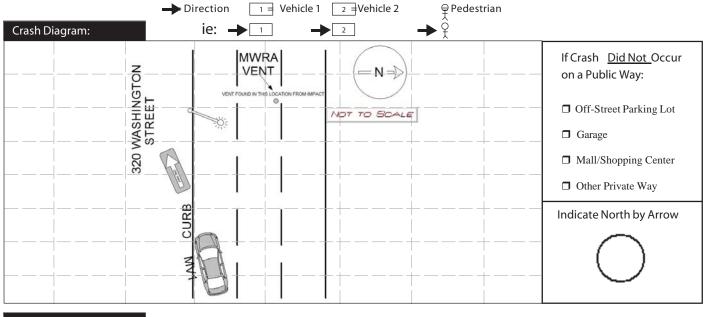
| Γ        | Police Use Only  |                                     | nmonwea                                    |   |   |             |  |                             |               | COLV DOC                           | ument Nu             | inder                             |
|----------|--|-------------------------------------|--|---|---|-------------|--|-----------------------------|---------------|------------------------------------|----------------------|-----------------------------------|
|          | Date of Crash   Time of Crash   04/16/2020   23:06   NEW   | City/Town                           | Motor                                      | · Vehi                                    | icle Cras   | sh Nu       |  | lumber<br>njured            |               | Limit <u><b>25</b></u><br>le       | State P<br>Local     | Police N<br>Police N<br>Police    |
| L        | 24HR   | ION                                 | Po   | olice F                                   | Report  | 1           |  | )                           |               | ude                                | Other:               | Police                            |
|          | AT INTERSECT   | TION:                               | <  | LOCAT                                     | TION >  |             |  | NOT                         | AT I          | NTERSI                             | ECTION               | l:                                |
|          |  |                                     |  |   | WEST  | 320         | W  | ASHIN                       | GTON          | ST                                 |                      | ŀ                                 |
|          | Route# Direction   | Name of Roadway/                    | Street                                     |   | Route# Direction  | Addres      | s #                                      |                             | Name          | of Roadwa                          | ny/Street            |                                   |
| $\dashv$ |  | At                                  |  |   | Feet N  | SEW         | of                                       |                             | _ • _         | or                                 |                      |                                   |
|          | Route# Direction Name of I   | Intersecting Roadwa                 | v/Street                                   |   | rcct _r   | J E W       |  | Mile Ma                     | rker          | or                                 | Exit Nu              | ımber                             |
| ľ        |  | so at Intersection wit              |  |   | Feet N  | S E W       |  | Route#                      | Int           | manatima D                         | oadway/Stre          | at l                              |
|          |  |                                     |  | _   | Feet N  | S E W       |  | Coute#                      | IIIt          | ersecting K                        | Jauway/Sire          | set                               |
| _[       | Route# Direction Name  | of Intersecting Road                | way/Street                                 |   |   |             | _  |                             |               | Landmark                           | [                    |                                   |
|          | Wehicle 1 1 #Occupants   | Hit/Run N                           | Moped Case                                 | Number                                    |   | 20000       | 00264                                    |                             |               |                                    |                      |                                   |
|          | License #  | St MA_ DOB/                         | Age  | Reg#                                      | 97E520  |             | R  | eg Type                     | PAN           | Re                                 | g State_MA           | Α                                 |
|          | Sex_M Lic. Class D 18 18 Lic. R  | Restrictions 1                      | 9 CDL                                      | Veh Ye                                    | ar_2020   | Veh Ma      | ke_TOYO                                  | OTA                         |               | Veh (                              | Config. 1            | 20                                |
| - 1      |  | ENII                                | Endorsment                                 |   | (Same as opera  | tor)        |  |                             |               |                                    | _                    |                                   |
|          | Address 129 BRIDGE ST  | First                               | Middle                                     |   | Last  |             |  | First                       |               | Mid                                | dle                  |                                   |
| - 1      |  | State_MA                            | 7in 02458                                  |   |   |             |  |                             |               | State                              | 7in                  |                                   |
| - 1      | Insurance Company PILGRIM INSURA   |                                     | •  | -   | Action Prior to   |             | 21                                       |                             |               |                                    | (Circle Up           |                                   |
| $\neg$   | Vehicle Travel Direction: NSEX   | _                                   | Emergency? N                               |   | Sequence 20 22  |             | 22 22                                    | 9                           |               | 0                                  | 4                    |                                   |
|          | Citation # (If Issued) T2014768  | responding to                       | Emergency                                  |   |   | 23 23       |  |                             |               | $\bot \land$                       | 10 Ui                | ndercarriage                      |
|          | Violation 1: Ch_90/24/Sec  | Violation 2: Ch 89                  | )/4A <sub>Sec</sub>                        |   | Contributing Cod  |             | 19                                       | 1 4                         | <b>-</b>   _  | 9                                  | 5 11 Te              | otaled                            |
|          | Violation 3: ChSec   |                                     |  |   | ide/Override  | 25          | Towed Y                                  | . 8                         |               | 7                                  | 6                    |                                   |
| +        | Please fill out for operator and   |                                     |  | Undern                                    | ide/Override  |             |  |                             | 30<br>Eject T | 31 32 rap Injury                   | _ 33                 |                                   |
| -        | Name (Last First Middle)   |                                     | Address                                    |   |   | Sex Pos.    | System Stat                              | us Switch                   | Code C        | 31 32<br>rap Injury<br>Code Status | Γransp.<br>Code Medi | ical Facility                     |
