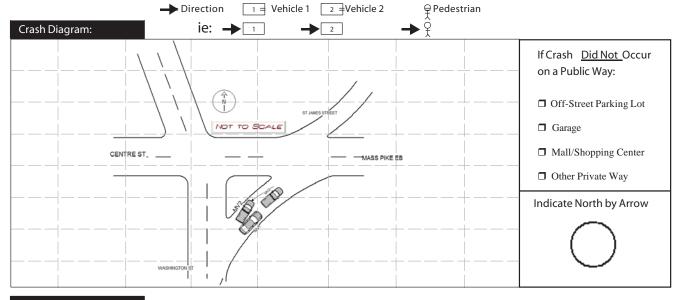
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	isetts	5		RMV	V Docur	ment Number	
	Date of Crash 07/17/2020	Time of Crash 16:51	City/To	1710101		icle Cra	sh	Number Vehicles		ed Lat	ed Limi itude		State Police Local Police MBTA Police	XI
		24HR				Report		2	0		ngitude_		Other:	_
		AT INTER	RSECTION:	< I	LOCA	TION	>		NO	)T AT	INTI	ERSE	CTION:	2
	WES	T WASHI	INGTON ST											
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion		Roadway/Street		Route# Direction	on Ad	ldress #		N	ame of F	Roadway	/Street	_ 2 10
	Route# Direction					Feet NSEW of or								
						Mile Marker Exit Number  Feet N S E W of								_
			Also at Inters	section with	-				Rout	te#	Intersec	ting Roa	dway/Street	- 1
<b>2 2</b>	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								
3						Landmark								
	XVehicle1	#Occupants	X Hit/Run	Moped Case 1	Number		20	000000390	)					
	License#		St _MA		Reg#	72LZ57			Reg	Гуре_РА	N	Reg	State_MA	_
	Sex_F_ Lic.	Class D 18 18	8 Lic. Restriction		Veh Ye	ear_2016	Vel	n Make_S	UBA			Veh Co	onfig. 20	
4	Operator NEI	LSON	SANDRA	Endorsment	Owner	NELSON	**	CALE	B First			Middle		- <b>1</b>
2		EVONSHIRE RI	).	Middle		SS 39 DEVONS	HIRE R	D	First			Middle		_
	City NEWTO	N	Sta	te_MA Zip_02467	City NEWTON State MA Zip 02467									_
	Insurance Com	npany SAFETY IN	NS		Vehicle	e Action Prior to	Crash	2	21	Damag	ed Area	Code: (0	Circle Up to Thre	ee)
5 <b>1</b>	Vehicle Travel	Direction: N	S E X Resp	onding to Emergency? N	Event	Sequence 1	22 22	2 22	22	2	3		4	
1	Citation # (If I	ssued)			Most I	Harmful Event	1 23				9		10 Undercarr 5 11 Totaled	iage
	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co	ode :	1 24	24			<b>\</b>	3 11 Totaled	
<sup>6</sup> <b>1</b>	Violation	3: ChSec	Violation	4: ChSec	Under	ride/Override	25	Towe	ed_N_	8	7		0	
			ator and all occu					26 27 Seat Safety	28 Airbag A	29 3 irbag Ejec	0 31	32 Injury Tra	33 ansp.	1:
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex I	Pos. \$ysten	Status S	witch Cod	le Code	\$tatus   Co 10   1	ode Medical Facili	ty 1
											+			
4	Please Select C of the Followi	I X Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Typ	pe 1	Action 1	Loca	ation	16 Co	ndition	17	<b>Х</b> Ні	t/Run Mop	ed
	License#		St_M		Reg # 1TMY35 Reg Type PAN Reg Stat						State MA	_ ]		
	Sex_M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL					Veh Year 2012 Veh Make GMC Veh Config.						onfig. 20		
8 <b>4</b>	Operator OREILLY WILLIAM Endorsment				Owner (Same as operator)							_		
Address  Last First Middle Last First Middle  Address  Address  Address									-					
	City EAST WEYMOUTH State MA Zip 02189					City State Zip								_
	Insurance Com	npany PROGRES	SIVE		Vehicle	e Action Prior to	Crash	10	21	Damag	ed Area	Code: (0	Circle Up to Thre	ee)
	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency?N	Event Sequence 1 22 22 22 2 3 4									
	Citation # (If Issued) Most Harmful Event 1 23 Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 8 24 24								10 Undercarr 5 11 Totaled	iage				
								8 24						
	Violatio	n 3: ChSe	Underride/Override 25 Towed N 8 7 6											
	Please fill out for operator and all occupants involved					26   27   28   29   30   31   32     Seat Safety Airbag Airbag Eject   Trap Injury				Injury Tra	33 ansp.			
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Syste	m Status S	Switch Co	de Code 0	10 1	NONE NONE	lity
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## Crash Narrative:

On July 17, 2020 at approximately 1651 hours, I responded to 36 Devonshire Rd for a report of a past hit and run. MV1 operator stated she was travelling EB on Washington St going to get onto the Mass Pike EB around 0821hours this morning when she was stopped at the red light. MV1 operator states MV2 was in front of her and put the vehicle in reverse and tried to back out around her when MV2s rear right bumber hit into MV1s left rear quarter panel. No injuries were reported or vehicles towed.

I was unable to get into contact with MV2 operator at this time. I will follow up on my next tour of duty.

\*Update: 7/21/20 I contcted Weymouth PD to attempt contack with William O'Reilly at his residence. His

vehicle was not in there and no answer at the door. But a note was left on his door to contact Newton PD when

he gets home. I will continue to follow up with Mr. O'Reilly on my next tour of duty.

Witnesses:										
Name (Last, First, Middle)	Address			Phone #	Statement					
Property Damage:										
Owner (Last, First, Middle)	Phone # 34-Type Des				cription of Damaged Property					
Truck and Bus Information: Registration #										
Carrier Name						Carrier Issu	ing Authority Cod			
Address			City			St	Zip			
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36		
Cargo Body Type Code Gross	s Vehicle Weight	38				39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Lengtl					
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42		

JAMES M CROWE		NEWTON POLICE DEPARTM	07/18/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date