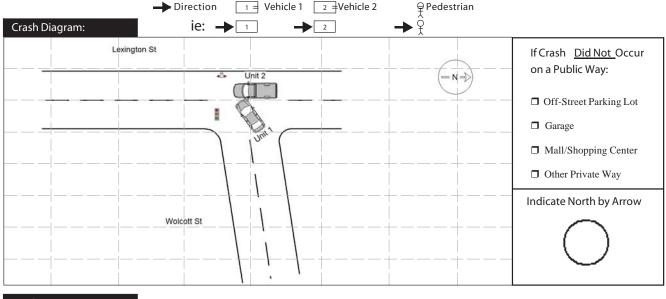
	Poli	ice Use Only		Common	iwealth	of Mas	ssach	usett	S		RMV	/ Docun	nent Number	
	Date of Crash 07/27/2020	Time of Crash 17:52	City/Tow NEWTON	m M	otor Ve	hicle C	rash	Numbe Vehicle		er Spea	ed Limi		State Police Local Police MBTA Police	N X
	07/27/2020	17.52 24HR	NEWTON			Repor	t	2	0		gitude_		Other:	
		AT INTER	RSECTION:	<	LOC	ATION	>		NO	T AT	INTE	ERSE	CTION:	٦,
	SOU	TH LEXING	GTON ST											2
1 1	Route# Direc	tion		Roadway/Street		Route# Dir	rection /	Address #		Na	me of R	Coadway/	Street	$ \frac{1}{2}$
	WES	T WOLCO	OTT ST	t		Fee	et N S I	E W of		•	· ·	or		_   _
	Route# Direc	etion N	Name of Intersecting	Roadway/Street		<u> </u>			Mile	Marker			Exit Number	_
			Also at Interse	ection with		Fee	et N S I	E W of	Route	#	Intersec	ting Roa	dway/Street	-   1
<b>1 1</b>	Route# Direc	tion	Name of Intersec	ing Roadway/Street		Fee	et N S I	E W of						4 '
3	Koute# Direc	tion		ing Roadway/Street	I						Lar	ndmark		-
99	XVehicle1	_1_#Occupants	X Hit/Run	Moped	Case Numb	er		200000040	8					_
	License#		St MA		Reg	# 1ZDP33			Reg T	ype_PA	N	Reg		_
	Sex_M_ Lic.	Class D 18 1	Lic. Restrictions			Year_2017	v	eh Make_I	IYUNDA	I		Veh Co	nfig. 20	
4	Operator MU	LLIN	JONATHAN	Endorsm	nent Owi	ner (Same as	operator)		First			Middle		$- 1^1$
3	Address 1461	PAWTUCKET B	BLVD (apt. D1)			lress								_
	City LOWELI		Stat	e_MA Zip_01854	City	<i></i>					_State	2	Zip	_
	Insurance Com	pany PLYMOUT	ГН ROCK		Veh	icle Action Pri	or to Cras	h 4	21	Damage	d Area	Code: (0	Circle Up to Thr	ree)
5 <b>1</b>	Vehicle Travel	Direction: N	X E W Respo	onding to Emergenc	y? <u>N</u> Eve	nt Sequence	1 22 99	22 22	22 (		3		4	
	Citation # (If I	ssued)			Mos	st Harmful Eve	ent 1	23		_	9		10 Undercari 5 11 Totaled	riage
	Violation	1: ChSec	Violation	2: ChSec	Driv	ver Contributing	g Code	1 24	24		ŽÍ		11 Totaled	
<sup>6</sup> <b>1</b>	Violation	3: ChSec	Violation	4: ChSec	Und	lerride/Override	e	25 Tow	ed_N8		7		6	
	Please t		ator and all occup	ants involved	e	Age/DOI	B Sex	26 27 Seat Safety Pos. System	28 Airbag Air Status \$w	29 30 bag Ejectitch Code	31 Trap Code	32 Injury Tra Status Co	33 insp. ide Medical Facil	ity 1
	Operator	st Wilddie)		See Abo		Age/DOI		<b>99</b>	4 9		0	10 1	de Medicai Facii	ny –
											+			
7														_
3	Please Select C of the Followi		2 0 # Occupants	Non-Motoris	st A Type	14 Action	15 Lo	ocation	Con	dition	17	X Hi	t/Run Mop	oed
	License#_		St	DOB/Age	Rea	# UNK			Reg T	vne		Reg	State_MA	┥.
	Sex Lic. (	18 1		19		Year		eh Make (				Veh Co	20	_
8 <b>1</b>	Operator		Ele. Resuretions	Endorsm	nent	ner		en mace_				· · · · · ·	g.	
1	Address	Last	First	Middle		lress	Last		First			Middle		_
			Stat	eZip							State		Zip	_
	Insurance Com					icle Action Pri		h 1					Circle Up to Thr	ree)
		Direction: N		onding to Emergenc		nt Sequence	22	22 22	22 2		3		4	
			<b>A</b>			st Harmful Eve		23			M	/	10 Undercari	riage
	, , , , , , , , , , , , , , , , , , ,				Driver Contributing Code 10 24 99 24 5 11 Totaled									
				4: Ch Sec		lerride/Override		L	d_N_8		7		6	
	Pl	ease fill out for		occupants involve				26 27 Seat Safety		29 30 bag Eiect	31 Trap		33 insp.	$\neg$
	Name (Last Fi	rst Middle) Non-Motorist		Addre See Abov		Age/DO			em Status Sv	vitch Coc	le Code	Status C	ode Medical Faci	ility
	Орегатоп	1.011-1410101131		See Audi										
							-		+ +					