| -        | Operator   |                                     | See Above                                  |   |   |             | 1 4                                      | 99                          | 0 (           | 0 10                               | 1                    |                                   |
| -        |  |                                     |  |   |   |             |  |                             |               |                                    |                      |                                   |
|          |  |                                     |  |   |   |             |  |                             |               |                                    |                      |                                   |
|          |  |                                     |  |   |   |             |  |                             |               |                                    |                      |                                   |
| _        | Please Select One  |                                     |  | 14  | 4 15  | 1           | 16                                       |                             |               | 17                                 | I.                   |                                   |
|          | of the Following: Vehicle#   | Occupants                           | on-Motorist A Ty                           | /pe                                       | Action  | Location    |  | Conditi                     | on            |                                    | Hit/Run              | Moped                             |
| ſ        |  | StDOB                               | 3/Age                                      | Reg#_                                     |   |             | R  | eg Type                     | :             | Re                                 | eg State             |                                   |
|          | Sex Lic. Class Lic. R  | Restrictions 1                      | CDL  | Veh Ye                                    | ar  | Veh Ma      | ike                                      |                             |               | Veh C                              | Config.              | 20                                |
| 1        | <del></del>  |                                     | Endorsment                                 |   | ш   |             |  |                             |               |                                    |                      |                                   |
| -        | Operator   |                                     |  | Owner                                     |   |             |  |                             |               |                                    |                      |                                   |
|          | Operator   | First                               | Middle                                     |   | Last  |             | 1  | First                       |               | Mid                                | dle                  |                                   |
|          | Address  |                                     | Middle                                     | Addres                                    | Last S  |             |  |                             |               |                                    |                      |                                   |
|          | Address  | State                               | Middle Zip                                 | Addres City                               | Last  |             |  |                             |               | State                              |                      |                                   |
|          | Address  City  Insurance Company   | State                               | Middle Zip                                 | Addres City Vehicle                       | s Last  | Crash [     | 21                                       |                             |               | State                              | _Zip                 |                                   |
|          | Address  City  Insurance Company  Vehicle Travel Direction: N S E W  | State                               | Middle Zip                                 | Addres City Vehicle Event S               | s Action Prior to Sequence 22   | Crash [     | 21                                       | Dar                         |               | State Area Code:                   | _Zip<br>(Circle Up   | to Three)                         |
|          | Address  City  Insurance Company  Vehicle Travel Direction: NSEW  Citation # (If Issued)   | State                               | Zip  | Addres City Vehicle Event S Most H        | s Action Prior to Sequence 22  Jarmful Event                              | Crash 22 23 | 21 22 22                                 | Dar                         |               | State<br>Area Code:                | _Zip<br>(Circle Up   | to Three)                         |
|          | Address  City  Insurance Company  Vehicle Travel Direction: NSEW  Citation # (If Issued)  Violation 1: ChSec   | State  Responding toViolation 2: Ch | Zip  D Emergency?                          | Addres City Vehicle Event S Most H Driver | Action Prior to Sequence 22  Tarmful Event Contributing Co                | Crash       | 21 22 22 22                              | Dan 2                       |               | State Area Code:                   | _Zip<br>(Circle Up   | to Three)                         |
|          | Address  City  Insurance Company  Vehicle Travel Direction: NSEW  Citation # (If Issued)  Violation 1: Ch Sec  Violation 3: Ch Sec                               | State                               | Zip  D Emergency?  Sec  Sec                | Addres City Vehicle Event S Most H Driver | s Action Prior to Sequence 22  Jarmful Event                              | Crash       | 21 22 22 22 22 22 22 22 22 22 22 22 22 2 | Dai                         | maged A       | State                              | Zip                  | to Three)                         |
|          | Address  | State                               | Zip  D Emergency?  Sec ts involved Address | Addres City Vehicle Event S Most H Driver | Sequence 22  Iarmful Event Contributing Coolide/Override Age/DOB          | Crash       | 21 22 22 22 24                           | Dai                         | maged A       | StateArea Code:                    | Zip                  | to Three)                         |
|          | Address  City  Insurance Company  Vehicle Travel Direction: NSEW  Citation # (If Issued)  Violation 1: Ch Sec  Violation 3: Ch Sec  Please fill out for operator | State                               | Zip  D Emergency?  Sec ts involved         | Addres City Vehicle Event S Most H Driver | s Action Prior to Sequence 22  Iarmful Event Contributing Codide/Override | Crash       | 21 22 22 22 24                           | Dau  2  1  8  29  ag Airbag | maged A       | StateArea Code:                    | Zip                  | o to Three)  Indercarriage otaled |
|          | Address  | State                               | Zip  D Emergency?  Sec ts involved Address | Addres City Vehicle Event S Most H Driver | Sequence 22  Iarmful Event Contributing Coolide/Override Age/DOB          | Crash       | 21 22 22 22 24                           | Dau  2  1  8  29  ag Airbag | maged A       | StateArea Code:                    | Zip                  | o to Three)  Indercarriage otaled |



