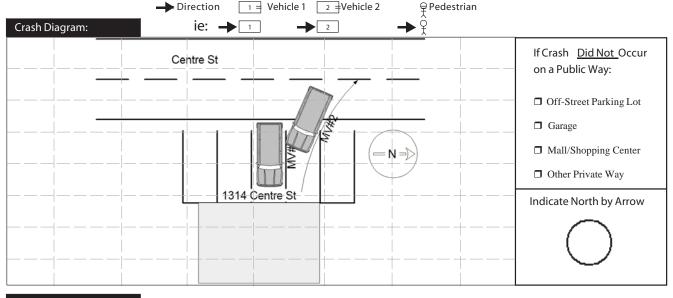
	Poli	ice Use Only		Commonw	ealth	of Massa	achus	etts			RMV	Docum	ent Number	
	Date of Crash 01/14/2020	Time of Crash 08:57	City/Tov NEWTON	wn Mot	or Vel	nicle Cra	$\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	lumber ehicles	Number Injured		l Limit . ıde	10	State Police Local Police MBTA Police	
	01/14/2020	08:57 24HR	NEWTON]	Police	Report		2	0		itude		MBTA Police Other:	
		AT INTER	RSECTION:	<	LOCA	TION :	>		NOT	AT I	INTE	RSEC'	TION:	_
						NORTH	1314		CENTR	E ST				F
1 1	Route# Direc	tion	Name of l	Roadway/Street		Route# Direction	on Addre	ess #		Nam	ne of Ro	adway/S	treet	
_	At					Feet NSEW of or								ŀ
	Route# Direc	etion N		Mile Marker Exit Number								_		
			Also at Inters	ection with		Feet [1	N S E W	of	Route#	In	itersecti	ng Roady	way/Street	-
2						Feet [1	SEW	of				0	,	-
	Route# Direc	tion	Name of Intersec	ting Roadway/Street							Land	lmark		
3	XVehicle1	#Occupants	X Hit/Run	☐ Moped (Case Number	r	2000	000052						-
	License#		St	DOB/Age_	Reg #	3RF592			_Reg Ty _l	e PAN		Reg Si	tate MA	
	Sex Lic. (18 1	8	19		Year 2017							20	_
1		Last		Endorsment		vasconcei	LOS	SONIA					8.	_
1				Middle		ess 401 PLEASA	ι		First			Middle		- -
						FRAMINGHAM					State N	MA Zi	p 01702	_
	CityStateZip Insurance Company GEICO					City FRAMINGHAM State MA Zip 01702 Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)								ree)
;	Vehicle Travel	Direction: N	S E W Respo	onding to Emergency?		Sequence 2 2		22	22 2		3		1	
1		ssued)				Harmful Event	23				\\		10 Undercari	riage
	,			2: ChSec		L r Contributing Co	_	24	24	←	9	\	5 11 Totaled	
1	Violation	3: ChSec	Violation	4: ChSec		Underride/Override Towed N 8 7 6								
_	Please fill out for operator and all occupants involved						20 Seat		28 29 Airbag Airba	g 30 Eject	31 Trap In Code \$1	32 3	33 sp.	\dashv
	Name (Last First Middle) Addre Operator See Abr					Age/DOB	Sex Pos.	\$ystem	Status Switc	h Code	Code \$1	tatus Code	Medical Facil	ity
														_
7														
1	Please Select C of the Followi		2 1_#Occupants	Non-Motorist A	Туре	14 Action 1	5 Locatio	on 1	Condi	tion	17	Hit/	Run Mop	oed
	License#		St MA	DOB/Age	Reg #	RT43ZA			Reg Ty	e PAS		Reg St	tate_MA	_
	License #					Veh Year 2019 Veh Make AUDI Veh Config. 2							_	
3_	Operator ELLIS ALFRED D Endorsment					Owner (Same as operator)								
2						Las	t		First			Middle		_
	City BROOKLINE State MA Zip 02445					CityStateZip								_
	'	Insurance Company STANDARD FIRE INSURANCE					Damaged Area Code: (Circle IIn to Three)							ree)
	Vehicle Travel Direction: NSE W Responding to Emergency?N					Event Sequence 2 22 22 22 22 3 4								
	Citation # (If Issued)					Most Hormful Event 2 23								riage
	Violation 1: Ch Sec Violation 2: Ch Sec					Driver Contributing Code 99 24 24 5 11 Totaled								
	Violation 3: Ch Sec Violation 4: Ch Sec					Underride/Override 25 Towed N 8 7 6								
				occupants involved			20 Seat		28 29 Airbag Airba	g 30 Eject	31 Trap In	32 3 jury Trans	3	\dashv
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex Pos	s. System	Status Swit	ch Code	Code S	Status Coc		ility
	Орегатог	1 1011-1VIOLOIISt		See Above				99	4 99	U	0 1	1 1	17/2	\blacksquare
										+				\blacksquare



Crash Narrative:

The owner of MV#1 stated she had parked her vehicle in the parking lot of 1314 Centre St and went into the store (Holly Cleaners) to pick up her dry cleaning. The owner of MV#1 stated her friend "Rosemary" who was sitting in the front passenger seat of MV#1, observed the vehicle parked next to it back out of its parking spot and struck MV#1.

