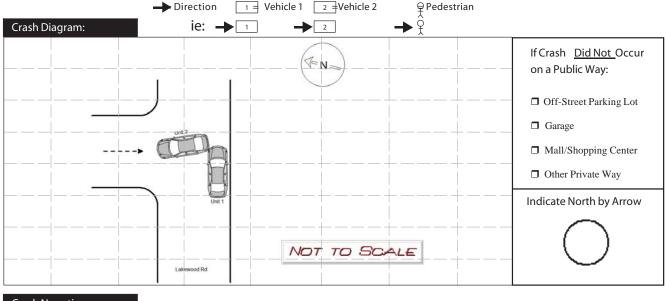
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	ısetts			RMV	Docume	ent Number		
	Date of Crash 05/16/2020	Time of Crash 10:57 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		d Latit	d Limit tude	5	State Police Local Police MBTA Police Other:	XXI	
					lice Report 2 0 Longitude Other: LOCATION > NOT AT INTERSECTION:							ΓΙΟΝ:	┪		
						EAST	23		LAKE	WOOD I	RD			2	
1 1	Route# Direc	tion		oadway/Street	R	Route# Direction	on Ac	ldress #		Nar	me of Ro	adway/Si	reet	_ 2	
	At				Feet NSEW of or								_		
	Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number Feet N S E W of								\dashv		
2	Also at Intersection with												3		
2 1	Route# Direc	Route# Direction Name of Intersecting Roadway/Street				Landmark									
3	XIVehicle 1 0 #Occupants Hit/Run Monad				<u>'</u>								7		
	Wehicle 1 0_#Occupants					Number 2000000298							4		
	License # St DOB/Age 18 18 19				Reg # 1JH882 Reg Type PAN Reg State MA 20										
	Sex Lic. Class Lic. Restrictions CDL Endorsment					Veh Year 2015 Veh Make TOYOTA Veh Config. 1									
4 1		Last		Middle	Owner	DIMATTIA Las 65 WAI KER	t ST	PAUL	First			Middle		1	
	AddressStateZip				Address 65 WALKER ST										
				eZıp	City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								e)		
5	1	Insurance Company USAA CASUALTY Vehicle Travel Direction: NSXV Responding to Emergency? N					Vehicle Action Prior to Crash 11 Event Sequence 122 222 222 23 4								
		ssued)		numg to Emergency:		armful Event	1 23						10 Undercarria	ıge	
	,			:: ChSec		Contributing Co		1 24	24	—	9	5	11 Totaled		
⁶ 1	Violation		de/Override	25				7	6	i					
	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.							2			
	Name (Last First Middle) Operator			Address See Above	Address Age/DOB Sex I			Pos. \$ystem Status \$witch Code Code \$tatus			tatus Code	Code Medical Facility	- -		
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7	Please Select (One			14	1 1	5		16		17			_	
1	of the Followi		2 1_#Occupants	Non-Motorist A Type	e 1	Action	Loca	ation	Con	dition	17	Hit/F	Run Mope	d	
	License#	License#St MA DOB/Age				Reg # 91SJ47 Reg Type_PAN Reg State_MA					ate_MA				
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 9 19 CDL				Veh Year 2017 Veh Make LAND ROVER Veh Config. 20										
8 1	Operator OLSON ROBERT Endorsment Last First Middle				Owner OLSON AND ASSOC ROBERT Last First Middle										
	Address 23 LAKEWOOD RD				Address 374 CONGRESS ST										
	City NEWTON State MA Zip 02461				City BOSTON State MA Zip 02210										
	Insurance Company SAFETY					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								;)	
	Vehicle Travel Direction: NXEW Responding to Emergency?N				Event Sequence 2 22 22 22 22 2 3 4 10 Undercarriage								age		
	Citation # (If Issued)				Most Harmful Event 2 2 5 11 Totaled							ige			
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 99 24 24 8 7									
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N						_			
	Name (Last Fi		operator and all o	Address		Age/DOB	Sex	26 27 Seat Safety Pos. Syster	28 Airbag Air Status Sv	bag Eject	Trap Ir e Code	32 3. Trans Status Cod	p.	ty	
	Operator/	Non-Motorist		See Above							1	10 1		_	
													1		
														1	



Crash Narrative:

Mv#1 owner stated he parked his Mv on Lakewood Rd (opposite #23 driveway) at about 1000hrs this date.

Owner stated he returned to his unoccupied parked Mv at about 1045hrs to find fresh light moderate driver's side front end damage with light scrape marks. A witness from #32 left a note indicating a beige or tan Range Rover unknown plates (Mv#2) backed into that front left bumper.

I raised the witness who further stated she was on her porch and heard a noise but didn't see a collision.

She stated it (#2) backed out from the driveway and observed it perpendicular to #1 trying to maneuver away from it and drive away.

I raised occupant of #23 and spoke to #2 operator who was not on scene by cell phone. #2 operator was unaware of any collision. #2 texted pictures of his Mv's rear bumper. One picture appeared to show a light

(Continued on next page)

Witnesses: Name (Last, First, Middle) Address Phone # Statement 32 LAKEWOOD RD DIAMONDSTEIN, REBECCA, NEWTON,MA 02461 **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 #: State Number __ Issuing State _____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Trailer Reg #:_ Reg Type_____ Reg State _____ Reg Year___ ___ Trailer Length Hazmat Information: Material 4 digit # Placard Material 1 digit # Material Name_ _ Release code

-	Direction	1 = Vehicle 1	≥ =Vehicle 2	Pedestria	an			
Crash Diagram:	ie: → 🗀	1 -	2	▶ ♀				
					If Crash <u>Did Not</u> on a Public Way:	Occur		
		<u> </u>			Off-Street Parkin	g Lot		
					☐ Garage			
					☐ Mall/Shopping C	enter		
					Other Private Wa			
		 -	_ — — — 🕂 -		Indicate North by A			
		+	+-					
Crash Narrative:								
colored scrape on driver'	s side upper re	ear end. Mv#1	is dark blue.	Mv#2 is b	ronze.			
Both parties agreed to ex	change informat	tion. Both par	ties were adv	rised the ma	atter would be documented	l and to		
proceed further with thei	r respective in	nsurance compa	nies.					
Witnesses:								
Name (Last, First, Middle)		Address		Phone #	Statement			
Property Damage:								
Owner (Last, First, Middle)		Phone #	34-Type [Description of Damaged Property	ption of Damaged Property			
Truck and Bus Information:	Registration #		(From Ve	chicle Section)		35		
Carrier Name					Carrier Issuing Authority Cod	de		
Address City					_	36		
US DOT #:		38	Issuing State	ICC #:	Interstate			
Cargo Body Type Code G	ross Vehicle Weight				39			
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trail	ler Length			
Hazmat Information: 40 Metarial 1 digit	41	Mama		Matail 4 P	oit # B.I.	42		
Placard Material 1 digit	# Material I	name		Material 4 dig	git # Release code			
ADAM D GABRIEL		25117	7 NEW	TON POLICE DEPARTM	05/16/2	2020		

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)