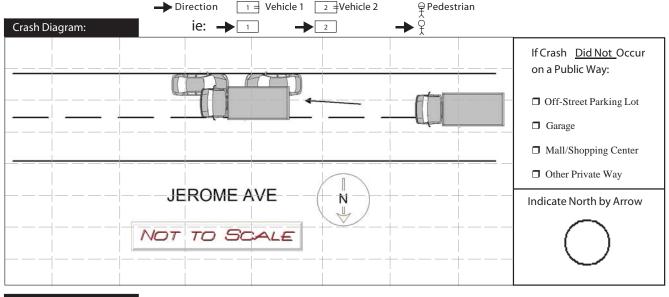
[Poli	ice Use Only		Commonwea	lth o	f Massa	achi	usett	S		RMV	V Docun	nent Number	
	Date of Crash 06/08/2020	Time of Crash 11:14 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicle 3		red Lat	eed Limi itude ngitude_		State Police Local Police MBTA Police Other:	N N
			RSECTION:		LOCAT		>		N				CTION:	
						WEST	42		JERO	OME AV	E			2
1 1	Route# Direc	tion	Name of Ro	padway/Street	R	Route# Direction	on A	ddress #		N	ame of R	Roadway/	Street	
			At		-	Feet [N S E	W of		 e Marker	•	or	Exit Number	- F
	Route# Direc	etion 1	Name of Intersecting I		 -	Feet 1	N S E	W of	IVIII	e Marker			Exit Number	
			Also at intersec	tion with		Feet [Rou	ite#	Intersec	ting Road	lway/Street	5
1	Route# Direc	tion	Name of Intersecting	ng Roadway/Street	-	1 cct [-	1012	G1			Laı	ndmark		_ ³
3	XVehicle1	_0_#Occupants	Hit/Run	Moped Case N	Number		2	00000031	8					
	<u> </u>				Reg# 9	RI 392				m PA	S	ъ.	а. МА	_
	License #	18		DOB/Age	_	ar_2020							State MA	-
1	Sex Lic.		Lic. Restrictions	Endorsment		NIDAR-LEV			Т					- 1
1		Last		Middle		Las 42 JEROME			First			Middle		_ 1
				Zip		EWTON					State	MA 7	Zip 02465	
						Action Prior to	Crash	11	21				Circle Up to Thr	ree)
5	Vehicle Travel	Direction: N	S E X Respon	ding to Emergency? N	Event S	Sequence 1	22 2		22	O	6		4	
	Citation # (If I	ssued)			Most H	armful Event	1 23	3			9	$\langle \ \ $	10 Undercard 5 11 Totaled	riage
	Violation	1: ChSe	ec Violation 2:	ChSec	Driver	ں Contributing Co	ode	1 24	24		VÍ	\bigcup	3 11 Totaled	
1	Violation	3: ChSe	Underride/Override 25 Towed N 8 7 6											
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 2 Seat Safet Pos. \$yste	7 28 y Airbag m Status	29 3 Airbag Eje Switch Coo	0 31 ct Trap le Code	32 Injury Tra Status Co	33 nsp. de Medical Facil	lity 2
	Operator	st Wildie)		See Above					in Status i	witch co.	ic code	Julius Co	de Medicai Faci	
1	Please Select C	I A Venici	e2 <u>0</u> #Occupants	Non-Motorist A Type	e 14	Action 1	5 Loc	ation	16 Co	ondition	17	Hit	:/Run Mor	ped
	License#_	<u> </u>	St	DOB/Age	Reg# 7	GKE10			Pag	Type_PA	s	Pag	State_MA	-
	Sex Lic. (Class 18		19 CDL	Veh Ye		Ve	h Make_				Keg . _ Veh Coi	20	-
1	Operator		_	Endorsment	Owner			RETS					g.	
1	Address	Last	First	Middle		42 JEROME			First			Middle		
	City		State	Zip		EWTON					State	MA Z	Zip 02465	
	Insurance Com				Vehicle	Action Prior to	Crash	11	21	Damag			Circle Up to Thr	ree)
	Vehicle Travel	Direction: N	S E X Respo	nding to Emergency?N	Event S	Sequence 1	22 2		22	o	0		4	
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	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 24								
	Violatio	n 3: ChS	Sec Violation 4	: ChSec	Underri	ide/Override	25	Towe	ed_N	8	7		6	
	Pl Name (Last Fi		r operator and all oc	ecupants involved		Age/DOB	Sex	26 27 Seat Safet Pos. Syst	7 28 y Airbag	29 3 Airbag Eje Switch Co	0 31 Ct Trap ode Code	Injury Tra	33 nsp. ode Medical Fac	ility
