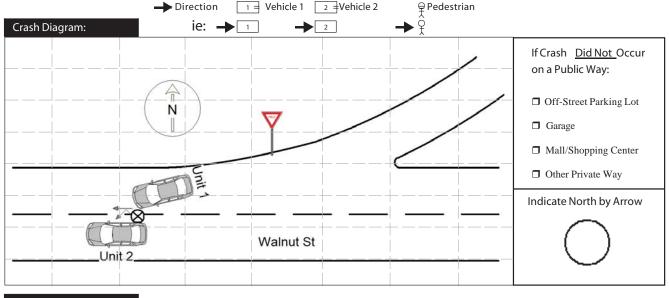
	Poli	ice Use Only		Commonwea	lth o	f Massa	achus	setts			RMV	Docum	ent Number	
	Date of Crash 01/23/2020	Time of Crash 18:50 24HR	NEWTON	MIUIUI		icle Cra Report	\	Number Vehicles 2	Number Injured 0	Latitu	Limit ide itude	30	State Police Local Police MBTA Police Other:	N N
			RSECTION:		LOCAT		>		NOT				TION:	
						WEST	1203		WALNU	T ST				2
1 4	Route# Direc	tion		oadway/Street	R	Route# Direction	on Addr	ess#		Nam	e of Ro	oadway/S	treet	
	At				Feet NSEW of or Exit Number								. 	
	Route# Direc	etion N	Name of Intersecting		-	Feet N	N S E W	of	Wille W	агкег			Exit Number	-
2.	Also at Intersection with				Route# Intersecting Roadway/Street								- _	
²	Route# Direction Name of Intersecting Roadway/Street				SICHUAN GOURMET HOUSE Landmark									$-\frac{4}{}$
3	XVehicle1	_0_#Occupants	X Hit/Run	Moped Case I	Number		2000	0000089						
	T :#		- C4			INKNOWN'			D T	. UNK	NOW	N n c	UM	-
	License # St DOB/Age Sex Lic. Class Lic. Restrictions CDL				20									-
4				Endorsment									iig.	- 1
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5	1			nding to Emergency? N		Sequence 99 2		22	22 2		3		4	
1]	ssued)		5 5 7		armful Event	99 23				\bigvee_{i}		10 Undercarr	iage
	,			: ChSec		L Contributing Co		24	24	•	9	\	5 11 Totaled	
⁶ 1	Violation	3: ChSec	Violation 4	: ChSec		ide/Override	25	Towed	8		7	<u> </u>	5	
	Please fill out for operator and all occupants involved				26 27 Az8 29 30 31 32 33 Seat Safety Airbag Airbag Airbag Eject Trap Injury Transp. Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility							, 1		
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex Pos	. System	Status Switc	h Code	Code \$	Status Code	e Medical Facili	ty 1
										-				
7										<u> </u>				
1	Please Select C of the Followi		2 1_#Occupants	Non-Motorist A Typ	pe 14	Action 1	Location Location		6 Condi	tion	17	Hit/	Run Mop	ed
	License # St MA DOB/Age D					Reg # RBW107 Reg Type PASSENGER Reg State CO								
	Sex F Lic. Class D 18 Lic. Restrictions 1 CDL					Veh Year 2018 Veh Make TOYT Veh Config. 1								-
8 1	Operator BAI	LGOBIN	NADIRA	Endorsment		(Same as oper	rator)						o.	
1	Last First Middle Address 11 WINCHESTER PLAZA					Last First Middle Address								
	City NEWTON State MA Zip 02461				City State Zip									
	Insurance Company NONE					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ee)
	Vehicle Travel Direction: N S E ▼ Responding to Emergency? N					Event Sequence 1 22 22 22 22 22 20 Q								
		Citation # (If Issued)					Most Harmful Event 1 23							iage
	Violatio	n 1: ChSe	ec Violation	2: ChSec	Driver	briver Contributing Code 1 24 24 1 5 11 Totaled								
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6								
			operator and all o	occupants involved			2 Sea	6 27 t Safety	28 29 Airbag Airba	g 30 Eject	31 Trap Ir	njury [Fran	33 sp.	
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex Po	s. System	Status Swit 4 4	ch Code 0	Code	10 1	de Medical Facil	ity
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Crash Narrative:

On Thursday, January 23rd 2020 at 1850 hours, I responded to a past hit and run on Walnut St across from 1203 Walnut St. Reporting Party Nadira Balgobin stated she was driving west on Walnut St when a vehicle merged off the Rt 9 ramp and collided with her vehicle while they were trying to merge onto her lane. The vehicle collided with the right side of her vehicle leaving fresh paint damage across the right side of her vehicle. The vehicle continued driving after Nadira pulled over to the side of the road. Nadira was unable to get a description of the vehicle other than it being green in color. There were no injuries. Nadira is the registered owner of CO Reg # RBW107, 2018 TOYT RAV COLOR MAROON.

Witnesses:										
Name (Last, First, Middle)	Address				Phone #	Statement				
Property Damage:										
Owner (Last, First, Middle)		Phone #	34-Type	Desc	scription of Damaged Property					
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code										
Address			City			St Zip				
US DOT #:			_ Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code Gross Vehicle Weight Gross Vehicle Weight 38										
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer L	ength				
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4	digit #	Release code	42			

NICHOLAS JAMES GAMBLE			NEWTON POLICE DEPARTM		01/23/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date