viola                                 | Violation 1: ChSecViolation 2: ChSec                  |                    |                       |              |                                   | Driver Contributing Code           |   |                                   |                                       |            |                            |      |  |  |  |
| Name (Last First Middle)  Address  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility  Output  Description:  Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility  |                                       |   |                    |                       |              | lerride/Override                  |                                    |   |                                   | /                                     |            |                            |      |  |  |  |
|  |                                       |   | or operator and al | *                     |              | Age/DOB                           | Sex Pos.                           | 27 28<br>Safety Airbag<br>System Status | 29 30<br>Airbag Ejec<br>Switch Co | J 31 3<br>et Trap Inju<br>de Code Sta | ry Transp. | Medical Facil              | ity  |  |  |  |
|  |                                       |   | :                  | See Abov              | /e           |                                   |                                    |   |                                   |                                       |            |                            |      |  |  |  |
|  |                                       |   |                    |                       |              |                                   |                                    |   |                                   |                                       |            |                            |      |  |  |  |
|  |                                       |   |                    |                       |              |                                   |                                    |   |                                   |                                       |            |                            |      |  |  |  |
|  |                                       |   |                    |                       |              |                                   |                                    |   |                                   |                                       |            |                            |      |  |  |  |



## Crash Narrative:

ON 9-28-19 AT APPROX. 1449HRS. WHILE WORKING N492 I TOOK A REPORT FOR ACCIDENT HIT AND RUN. UPON ARRIVAL AT MILL AND UPLAND ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING E-BOUND ON MILL ST. WHEN SHE WAS HIT IN THE RIGHT SIDE OF HER VEHICLE B VEHICLE #2. DRIVER STATES THE HIT SPUN HER COMPLETELY AROUND. VEHICLE #2 SPED AWAY FROM THE SCENE N-BOUND ON UPLAND RD. OPERATOR OF VEHICLE #1 REPORTS NO INJURIES. WAS ADVISED TO CONTACT HER INSURANCE COMPANY.

AT THE ACCIDENT SCENE WAS THE LICENSE PLATE ( MA REG#, 1MB926 ). IT HAD COME OFF VEHICLE #2 DURING THE

CRASH. I HAD DISPATCH RUN THE PLATE AND IT CAME BACK TO ( MARTIN EPSTEIN, DOB: 7-31-42, WATERTOWN ,MA.

). PRIOR TO CALLING THE OWNER OF THE PLATE I WAS NOTIFIED BY DISPATCH THAT THE PARTIES INVOLVED IN THE

| ACCIDENT WERE AT THE STAT   | TION AND WOULD LIKE    | TO SPEAK  | TO ME. UPON AR | RIVAL AT     | THE NEWTON I       | POLICE STATIO       | N FRONT   |
|-----------------------------|------------------------|-----------|----------------|--------------|--------------------|---------------------|-----------|
| (Continued                  | on next page)          |           |                |              |                    |                     |           |
| Witnesses:                  |                        |           |                |              |                    |                     |           |
| Name (Last, First, Middle)  | Ad                     | ldress    |                |              | Phone              | #                   | Statement |
|                             |                        |           |                |              |                    |                     |           |
|                             |                        |           |                |              |                    |                     |           |
| Property Damage:            |                        |           |                |              |                    |                     |           |
| Owner (Last, First, Middle) | Address                |           | Phone #        | 34-Type      | Description of Dam | aged Property       |           |
|                             |                        |           |                |              |                    |                     |           |
|                             |                        |           |                |              |                    |                     |           |
|                             |                        |           |                |              |                    |                     |           |
| Truck and Bus Information:  | Registration #         |           | (From Vehi     | cle Section) |                    |                     | 35        |
| Carrier Name                |                        |           |                |              | Carrier Is         | suing Authority Coc | le        |
| Address                     |                        |           | _ City         |              | St                 | Zip                 |           |
| US DOT #:                   | State Number           |           | Issuing State  | ICC #:_      |                    | Interstate          | 36        |
| Cargo Body Type Code 37 G   | ross Vehicle Weight 38 |           |                |              |                    |                     |           |
| Trailer Reg #:              | Reg Type               | Reg State | Reg Year       | Tı           | railer Length      |                     |           |
| Hazmat Information:         |                        | _         |                |              |                    |                     |           |
| Placard 40 Material 1 digi  | t # 41 Material Name_  |           |                | Material 4   | digit #            | Release code        | 42        |
| THOMACDIMALCH               |                        |           |                |              |                    | 00/20/2             | 010       |

