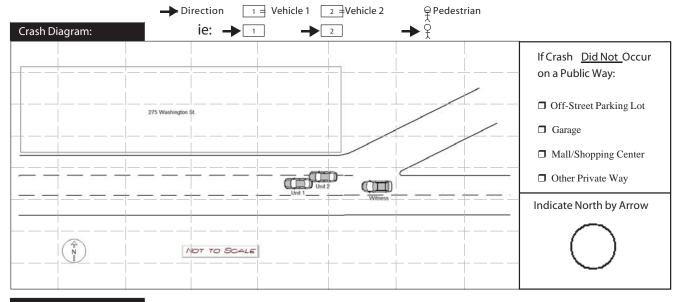
12/13/2019 22:50 NEWTON Police Report Vehicles 2 Injured Lat Location Vehicles 2 NOT AT	AN Reg State MA Veh Config. 1 State Zip ed Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled 6				
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Operator ASSEMBEK ADIL Last First Middle Address City CHESTNUT HILL Insurance Company LM GENERAL Vehicle Travel Direction: N S E N Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Please fill out for operator and all occupants involved Name (Last First Middle) Owner (Same as operator) Last First Address City Vehicle Action Prior to Crash Toward Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Age/DOB Sex Age/DOB Sex Pos. System Status Switch Status Which Code Operator See Above	Middle StateZip ed Area Code: (Circle Up to Three) 3 40 10 Undercarriage 5 11 Totaled 6				
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City CHESTNUT HILL State MA Zip 02467 City Insurance Company LM GENERAL Vehicle Action Prior to Crash 1 21 Damag Vehicle Travel Direction: NSEN Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 Citation # (If Issued) Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DoB Sex System Status Switch Code Operator See Above	StateZip ed Area Code: (Circle Up to Three) 3 10 Undercarriage 5 11 Totaled 6				
Insurance Company LM GENERAL Vehicle Travel Direction: NSEN Responding to Emergency? N Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed Y Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above Damag Event Sequence 1 22 22 22 22 22 Driver Contributing Code 1 24 24 Vehicle Action Prior to Crash 1 1 Location Figure 1 22 22 22 22 Vehicle Action Prior to Crash 1 21 Location Figure 2 25 22 22 22 Vehicle Action Prior to Crash 1 21 Location Figure 2 25 22 22 22 Vehicle Action Prior to Crash 1 21 Location Figure 2 25 22 22 22 Vehicle Action Prior to Crash 1 21 Location Figure 2 25 22 22 22 Vehicle Action Prior to Crash 1 21 Location Figure 2 25 22 22 Vehicle Action Prior to Crash 1 21 Location Figure 2 25 22 22 Vehicle Action Prior to Crash 1 21 Location Figure 2 25 22 22 Vehicle Action Prior to Crash 1 22 Location Figure 2 25 22 22 Vehicle Action Prior to Crash 1 22 Vehicle Action Prior to Crash	ed Area Code: (Circle Up to Three) 3 40 10 Undercarriage 5 11 Totaled 6				
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Citation # (If Issued) Most Harmful Event 1 23	9 5 11 Totaled 6				
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Violation 3: ChSec Violation 4: ChSec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above Underride/Override 25 Towed Y Seat Safety Airbag Airbag Eje Pos. System Status Switch Coc Pos. System					
Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above Age/DOB Sex Age/DOB					
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Coc Operator See Above1 4 4 0	60 31 32 33 ct Trap Injury Transp.				
	le Code Status Code Medical Facility				
KANIBER, GULNAKA 1 4 4 0	0 10 1				
	0 10 1				
Please Select One of the Following: Vehicle 2 3_#Occupants Non-Motorist A Type 14 Action 15 Location Condition	17 Hit/Run Moped				
License # St MADOB/Age Reg # 8HD155 Reg Type PA					
Sex_M_ Lic. Class D 18 18 Lic. Restrictions D 19 CDL Veh Year 2014 Veh Make NISSAN	Veh Year 2014 Veh Make NISSAN Veh Config. 20				
Operator DILWORTH ALEXANDER Endorsment Owner DILWORTH WILLIAM Last First Middle Last First	Middle				
Address 34 FAIRWAY DR Address 34 FAIRWAY DR	<u></u>				
City NEWTON State MA Zip 02460 City NEWTON	State_MA Zip_02465				
Insurance Company SAFETY Vehicle Action Prior to Crash 5 Damag	ed Area Code: (Circle Up to Three)				
Vehicle Travel Direction: NSEN Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22	3 4				
Citation # (If Issued) Most Harmful Event 1 23 10 Under 5 11 Totale					
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 97 24 24	J. Tourse				
Violation 3: ChSec Violation 4: ChSec Underride/Override	7 6				
Please fill out for operator and all occupants involved 26 27 28 29 3 Seat Safety Airbag Airbag Eje	0 31 32 33 ct Trap Injury Transp.				
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Co Operator/Non-Motorist See Above	de Code Status Code Medical Facility 0 10 1				
ANDREAE THOMAS H	0 10 1				
312 OTIS ST	V 10 1				
FALCHUK, JACOB NEWTON, MA 02460					



Crash Narrative:

Witnesses:

At approximately 2250HRs on Friday, December 13, 2019, I was dispatched to the area of 275 Washington St. for a report of a hit and run crash; Newton Officers and a State Police Officer canvassed the area with negative results. Upon speaking with the operator of MV1 (MA Pass:1CTB36), he stated that he was traveling

Westbound on Washington St., when he observed a black Honda mini van or SUV, MV2, approach him in his passenger's side mirror and then attempt to enter his lane of travel, striking the rear of MV1. Upon speaking with the two witnesses who were traveling behind MV1 and MV2, they concurred with the operator of MV1's account. The witnesses described MV2 as a black Honda or Toyota mini van or SUV. I observed damage to the right rear quarter panel, trunk area and right rear tire of MV1. Todys Services arrived and took custody of MV1. I filled an NPD Towed Motor Vehicle Form.

