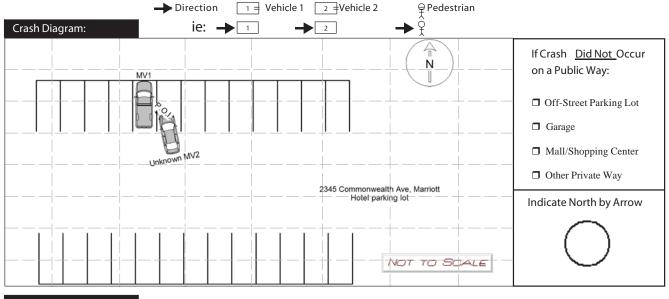
	Poli	ice Use Only		Commonweal	lth o	f Massa	achu	isetts	5		RMV	Docum	ent Number	
	Date of Crash 12/27/2019	Time of Crash 15:19 24HR	City/Town NEWTON	1410101		icle Cra Report	sh	Number Vehicles		ed Lati	ed Limit tude gitude_		State Police Local Police MBTA Police Other:	XI D
		AT INTER	SECTION:		OCAT		>		NO	T AT	INTE	RSEC	TION:	$\frac{1}{2}$
1 <b>1</b>	Route# Direc	tion	Name of Ro	adway/Street	R	NORTH Route# Direction		ldress #	COM	MONW Na		AVE oadway/S	Street	2
	At			Feet NSEW of • or Mile Marker Exit Number						- 2				
	Route# Direc	ction N	Also at Intersecting F			Feet [			Rout	e#	Intersect	ing Road	way/Street	-
2 1	Route# Direction Name of Intersecting Roadway/Street				25 FEET <sub>Feet</sub> N S E W of MARRIOTT HOTEL  Landmark								5	
3 1	XVehicle1	#Occupants	X Hit/Run	Moped Case N	lumber		19	900001337	7					
	License # Lic. (	18 18	StSt	DOB/Age  19 CDL Endorsment	Veh Ye	ar_2005	Vel	n Make_C	HEVY				fig. 20	-
4 1		Last		Middle	Owner	ANDERSON Las Las 12 NEW YOR	t RK AVE	WAYN	First		Е	Middle		- 9
	City		State_	Zip	City BI	LACKSTONE							ip 01504 ircle Up to Thre	- - -
5	Vehicle Travel Citation # (If I	Direction: X	S E W Respon	ding to Emergency? N  ChSec	Event S Most H	Action Prior to Sequence 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22 23	2 22	22 2	_	9		4 10 Undercarri 5 11 Totaled	
<sup>6</sup> 1			Violation 4:	ChSec	Underri	de/Override [	25	Towe	ed N	29 30 rbag Ejec	7	32 Tran	33	
	Name (Last Fir	st Middle)		Address See Above		Age/DOB		Pos. \$ysten	Status \$v	vitch Code	e Code !	Status Cod	e Medical Facili	<u>1</u>
7 <b>1</b>	Please Select C	Vehicle	# Occupants	Non-Motorist A Type	: 14	Action 1	Local	ation	16 Cor	ndition	17	☐ Hit/	/Run Mop	ed
8 <b>4</b>	License # Sex Lic. ( Operator	18 18	StStStStSt	DOB/Age  19 CDL Endorsment  Middle	Veh Ye	ar	Vel						20	-
	Address State Zip  Insurance Company Vehicle Travel Direction: NSEW Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch				Address City State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								-	
	Pl Name (Last Fi	ease fill out for	operator and all oc		Undern	Age/DOB	Sex	Z6 27 Seat Safety Pos. Syste	28 Airbag Ai m Status S	29 30 rbag Eject witch Coo	) 31 Trap I de Code	32 Tran Status Co		ity
l														



## Crash Narrative:

Witness said between 0930 to 1430 hours this date she was out of the hotel running errands. Witness stated her husband's MV (MV1) was parked unoccupied within the lines of 2345 Commonwealth Ave (Marriott Hotel) between those hours. Witness stated when she came back at 1430 hours she observed new damage done to MV1. Witness said during that time period an unknown MV sideswiped MV1 and left the scene without giving information. Witness believes the unknown MV must have scratched their car while attempting to back up from their space. Witness said the minor damage (scratch to the rear passenger side) was not there before today. Witness does not know who may have caused the damage. No injuries reported, no tow required, and no security camera recordings. Witness was advised for the registered owner to contact their insurance.

Witnesses:					
Name (Last, First, Middle)	Address		Phone #	Statement	
ANDERSON , ALLYSON,		ORK AVE FONE,MA 01504		N	
Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:  Carrier Name	Registration #	`	,	Carrier Issuing Authority Co	ode 35
Address		City		St Zip	
US DOT #:	State Number	Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg Stat	te Reg Year	Tr		
Hazmat Information:					
Placard 40 Material 1 digit #	# 41 Material Name		Material 4	digit # Release code	42

MARK HATFIELD		NEWTON POLICE DEPARTM	12/27/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date