## Crash Narrative:

(Continued on next page)

On Thursday 04/16/2020 at approximately 2306 hrs I was dispatched to a hit and run accident in the area of 320 Washington St. Upon arrival I observed debris all over the roadway including a City one way street sign, a City utility light pole along with a Metropolitan MWRA vent. The RP mentioned to dispatch he observed headlights driving away from the scene and believed it was a black vehicle once he exited his residence and observed the vehicle parts in the roadway. The vehicle later identified as a 2020 Toyota Rav 4 black in color bearing MA.REG (97E520) was not on scene of the accident. Shortly after I responded on scene the vehicle involved was located nearby by N-494 at the intersection of Washington St. at Adams St. The vehicle was registered to a Evgenii Shatokhin with heavy right front end damage along with the left front, and both rear tires deflated. Mr. Shatokhin stated he was the operator of the vehicle and I asked what happened back

| Witnesses:                 |         |         |           |
|----------------------------|---------|---------|-----------|
| Name (Last, First, Middle) | Address | Phone # | Statement |
|                            |         |         |           |
|                            |         |         |           |
|                            |         |         |           |
|                            |         |         |           |
|                            |         |         |           |

## Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property 1000 COMMONWEALTH AVE CITY OF NEWTON, NEWTON,MASSACHUSETTS 0; 857-334-9246 Address Phone # 34-Type Description of Damaged Property ONE WAY STREET SIGN 857-334-9246 97 METROPOLITAN AIR VENT

| , MWRA,   | 857-334-9246  | 97 METRO           | POLITAN AIR VENT                    |
|---|---------------|--------------------|-------------------------------------|
| Truck and Bus Information: Registration #             | (From Vehi    | cle Section)       | _ Carrier Issuing Authority Code 35 |
| Address_  | City          |                    | St Zip                              |
| US DOT #:State Number                                 | Issuing State | ICC #:             | Interstate 36                       |
| Cargo Body Type Code 37 Gross Vehicle Weight 38       |               |                    | 39                                  |
| Trailer Reg #: Reg Type Reg State Hazmat Information: | Reg Year      | Trailer Leng       | th                                  |
| Placard 40 Material 1 digit # 41 Material Name        |               | Material 4 digit # | Release code 42                     |

| JUSTIN MARCH                       |           |            | NEWTON POLICE DEPARTM |                   | 04/17/2020 |  |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|--|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department            | Precinct/Barracks | Date       |  |
| CDD4 44 24 00                      |           |            |                       |                   |            |  |