		Non-Motorist		See Above		Age/DOB			oni otalus	Switch CC	ac Code	Status C	ode Wiedicai Fac	iiity
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Poli Date of Crash	ce Use Only Time of Crash		Commonwea Motor		i iviassa cle Cra		Number	_	er Spe	RMV ed Limi		State Police	e 🗆
06/08/2020	11:14	NEWTON			cic Cra Report	.511	Vehicles 3	Injur	1	itude _ ngitude_		Local Polic MBTA Poli Other:	ice 🔲
	AT INTE	RSECTION:		LOCAT	_	>	3					CTION:	
Route# Direc	tion —	Name of Ro	padway/Street	R	oute# Direction	on A	ddress #		N	ame of F	Roadway	/Street	
		At			Feet 1	NISIE	w of			•	or		
Route# Direc	tion	Name of Intersecting l	Roadway/Street	-					Marker			Exit Numbe	er
		Also at Intersec	tion with	-	Feet [N S E	W of	Rout	#	Intersec	ting Roa	dway/Street	
Route# Direct		Name of Intersection	ng Roadway/Street		Feet 1	N S E	W of						
1		Ι								La	ndmark		
XVehicle3	_1_#Occupants	Hit/Run	Moped Case I	Number		2	000000318	3					
License#	18	St MA	DOB/Age	Reg# R								State MA	20
Sex_M_ Lic. 0	Class D	Lic. Restrictions	CDL		ar_1999						Veh Co	nfig. 13	
Operator BAI		RAIMUNDO First	Middle	Owner .	NEW GARDI	EN AN	D SVS I	NC First			Middle	:	
Address 106 N			MA OFFICE		162 (apt. 4) E						МА	01750	
City MARLBO		State	*	-	ARLBOROUG							Zip 01752 Circle Up to T	—— Chree)
1		A CONTINENATAL			Action Prior to	Crash	1			eu Alea		(4)	. 111(0)
_	Direction: N		ding to Emergency? N		equence 2 2	2 23		·			\overline{A}	10 Under	_
,			ChSec		Contributing Co		19 24	24	-	9		5 11 Totaled	d
1	3: ChSe	Underride/Override 25 Towed N 6											
	ase fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Eject Trap Injury Transp.						33 ansp.		
Name (Last Fire Operator	st Middle)		Address See Above		Age/DOB	Sex	Pos. \$ysten	1 Status Sv	ritch Coc	e Code 0	\$tatus Co	ode Medical Fa	
Please Select C)ne			14	1	5		16		17			
of the Followi	I Vehicl	e# Occupants	Non-Motorist A Typ	е	Action	Loc	ation	Cor	dition		Hi	t/Run M	loped
License#	18	St	DOB/Age	Reg#_				Reg T	ype		Reg	State	<u></u>
Sex Lic. 0		Lic. Restrictions	CDL Endorsment		ar		h Make				Veh Co		
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Insurance Com	_		nding to Emperopay?		Action Prior to	Crash		22 2		eu Area 3	coue. (4	ince)
1	Direction: N		nding to Emergency?		equence armful Event	23				Λ	\overline{A}	10 Under	_
1			2: ChSec		Contributing Co	ode	24	24	-	9		5 11 Totaleo	d
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Ple	ease fill out for	r operator and all o	ecupants involved		L		26 27 Seat Safety	28 Airbag Ai	29 3 rbag Eje	0 31 Trap	32 Injury Tra	33 ansp.	
Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Syste	m Status S	witch Co	de Code	Status C	ode Medical I	Facility
•													
										+			
1										1			



