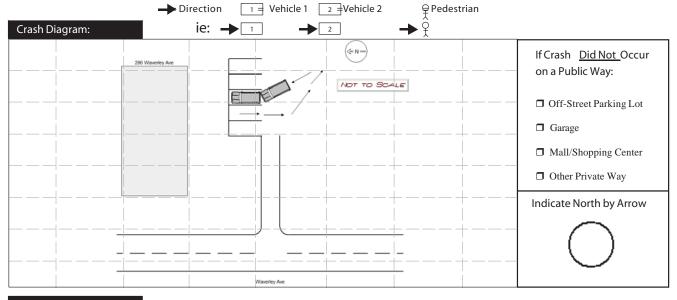
	Poli	ice Use Only		Commonwea	lth o	of Massa	chus	etts			RMV	V Docui	ment Nu	mber	
	Date of Crash 01/29/2020	Time of Crash 12:31	City/To	wn Motor	Veh	icle Cra	sh $\begin{bmatrix} N \\ V \end{bmatrix}$	lumber ehicles	Numb Injure		ed Limi		State I Local	Police Police A Police	D Xi
	01/25/2020	12:31 24HR	NEWTON	Po	lice 1	Report		2	0		ngitude_		Other:	A Police	
		AT INTER	RSECTION:	<]	LOCA	ΓΙΟN >	>		NO	T AT	INTI	ERSE	CTION	N :	4
						WEST	286		WAVI	RLEY	AVE				F
	Route# Direc	tion	Name of	Roadway/Street		Route# Direction	n Addre	ess#		N	ame of R	Roadway	/Street		_ -
			1	At		Feet N	SEW	of -			•	or			F
	Route# Direc	etion N	Jame of Intersectin	g Roadway/Street	-				Mile	Marker			Exit N	umber	
			Also at Inters	ection with		Feet N	SEW	of	Route	#	Intersec	ting Roa	idway/Str	eet	.
1						Feet N	SEW	of				Ü	,		
	Route# Direc	tion	Name of Intersec	ting Roadway/Street							Laı	ndmark			4
	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		2000	000108							
	License#		St	DOB/Age	Reg#	OB306			Reg T	_{vpe} PA	N	Reg	State_M	A	
	Sex Lic.	Class 18 1		S 19 CDL	_	ear_2015	Veh M	lake SU	JBARU			Veh Co	onfig.	2 20	
		Last		Endorsment									_		.
1				Middle	Last First Middle									` -	
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		pany UNKNOW				e Action Prior to	Crash	97					Circle Up		e)
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		ssued)			Most I	Harmful Event	1 23				9		l -	ndercarri	age
	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co	de 12	24	24	1	1/1		1 11 T	otaled	
5	Violation	3: ChSec	Violation	4: ChSec	Underr	ride/Override	25	Towed	8 1_N 8		7		0		
	Please fill out for operator and all occupants involved						20 Seat	6 27 Safety	28 Airbag Air	29 3 bag Ejec	0 31 ct Trap le Code	32 Injury Tr	33 ransp.		
	Name (Last Fir Operator	st Middle)		Address See Above		Age/DOB	Sex Pos.	\$ystem	Status \$w	itch Cod	le Code	\$tatus C	ode Med	lical Facilit	y
	-														\exists
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9	Please Select C of the Followi	IX Vahida	2 <u>1</u> # Occupant	s Non-Motorist A Typ	pe 1	Action 15	Locatio	on	Con	dition	17	ХН	it/Run [Море	ed
	License#		St MA	DOB/Age	Reg # ZQ			Reg Type PAV			v	Reg State_MA		4	
	Sex_F_ Lic. 0	18 1		19		Veh Year 2017 Veh Make HONDA						Veh Co		20	
	Operator ZIS		LIBBY	Endorsment G		(Same as oper		rake				_ ven ee	mig.		
l		Last	First ND PARKWAY (Middle apt. 507S)		Last	,		First			Middle	e		
	City NEWTON State MA Zip 02467				City State Zip										
	Insurance Company STANDARD FIE INSURANCE COMPANY				Damaged Area Code: (Circle IIn to Three)								e)		
	Vehicle Travel Direction: NSEW Responding to Emergency?N				Vehicle Action Prior to Crash 11 Parinaged That exact (Circle Op to Times) Event Sequence 1 22 22 22 23 4										
		tration # (If Issued)				Most Hermful Event 1 23								age	
	Violation 1: Ch Sec Violation 2: Ch Sec				24 24 5 11 Totaled							otaled			
	Violation 3: ChSec Violation 4: ChSec				Underride/Override 25 Towed N 8 7 6										
				occupants involved	2		26 Seat			29 30 bag Ejec	0 31 ct Trap	32 Injury Tr	33 ansp.		\dashv
	Name (Last Fi		<u> </u>	Address See Above		Age/DOB	Sex Pos	s. System	Status Sv	vitch Co	de Code	Status (Code Me	dical Facili	ity
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Crash Narrative:

Vehicle # 1 was parked in a parking spot at 286 Waverley Ave. Vehicle # 2 backed out of parking spot next to vehicle # 1 and when tried to make the turn after backing up, it struck Veh # 1. This was witnessed by two witnesses who ran outside and the car was gone. They were able to give dispatch plate of vehicle # 2 which matches description of a tan SUV with a woman driver.

Due to very minor damage (small scrapes), Oper # 2 will not be charged with leaving the scene, she may
have not been aware of damage) and RP (owners daughter) agreed that she just wanted it documented.

Attempted to locate MV #2 at her home but was unsuccessful. Also tried phone number given and it wasn't
answered and I wasn't able to leave a voicemail.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	3140 W SHORE RD		
PETTERSON , KATHRYN, M	WARWICK,RI 02886		N
	513 (apt 2) WASHINGTON ST		
COWAN , CYNTHIA,	BRIGHTON.MA 02135		N

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property

Truck and Bus Information:	Registration #	(From Vehi	cle Section)		25
Carrier Name				_ Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT #:S	tate Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code Gross	Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

MICHAEL D BOUDREAU		NEWTON POLICE DEPARTM	01/29/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date