I spoke to the manager of Holly Cleaners and she was able to provide me with the customer's contact information that drove MV#2. The manager of Holly Cleaners was able to show me video footages of the accident. The video shows that operator of MV#2 attempted to back out of his parking spot making a sharp turn and leaving the area. The video then shows the passenger of MV#1 get out of the vehicle and looked at the damages. I am unable to determined if contact was made between the two vehicles but it was highly possible

(Continued or	n next page)				
Witnesses:					
Name (Last, First, Middle)	Addre	ess		Phone #	Statement
Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damage	ed Property
					
Truck and Bus Information:	Registration #	(From Vel	nicle Section)		
Truck and Bus Information:				Carrier Issuin	ng Authority Code
Carrier Name					ng Authority Code
Carrier Name		City		St	Zip
Carrier NameAddressUS DOT #:S	State Number	City		St	Zip
Carrier NameS AddressS US DOT #:S		City		St	ng Authority Code Zip
Carrier NameS AddressS US DOT #:S	State Number	City Issuing State	ICC#:_	St	ng Authority Code Zip
Carrier Name	State Number	City Issuing State	ICC#:_	St	ng Authority Code Zip

→	Direction 1	Vehicle 1 2	₹Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	2	→	·Ŷ			
				<u> </u> <u> </u>		If Crash <u>Did Not</u> C on a Public Way:	Occur
						☐ Off-Street Parking	g Lot
						☐ Garage	
į						☐ Mall/Shopping Ce	enter
			+ -			☐ Other Private Way	,
	. — — — —			+		Indicate North by A	rrow
						\bigcirc	
Crash Narrative:							
Rd in Brookline MA (617 73							
a Fred Ellis at this time.		mable to vie	w a registrati	011 01 10	cate a re		
The damage to MV#1 is to it	ts driver's sid	le rear door.	It displayed	a light	color mar	k (Minor damages)	
There were no reported inju							
"Rosemary" (Unknown last na							
voicemail. To be further in	nvestigated pen	ding statemen	nts from the o	perator	of MV#2.		
On 01/17/2020 at 09:45 I sp	poke to Alfred	Ellis and he	stated that h	e was a	t the Hol	.ly Cleaners parkin	ng lot
and could not reverse due	to MV#1 parking	so close to	o his vehicle.	Mr. Ell	is stated	l he unsure if he h	had made
(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:		1			1		1
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Carrier Name					C	arrier Issuing Authority Code	
Address			City			St Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38			Г		
Trailer Reg #:Hazmat Information:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39	
Placard 40 Material 1 digit #	41 Material Na	nme		Material 4	digit #	Release code	42
GITA K SETIABUDI		25111	NEWIO	N POLICE DEPART?		01/14/20	020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

-	Direction	1 =	Vehicle 1	2 =Vehicle 2	₽ Pedes	trian		
Crash Diagram:	ie: →	1	-	2	→ 9			
	 			 	<u> </u>	<u> </u> 	If Crash <u>Did Not</u> on a Public Way:	Occur
		_ _		_	<u> </u>	<u> </u>	☐ Off-Street Parking	g Lot
							☐ Garage	
		 				 	☐ Mall/Shopping Co	enter
		_			+	<u> </u>	☐ Other Private Way	
	_ 	_ _		 	<u> </u> +	 		
	į	į					Indicate North by A	rrow
						†		
	_	-		_	+	<u> </u>	$+$ \bigcirc	
Crash Narrative:								
contact with MV#1. Mr. El	lis was forth	comir	ng with	his statemen	ts and prov	ided me	with his vehicle and	d
license information. He s				and I provid	ed him with	this acc	ident report number	along
with information of the o	ther involved	vehi	cle.					
W itnesses:								
Name (Last, First, Middle)		A	Address				Phone #	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	on of Damaged Property	
Truck and Bus Information:								
Carrier Name	Registration #			(Fro	om Vehicle Section)		Carrier Issuing Authority Cod	35 le
				City				
Address								36
US DOT #:		38		Issuing Stat	e ICC #:		Interstate	
Cargo Body Type Code	ross Vehicle Weight						39	
Trailer Reg #: Hazmat Information:	Reg Type		_ Reg Sta	te Reg	Year T	railer Length		
40	41	-1 NT-			3.4	l diait #	Release code	42
Placard Material 1 digit	Nateri	ai iname	ē		iviaterial ²	uigit#	Kelease code	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)