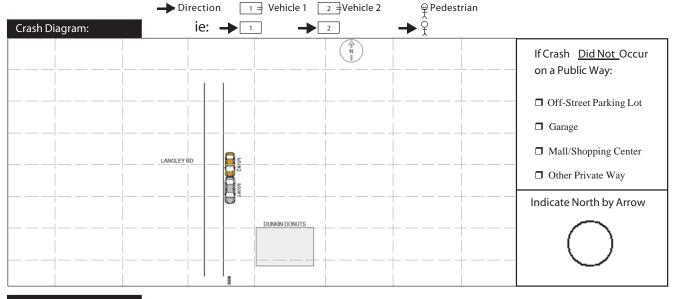
Pol	ice Use Only		Commo	nwealt	h o	f Massa	achu	isett	S		RM	V Docu	ment Num	ber
Date of Crash 05/22/2020	Time of Crash 12:47	City/T NEWTON	own N	Iotor V	/ehi	cle Cra	sh	Numbe Vehicle			eed Lim		State Pol Local Po MBTA P	ice Dice
03/22/2020	24HR					Report		2	0		ngitude_		Other:	once 🔟
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						SOUTH	38		LAN	GLEY F	RD			
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Route# Dire	ction N	Name of Intersect	ng Roadway/Street		$ \vdash$				Mi	e Marke	r		Exit Nun	ıber
		Also at Inte	rsection with		_ -	Feet 1	N S E	W of	Rou	ite#	Intersec	ting Roa	adway/Street	<u> </u>
Route# Direc	<u> </u>				_ -	Feet [N S E	W of					•	
Route# Direc	ction	Name of Inters	ecting Roadway/Stree	et							La	ndmark		
XVehicle 1	#Occupants	Hit/Rur	Moped	Case Nu	mber		20	00000030	2					
License#		St N	IA DOB/Age]	Reg # 51	NT350			Reg	Type P.	AN	Reg	State_MA	
Sex_F Lic.	18 1		19		_	ar 2007	Veh	Make T						20
Operator GII		ANNA	Endors			GIRGINIS			NDA		М			
Address 21 P	Last ARKER ST (apt.	First 23)	Midd	le	Address	21 RALPH S	t T		First			Middl	e	
City_NEWTO			tate MA Zip 0246			ATERTOWN					State	MA	Zip_02472	
'		S INSURANCE (-		-	Action Prior to	Crash	10	21				Circle Up to	Three)
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	fill out for oper	ator and all occ	ipants involved					26 27 Seat Safet		29 Airbag Fi	30 31 ect Trap ode Code	32 Injury Ti	33 ransp.	
Name (Last Fi		1	Addr See Ab			Age/DOB	Sex F	os. \$yste	m Status S	99 0	ode Code	\$tatus C	Code Medica	l Facility
орегине:								99	7	99 0		10		
Please Select of the Follow	IX Vobicle	e2 <u>1</u> #Occupa	nts Non-Moto	rist A Type	14	Action 1	Loca	ntion	16 Co	ondition	17	Пн	lit/Run	Moped
License#		St N	H DOB/Age]	Reg#4	596780			Reg	Type_P	ASS	Reg	State_NH	
Sex_F_ Lic.	18 1	Lic. Restriction	19		<i>-</i>		Veh	Make \				Veh Co		20
Operator SA		DIANA	Endors	(Owner (Same as operator)									
Address 627 I	HARVARD ST (a	apt. 1)	Midd		Address	Las	t		First			Middl	e	
City MANCE	IESTER	S	tate_NH Zip_0310)3 (City						State		Zip	
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Vehicle Travel	_		esponding to Emerge	ncy?N]	Event S	equence 2 2	22 22		22	o	3		4	
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			on 4: ChSec_			de/Override	25	L	ed_N_	8	7		6	
P	lease fill out for		l occupants involv	red		L		26 27 Seat Safet		29 Airbag Ej	30 31 Trap	32 Injury Tr	33 ransp.	
Name (Last F	/Non-Motorist		Add See Ab			Age/DOB		Pos. Syst	em Status	Switch C	ode Code		Code Medic	al Facility
Operator	T.OH MOTORIST		Sec Au						+		+	10	-	
									+					
				<u> </u>										



Crash Narrative:

On 5/22/20 at approx 1245 I responded to the Dunkin Donuts for a report of a MVA Hit and Run. Upon arrival I spoke with the RP and vehicle owner Diana Santiago who stated she was working inside Dunkin Donuts when one of her employees told her that her car was just struck. Ms. Santiago came out and approached the operator of MV#1 who doesn't speak english well but stated she didn't hit the car, and then left the area.

I spoke with the registered owner of MV#1 who stated her mother-in-law was driving the vehicle and that she lives on Parker St. Ofc. Gabriel went over to speak with her and confirmed the vehicle was involved in an accident with rear end damage. Ms. Girginis stated she didn't even realize she was involved in an accident. MV#2 was parked on Langley Rd as MV#1 was backing up to get out of her parking spot and struck MV#2. There was light damage and no injuries to report.

Witnesses:									
Name (Last, First, Middle)	Address		Phone #	Statement					
Property Damage:									
Owner (Last, First, Middle)	Owner (Last, First, Middle) Address			34-Type	Description of Damaged	cription of Damaged Property			
Truck and Bus Information:	D			. 1 . 0	<u>I</u>				
Carrier Name	Registration #				Carrier Issuing	Authority Code 35			
Address			City		St	Zip			
US DOT #:	State Number		Issuing State	ICC #:_		Interstate 36			
Cargo Body Type Code 37 Gros	s Vehicle Weight	38			39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı					
Hazmat Information:									
Placard 40 Material 1 digit #	Material Na	me		_ Material 4	digit#R	telease code 42			

CHRISTOPHER J BOUDREAU		NEWTON POLICE DEPARTM	05/22/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date