(Continued on next page)

Name (Last, First, Middle)		Address			Phone #	Statement
PEIRCE , EMMA,	19 LILL AVE E , EMMA, NEWTON,MA 02465					N
THURSTON , OLIVIA,	97 LYMAN S WALTHAM,				N	
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Proper	ty
T 1 10 16 1						
Truck and Bus Information:	Registration "			nicle Section)		35
Carrier Name					Carrier Issuing Author	ity Code
Address			City		St Zi	p
US DOT #:	State Number		Issuing State	ICC #:_	Intersta	te 36
Cargo Body Type Code 37	Gross Vehicle Weight	38			39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr		
Hazmat Information:						
Placard 40 Material 1	digit # 41 Material N	ame		Material 4	digit # Release c	ode 42

	Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestrian	
Crash Diagram:	ie: →□	1 -	2	→Ŷ	
					If Crash <u>Did Not</u> Occur
		_	_	<u> </u>	on a Public Way:
		_	_		Off-Street Parking Lot
			_	<u> </u>	☐ Garage
					☐ Mall/Shopping Center
				+-	Other Private Way
		- 	- 	 	Indicate North by Arrow
		_		++-	
Crash Narrative:	,		'	,	
Update as of 1800HRs	on 12/15/2019				
I was made aware that t	the operator of M	V2 in this i	incident, now	identified as 1	MA Pass: 8HD155, submitted a
Commonwealth of Massach	usetts Motor Veh	icle Crash (Operator Repo	ort on 12/14/201	9. In said report, the operator
admits to striking MV1	and stated that	he pulled ov	ver on Peaboo	ly St., where he	remained for approximately 15
minutes awaiting MV1. W	Then MV1 did not	arrive, the	operator of	MV2 attempted	to drive away, but realized the
damage was too severe a	and returned to the	he same spot	on Peabody	St. I viewed MV	2 at Clay Auto Body and
observed damage to its	left fender/whee	l well area,	as well as	a deployed pass	enger's side airbag. Upon
speaking with the opera	itor of MV2, he re	eiterated th	ne same infor	emation he state	d in the above summary of his
Commonwealth of Massach	nusetts Motor Veh	icle Crash (Operator Repo	ort. In the pres	ence of his parents, I advised
(Continue	ed on next page)				
W itnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	cription of Damaged Property
Truck and Bus Information:	Di-4		(Free	- Valciala Cardiana)	
Carrier Name	Registration # _		(FIOI	n Vehicle Section)	Carrier Issuing Authority Code 35
Address			City		St Zip
US DOT #:	State Number		Issuing State	:ICC #:	Interstate 36
Cargo Body Type Code 37	Gross Vehicle Weight	38			
Trailer Reg #:	Reg Type	Reg State	Reg Y	ear Trailer l	Length 39
Hazmat Information:					
Placard 40 Material 1 o	ligit # 41 Material	Name		Material 4 digit	# Release code 42

-	→ Direction	1 = V6	ehicle 1	2 =Vehicle 2	₽Pedestri	ian	
Crash Diagram:	ie: →[1	→[2	→ ĝ		
						If Crash on a Pub	<u>Did Not</u> Occur lic Way:
		_				Off-Str	eet Parking Lot
						☐ Garage	
							hopping Center
							Private Way
	 	_ _		 			lorth by Arrow
						()
		_				·	
Crash Narrative:							
him on the proper steps t	o take when i	nvolve	d in an	accident, su	ch as the p	roper exchange of i	nformation and
the potential ramification	ons of not doi:	ng so.	Due to	the operator	of MV2 bei	ng 17 years old, be	eing issued his
driver's license 9 months	ago and his	eviden	t remors	e/confusion	surrounding	the incident, I wi	.11 not be
seeking any charges. I up	dated the ope	rator	of MV1 a	nd provided	both parties	s with an NPD Crash	Data Exchange
Form.							
Witnesses:							
Name (Last, First, Middle)		Ade	dress			Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Damaged Pr	operty
Truck and Bus Information:	Registration #			(From	Vehicle Section)		
Carrier Name				(*	Carrier Issuing Au	athority Code 35
Address				City		St	Zip
US DOT #:	State Number			Issuing State _	ICC #:	Int	erstate 36
Cargo Body Type Code 37 Gr	ross Vehicle Weight	38					
Trailer Reg #:	l Reg Type		Reg State _	Reg Yea	nr Tra	ailer Length 39	
Hazmat Information:							
Placard 40 Material 1 digi	t # 41 Materia	ıl Name_			Material 4 d	ligit#Rele	ase code 42
CHRISTOPHER G HOWES			3880	04	NEWTON POLICE DEPARTM		12/13/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)