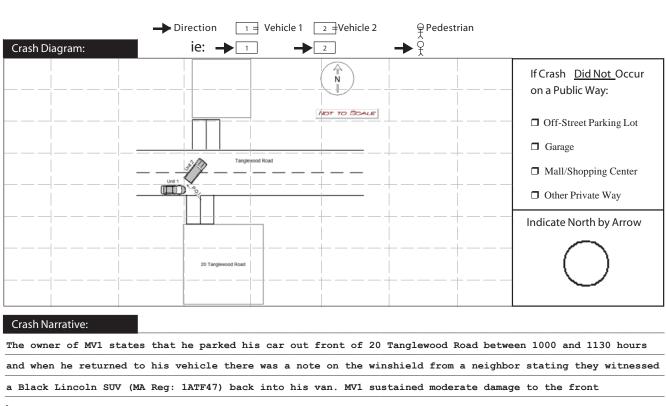
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Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above Please Select One of the Following: Non-Motorist A Type Non-Motorist A Typ
Operator See Above Non-Motorist A Type Id Action Is Indeed the Following: Vehicle 2 1_#Occupants Non-Motorist A Type Id Action Is Location If Condition If Condi
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Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2019 Veh Make LINCOLN Veh Config. 1
Endowment
Omerator Subacti Alla Omner (Same as operator)
Operator SUBACH ALLA Operator Last First Middle Last First Middle Address Address 18 GIBBS ST Address Address
City BROOKLINE State MA Zip 02446 City State Zip
Insurance Company PROGRESSIVE Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: NSEW Responding to Emergency? N Event Sequence 2 22 22 22 22 22 3 4
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Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 24
Violation 3: ChSec Violation 4: ChSec Underride/Override
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.
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Operator/Non-Motorist See Above



A queerie of 1ATF47 yielded a Black Licoln SUV with an owner of Alla Subach out of Brookline. Brookline

police were able to provide me with a contact number of 7813675616 which I called and was able to speak with Mrs. Subach. Mrs. Subach states that she was aware she backed into the car but was in a rush so she told her friend who lives on Tanglewood Road to tell the owner of MV1 when he returned. Unfortunately Mrs. Subach's friend missed the owner which gave the appeareance of a hit and run. I provided Mrs. Subach with a copy of (Continued on next page)

Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # ______(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address___ US DOT #: ___ Issuing State _____ ICC #:____ State Number Gross Vehicle Weight Cargo Body Type Code Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information: Material Name_____ Material 4 digit #_____ Release code Placard Material 1 digit #

HAGAI BRANDON		30619	NEWTON POLICE DEPARTM		02/26/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1	☐ Vehicle 1 ☐ 2	2_≢Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	→ 2	□ →	P P			
Crash Diagram:						If Crash Did Not Coon a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	g Lot enter
the report number and adv	rised her how t	o handle thes	se matters in	the futur	e		
Neither car required a tow	and there wer	e no injuries	sustained.				
Witnesses:							
Name (Last, First, Middle)		Address			F	Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Property	
				- 71			
- I I I I I I I I I I I I I I I I I I I							
Truck and Bus Information:	Registration #		(From Ve	hicle Section)			35
Carrier Name					Carr	rier Issuing Authority Code	e
Address			City		St_	Zip	
LIS DOT #-	State Number		Issuing State	ICC#			36
US DOT #:	State Number	38	issuing State	ICC #:_		Interstate	
Cargo Body Type Code Gro	ss Vehicle Weight	30			_		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39	
Hazmat Information:	8 *JP~		1105 1041_	710			
40	41						42
Placard Material 1 digit #	# Material N	Name		Material 4	digit #	Release code	
HAGAI BRANDON		30619) NIETAF	TON POLICE DEPART!		02/26/20	n 2 0

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)