| -  | → Direction 1      | Vehicle 1      | vehicle 2       | Pedestr          | ian                |   |           |
|--|--------------------|----------------|-----------------|------------------|--------------------|---|-----------|
| Crash Diagram:                                     | ie: → 1            | <b>→</b>       | <u>→</u>        | Ŷ                |                    |   |           |
|  |                    |                |                 | <u> </u><br>     |                    | Crash <u>Did Not</u> C<br>n a Public Way: | Occur     |
|  |                    |                |                 |                  |                    | Off-Street Parking                        | ; Lot     |
|  |                    |                |                 |                  |                    | Garage                                    |           |
|  |                    |                |                 |                  |                    | Mall/Shopping Ce                          | enter     |
|  |                    |                |                 | +                |                    | Other Private Way                         | ,         |
|  |                    |                |                 | +                | Inc                | licate North by A                         | rrow      |
|  |                    |                |                 |                  |                    | $\bigcirc$                                |           |
| Crash Narrative:                                   |                    |                |                 |                  |                    |   |           |
| DESK I MET ( MARTIN EPSTE                          |                    |                | ·               |                  | -                  |   | 4 DEMII   |
| OPERATING THE VEHICLE THI ISRAEL HOSPITAL ONCOLOGY |                    |                |                 |                  |                    |   |           |
| WAS INFORMED THAT IT WAS                           |                    |                | ·               |                  |                    |   | TED HIS   |
| MOTHER CALLED HIM BELIEVI                          |                    |                |                 |                  |                    |   |           |
| ABOUT WHAT HAD OCCURRED                            | FROM THE INFORM    | MATION I HAD F | RECEIVED FROM T | HE OPERA         | TOR OF VEHICL      | E #1. I INFORM                            | MED BOTH  |
| PARTIES THAT SINCE THEY C                          | AME IN I WOULD     | NOT BE SEEKIN  | IG COMPLAINTS F | OR LEAVI         | NG THE SCENE       | OF PROPERTY DA                            | AMAGE .   |
| THEY WERE INFORMED THAT T                          | HEY WILL BE REC    | EIVING A CITA  | TION FOR ( 89/  | 9, FAILU         | RE TO STOP FO      | R STOP SIGN )                             |           |
| I ESCORTED MARTIN EPSTEIN                          | JUNIOR TO THE      | REAR OF THE S  | STATION WHERE I | RETURNE          | D THE FRONT P      | LATE THAT WAS                             | FOUND     |
| (Continued   | on next page)      |                |                 |                  |                    |   |           |
| W itnesses: Name (Last, First, Middle)             |                    | Address        |                 |                  | Phone              | x #                                       | Statement |
| Name (Last, First, Middle)                         |                    | Address        |                 |                  | Phone              | : #                                       | Statement |
|  |                    |                |                 |                  |                    |   |           |
|  |                    |                |                 |                  |                    |   |           |
| Property Damage:                                   |                    |                |                 | 0.17             | 5 1 1 6            |   |           |
| Owner (Last, First, Middle)                        | Address            |                | Phone #         | 34-Type          | Description of Dam | aged Property                             |           |
|  |                    |                |                 |                  |                    |   |           |
|  |                    |                |                 |                  |                    |   |           |
| Truck and Bus Information:                         | Registration #     |                | (From Veh       | cle Section)     |                    |   | 35        |
| Carrier Name                                       |                    |                |                 |                  | Carrier Is         | suing Authority Cod                       |           |
| Address  |                    |                | City            |                  | St                 | Zip                                       |           |
| US DOT #:  | _ State Number     |                | Issuing State   | ICC #:_          |                    | Interstate                                | 36        |
| Cargo Body Type Code 37 Gr                         | oss Vehicle Weight | 38             |                 |                  |                    |   |           |
| Trailer Reg #:                                     | Reg Type           | Reg State      | Reg Year        | Tra              | ailer Length       |   |           |
| Placard 40 Material 1 digit                        | # 41 Material N    | Name           |                 | Material 4 o     | ligit #            | Release code                              | 42        |
| THOMAS P WALSH                                     |                    |                | NEWTO           | N POLICE DEPARTM |                    | 09/28/20                                  | 119       |