| ⊣                             | ► Direction 1       | Vehicle 1 2    | ₹Vehicle 2      | <b>₽</b> Pedest      | rian                            |   |           |
|-------------------------------|---------------------|----------------|-----------------|----------------------|---------------------------------|---|-----------|
| Crash Diagram:                | ie: → 1             | 2              |                 | <b>→</b> ĝ           |                                 |   |           |
|                               |                     |                |                 |                      |                                 | If Crash <u>Did Not</u><br>on a Public Way: | Occur     |
|                               |                     |                |                 |                      |                                 | Off-Street Parkin                           | ıg Lot    |
|                               |                     |                |                 |                      |                                 | ☐ Garage                                    |           |
|                               |                     |                |                 |                      |                                 |   | Center    |
|                               |                     |                |                 |                      |                                 | Other Private Wa                            |           |
|                               | - —   — — —         | <br>           |                 |                      |                                 | Indicate North by A                         |           |
|                               | _                   |                |                 |                      |                                 |   | WIOW      |
|                               |                     |                |                 |                      |                                 |   |           |
|                               |                     |                |                 |                      |                                 |   |           |
| Crash Narrative               |                     |                |                 |                      |                                 |   |           |
| Crash Narrative:              | tated he was d      | rivina Westbo  | und on Wasi     | nington St           | when                            | he swerved to avoid s                       | something |
| and hit the curb. Once he     |                     |                |                 |                      |                                 |   |           |
| Due to Mr. Shatokhin not r    | emaining on sc      | ene of the acc | cident and      | leaving he           | is 1                            | peing charged with Ch.                      | 90 Sec.   |
| 24 (Leaving the scene of a    | n accident, pro     | operty damage  | ). Failed       | to remain on         | sce                             | ne after accident                           |           |
| occured involving property    | damage. He is       | also being cl  | harged wit      | n Ch. 89 Sec         | . 4A                            | (Marked Lanes) for                          |           |
| failure to drive entirely     | within. Citat       | ion #T2014768  | was given       | in hand to           | Mr.                             | Shatokhin. MV1 sustair                      | ed heavy  |
| right front end damage. No    | injuries. Tody      | y's responded  | on scene        | and towed MV         | 71. A                           | towed motor vehicle f                       | form was  |
| filled out and placed on      | file. Pictures      | were taken o   | n scene of      | the propert          | y dai                           | mage and placed into                        | the IT    |
| Bureau's box.                 |                     |                |                 |                      |                                 |   |           |
|                               |                     |                |                 |                      |                                 |   |           |
| Witnesses:                    |                     | _              |                 |                      |                                 |   |           |
| Name (Last, First, Middle)    |                     | Address        |                 |                      |                                 | Phone #                                     | Statement |
|                               |                     |                |                 |                      |                                 |   |           |
|                               |                     |                |                 |                      |                                 |   |           |
| Property Damage:              |                     |                |                 |                      |                                 |   |           |
| Owner (Last, First, Middle)   | Address 1000 COMMON | WFAITH AVF     | Phone #         | 34-Type              | Description of Damaged Property |   |           |
| , CITY OF NEWTON,             | NEWTON,MASS         |                | 857-334-9246    | 4                    | CITY                            | LIGHT POLE                                  |           |
|                               |                     |                |                 |                      |                                 |   |           |
| Truck and Bus Information:    | Registration #      |                | (From           | Vehicle Section)     |                                 |   |           |
| Carrier Name                  |                     |                | ,               | *                    |                                 | Carrier Issuing Authority Co                | de 35     |
| Address                       |                     |                | City            |                      |                                 | St Zip                                      |           |
| US DOT #:                     | State Number        |                | _ Issuing State | ICC #:_              |                                 | Interstate                                  | 36        |
| Cargo Body Type Code Gros     | ss Vehicle Weight   | 38             |                 |                      |                                 |   |           |
| Trailer Reg #:                | Reg Type            | Reg State      | Reg Ye          | ar Tr                | ailer Le                        | ength 39                                    |           |
| Hazmat Information:           |                     |                |                 |                      |                                 |   |           |
| Placard 40 Material 1 digit # | 41 Material N       | [ame           |                 | Material 4           | digit#                          | Release code                                | 42        |
| JUSTIN MARCH                  |                     |                |                 | NEWTON POLICE DEPART | . M.                            | 04/17/                                      | 2020      |
| ,                             |                     |                |                 |                      |                                 | Precinct/Barracks Date                      |           |

CDP1 11 ·24·00