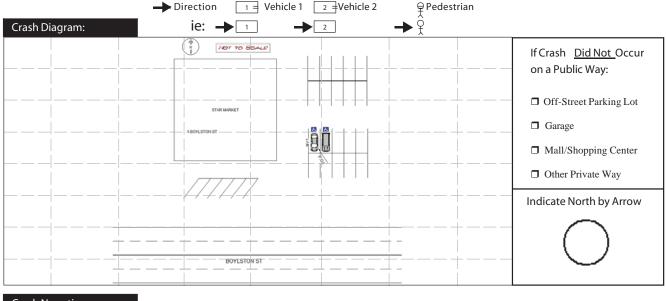
	Poli	ice Use Only		Commonwea	lth o	f Mass	ach	uset	ts		RM	V Docur	nent Number	
	Date of Crash 02/10/2020	Time of Crash 19:11 24HR	NEWTON	MIOTOI		icle Cra Report	ash	Numb Vehic		ired La	eed Limititude _		State Police Local Police MBTA Police Other:	XI D
		AT INTER	RSECTION:		LOCAT	_	>		N	OT A	ΓΙΝΤΙ	ERSE	CTION:	$\frac{1}{2}$
1						EAST	1		_	LSTON				
4	Route# Direction Name of Roadway/Street  At				Route# Direction Address # Name of Roadway/Street								2	
	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of or Exit Number								-
			Also at Intersec		-	Feet	N S E	W of	Ro	ıte#	Intersec	ting Roa	dway/Street	-  _
<sup>2</sup> <b>99</b>	Route# Direc	tion	Name of Intersecting	ng Roadway/Street	-	Feet [	N S E	W of						3
3			Landmark									┪.		
	v enicie i	#Occupants			Number		2	20000001						4
	License#	18 1		DOB/Age	Reg#	7SD964 ar_2014							State MA nfig 1	-
4	Sex_F Lic. Operator KA		Lic. Restrictions  EILEEN	Endorsment M		BORNSTEIN			MA					- 7
1	Address 11 H	Last ALCYON RD	First	Middle	Addres	S 89 PARKER	AVE		Firs	t		Middle		_   7
	City NEWTO	N	State_	MA Zip 02459	City NEWTON State MA Zip 02461								.	
	Insurance Com	pany ARBELLA			Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)								ee)	
5	Vehicle Travel	Direction: N	S E W Respon	ding to Emergency? N	Event S	Sequence 1		22 22	22	2	3		4 10 Undercarri	эле
		ssued)		Ch. C		Iarmful Event	1	24	24	1	9		5 11 Totaled	age
<sup>6</sup> 99				ChSec		Contributing Cide/Override		99	wed N	0	7		6	
,,,	Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.							v 1		
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos. \$ys	stem Status	switch Co	de Code 0	\$tatus   Co	Medical Facilit	y 1
7 <b>1</b>	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Typ	e 1	4 Action	15 Loc	cation	16 C	ondition	17	Hi	t/Run Mope	ed
	License#	18 1	St		Reg #Reg Type_					Reg State			-	
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					Veh YearVeh MakeVeh Config.								
8 1	OperatorLast First Middle				Owner Last First Middle							-		
	Address State Zip Insurance Company					Address State Zip  Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								•
														ee)
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 3 4								
	Citation # (If Issued)				Most Harmful Event 23 10 Undercarriag 5 11 Totaled							age		
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24 7 6								
ļ				: ChSec	Underride/Override Towed							_		
-	Name (Last Fi	rst Middle)	operator and all oc	Address		Age/DOB	Sex	Pos. Sy	fety Airbag stem Status	Airbag Eje Switch C	30 31 Trap ode Code	Injury I ra	ode Medical Facili	ity
}	Operator/	Non-Motorist		See Above					+					-
-														
-									+					



## Crash Narrative:

On February 10, 2020 at approximately 1911 hours, while on patrol in Newton Centre Sq, I was approached by a woman who wished to report a past MV hit and run. Ms. Eileen Kavall stated last Thursday(02/06) between the hours of 1745 and 1830, her MV was parked in a handicap spot in front of the Star Market at 1 Boylston St. While parking her vehicle, she noticed a large white SUV parked in the spot directly next to her. She stated this vehicle was also in a handicap parking space but did not see a handicap sticker on the vehicle. When Eileen exited the store, she observed damage to her front left fender and the SUV was gone. I also observed this damage. Eileen did not have a number plate for the MV that hit her but stated the Star Market may have cameras facing where the incident occurred. I then provided Eileen with an accident report number and went to Star market to speak with the manager.

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	Add	lress				Phone #	<u> </u>	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	on of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)				25
Truck and Bus Information:  Carrier Name			(From Vehic			Carrier Issu	ing Authority Co	35 de
								de
Carrier Name		(	City			St	Zip	de
Carrier NameAddressUS DOT #:	State Number38	(	City			St	Zip	de
Carrier NameAddressUS DOT #:	State Number	(	City			St	Zip	de
Carrier NameAddressUS DOT #:	State Number	(	City Issuing State	ICC#:_		St	Zip	de
Carrier Name  Address US DOT #: Cargo Body Type Code 37 Gros	State Number	(	City Issuing State	ICC#:_		St	Zip	de
Carrier Name	State Number	Reg State	City Issuing State	ICC #: Tr	ailer Lengt	St	Zip Interstate	de

JAMES M CROWE			NEWTON POLICE DEPARTM		02/10/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

_	Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: → 1	<b>→</b> [:	2	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkin	g Lot
					☐ Garage	
					☐ Mall/Shopping C	Center
				+	Other Private Wa	
	_   	 				
					Indicate North by A	Arrow
		+	+-			
Crash Narrative:						
At Star Market, I spoke wi	th Janet Yaksi	c, store mana	ager, who state	d she rem	nembered speaking with Eil	.een
about the accident. Janet	stated that she	e would have	to contact th	e store's	director in order to con	tact the
loss prevention employees	who do not wor	k on site. Th	ne loss prevent	ion emplo	oyees would be able to rev	riew any
possible footage by the er	d of the week	and contact N	Newton Police	with thei	ir findings. I left my nam	ne and
contact info with Janet.						
This accident is still und	ler investigation	on pending a	review of the	Star Mar	cet footage.	
Update: 02/22/20 I have no	t received any	video survei	illance from St	ar Market	t. RP will be advised to p	oursue
with their insurance compa	ny.					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
				71.		
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		35
Carrier Name					Carrier Issuing Authority Co	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material N	ame		Material 4 d	ligit # Release code	42
IAMES M CROWE				N POLICE DEPARTA	02/10/2	2020

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)