Crash Narrative:

I SPOKE TO THE RP IDENTIFIED AS ANAT NIDAR-LEVI AND HER HUSBAND RETSEF LEVI, WHO STATED THEIR VEHICLES (
MV1) AND HER HUSBANDS VEHICLE (MV2) WERE LEGALLY PARKED IN FRONT OF THEIR HOME THIS MORNING. AT

SOME POINT THEY CAME OUTSIDE AND OBSERVED HEAVY FRESH DAMAGE TO BOTH OF THEIR VEHICLES SIDE. LEFT AT THE

SCENE WERE 5 BOLT COVERS WHICH WERE STRIPPED FROM A TIRE. THE NEIGHBOR ACROSS THE STREET IDENTIFIED AS

MICHAEL CHIAMPA TOLD HIS NEIGHBORS THAT HE HEARD A LOUD CRASH FROM HIS OFFICE INSIDE HIS HOUSE. HE LOOKED

OUTSIDE THE WINDOW AND OBSERVED A CONSTRUCTION TYPE VEHICLE DRIVING AWAY. HE COULD NOT GIVE A MORE DETAILED

DESCRIPTION. I OBSERVED A CONSTRUCTION CREW ON THE NEXT STREET OVER, SO I CAME OVER TO THEM AND ASKED THEM

IF ANY OF THEIR VEHICLES MAY HAVE SIDESWIPED A COUPLE OF VEHICLES ON THE STREET NEXT TO THEM. I SPOKE TO AN

INDIVIDUAL NAMED EUCLEDES NATO (774 244 2901) WHO WAS ONE OF THE WORKERS AND HE STATED THAT ANOTHER

(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	St	atement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ed Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)			25
Carrier Name					Carrier Issuir	ng Authority Code	35
Address			City		St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:		_ Interstate 3	66
	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	ne		Material 4 d	ligit #	Release code	42
1							

-	Direction 1	Vehicle 1	2 ≢Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: → 1	→	<u>2</u> →	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
			<u>-</u>		Off-Street Parkin	ng Lot
					☐ Garage	
					☐ Mall/Shopping (Center
					Other Private W	
					Indicate North by	Arrow
				+		
Crash Narrative:						
PERSON WORKING AT THE JOE	SITE STRUCK TH	E VEHICLES.	HE STATED THAT	THE OPE	RATOR INVOLVED IN THE CRA	SH DOES
NOT SPEAK ENGLISH AND HE	WAS ABLE TO TRAI	NSLATE FOR ME	. HE STATED TO	HIM THA	T HE DIDN'T HAVE ENOUGH RO	OOM TO
GET BY ON THE ROAD AND HI	S DRIVERS SIDE	COLLIDED WIT	THE VEHICLES	SIDE. H	E STATED HE WAITED AROUN	D FOR A
FEW MINUTES FOR THE OWNER	S OF THE VEHICLE	ES BUT NOBODY	CAME OUTSIDE.	HE ALSO	O STATED THEY WERE GOING !	TO RETURN
TO PROVIDE THEIR INFORMA	TION WHEN HE HAI	D SOMEBODY TO	TRANSLATE FOR	HIM. I	OBSERVED A 1999 WHITE FO	RD F350
TO BE MISSING 5 BOLT COVE	RS EXACTLY LIKE	THE ONES WHI	CH WERE LEFT B	EHIND AT	THE CRASH SCENE. I ADVIS	ED ALL
PARTIES INVOLVED I WOULD	BE DOCUMENTING !	THE INCIDENT	WITH A POLICE	REPORT A	ND THAT THEY SHOULD CONTAC	CT THEIR
INSURANCE COMPANIES.						
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:	Designation #		(From Vehi	iala Castian)		
Carrier Name	Registration #		(From vein	,	Carrier Issuing Authority Co	ode 35
Address			City			
US DOT #:			•			36
37	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length 39	
Hazmat Information:						
Placard 40 Material 1 digi	# 41 Material N	ame		Material 4 d	ligit # Release code	42
MATTHEW W COLELLA				IN POLICE DEPARTA	06/08/	

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)