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

| <b>→</b>                      | Direction        | 1 = Vehicle 1  | 2 =Vehicle 2    | ₽Pedestr         | ian           |  |           |
|-------------------------------|------------------|----------------|-----------------|------------------|---------------|--|-----------|
| Crash Diagram:                | ie: →            | 1 -            | 2               | Ŷ                |               |  |           |
|                               |                  |                |                 | <br>             |               | If Crash <u>Did Not</u> On a Public Way: | Occur     |
|                               |                  | _              |                 |                  |               | ☐ Off-Street Parking                     | g Lot     |
|                               |                  |                |                 |                  |               | ☐ Garage                                 |           |
|                               | İ                |                | İ               | į                |               | ☐ Mall/Shopping Ce                       | enter     |
|                               |                  | _              |                 | +                |               | ☐ Other Private Way                      |           |
|                               | · —   — — — —    | <br>           |                 |                  |               | Indicate North by A                      |           |
|                               |                  |                |                 |                  |               |  |           |
|                               |                  |                |                 |                  |               |  |           |
|                               | · —   — — — —    | -              |                 | +                |               |  |           |
|                               |                  |                |                 |                  |               |  |           |
| Crash Narrative:              |                  |                |                 |                  |               |  |           |
| AT THE SCENE. HE INFORMED N   | ME THAT SINCE    | HIS MOTHER DO  | DES NOT RECALL  | THE ACCI         | DENT HE HA    | S TAKEN HER KEY                          | S AWAY    |
| AND REVOKED HER DRIVING PRI   | IVILEGES FOR T   | THE SAFETY OF  | ALL PARTIES IN  | VOLVED.          | HE STATES     | HE HAS SIBLINGS                          | AS WELL   |
| AS FRIENDS OF THE FAMILY WE   | HO LIVE IN THE   | E AREA AND STA | ATED THEY WOULD | DRIVE H          | ER WHENEVE    | R NECESSARY. I II                        | NFORMED   |
| MS EPSTEIN THAT I WOULD MAI   | IL HER A CITAT   | TION ( T14451  | 79, 89/9, FAILU | RE TO ST         | OP AT STOR    | SIGN ). IN                               |           |
| CONSIDERATION OF ALL FACTS    | INVOLVED AN I    | IMMEDIATE THRE | EAT WAS FILED A | ND SENT          | TO THE REG    | SISTRY OF MOTOR V                        | EHICLES   |
| ON 9-29-19.                   |                  |                |                 |                  |               |  |           |
|                               |                  |                |                 |                  |               |  |           |
|                               |                  |                |                 |                  |               |  |           |
|                               |                  |                |                 |                  |               |  |           |
|                               |                  |                |                 |                  |               |  |           |
| Witnesses:                    |                  |                |                 |                  |               |  |           |
| Name (Last, First, Middle)    |                  | Address        |                 |                  | -             | Phone #                                  | Statement |
|                               |                  |                |                 |                  |               |  |           |
|                               |                  |                |                 |                  |               |  |           |
|                               |                  |                |                 |                  |               |  |           |
| Property Damage:              | T                |                |                 |                  | 5             | (0                                       |           |
| Owner (Last, First, Middle)   | Address          |                | Phone #         | 34-Type          | Description o | f Damaged Property                       |           |
|                               |                  |                |                 |                  |               |  |           |
|                               |                  |                |                 |                  |               |  |           |
| Truck and Bus Information:    | Registration #   |                | (From Vehi      | cle Section)     |               |  |           |
| Carrier Name                  | Registration #   |                | (110111 VCII    |                  | Car           | rier Issuing Authority Cod               | 35<br>le  |
| Address                       |                  |                | City            |                  |               |  |           |
|                               |                  |                | -               |                  |               |  | 36        |
| US DOT #:                     |                  | 38             | Issuing State   | ICC #:_          |               | Interstate                               |           |
| Cargo Body Type Code Gross    | s Vehicle Weight |                |                 |                  |               | 39                                       |           |
| Trailer Reg #:                | Reg Type         | Reg State      | Reg Year        | Tra              | ailer Length  | 39                                       |           |
| Hazmat Information:           |                  |                |                 |                  | _             | _  | 42        |
| Placard 40 Material 1 digit # | Material I       | Name           |                 | Material 4 o     | digit #       | Release code                             | 42        |
| THOMAS P WALSH                |                  |                | NEWTO           | N POLICE DEPARTM | <u> </u>      | 09/28/20                                 | 019       |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)