## Crash Narrative:

Operator #1 states that he was taking a left onto Lexington St from Wolcott St when his vehicle (vehicle #1), MA 1ZDP33, was hit by a white Chevrolet pickup with unknown plates. Operator #1 states that he had a had a green light but was able to swerve out of the way to minimize contact when the white truck ran the red light southbound on Lexington St. Damage is to the front right corner of vehicle #1. The white pickup did not stop. It turned right onto Commonwealth Ave towards Weston.

I spoke to witness Sean Murphy (508-661-9329) who heard the crash and observed the immediate aftermath of the pickup taking off. He provided a further description of a 2 door white Chevrolet pickup, early 00's model, occupied 2x, with the name Empire Concrete on the passenger side. I attempted to locate an Empire Concrete, however limited search results were available. A possible business address of 54 Forest St Mllford

(Continued o	n next page)							
W itnesses:								
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement
Property Damage:	,							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descript	tion of Damag	ged Property	
Truck and Bus Information:  Carrier Name			(From Vehic	,		_ Carrier Issu	ning Authority Co	ode 35
						_		
Carrier Name			City			St	Zip	ode
Carrier NameAddressUS DOT #:37	State Number		City			St	Zip	ode
Carrier NameAddressUS DOT #:37	State Numberss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	ode
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	ode
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tr	railer Leng	St	Zip _ Interstate	ode

KELEIGH N DONAHUE			NEWTON POLICE DEPARTM		07/27/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Crash Diagram:	Direction 1	Vehicle 1	≥ ≠Vehicle 2	Pedesti	rian		
Crash Diagram.	ie: → 1	<b>→</b> [2	<b>→</b>	Ŷ			
					I	f Crash <u>Did Not</u> on a Public Way:	Occur
						☐ Off-Street Parking	g Lot
					!	☐ Garage	
		į	İ	İ	1	☐ Mall/Shopping Co	enter
						Other Private Way	y
					Ir	ndicate North by A	irrow
						$\bigcirc$	
Crash Narrative:							
was found and I had Milfo	rd PD respond t	to the addres	s to look for	the pick	up. It was n	ot there, and	I was
informed that the address	itself is an ap	eartment comp	olex. It should	be note	d that there	is no phone n	umber or
website for an Empire Con	crete out of MA,	although th	ere are severa	1 other	businesses t	hat have the w	ord
Empire in the company name	e.						
The camera facing Lexingt	on St at Gregori	o Jewelers (	corner of Rive	r and Le	exington) did	not yield any	
matching results for the	appropriate time	frame. Star	bucks (corner	of Commo	nwealth and	Lexington)	
doesn't have outdoor surv	eillance equipme	ent.					
Vehicle #1 did not need t	o be towed and n	o medical at	tention was re	quested	by the opera	tor. He was ad	vised
that if I am able to obta	in further infor	mation or v	erify the comp	any, I w	rill contact	him.	
(Continued	on next page)						
Witnesses:							
Witnesses: Name (Last, First, Middle)		Address			Pho	ne #	Statement
		Address			Pho	ne #	Statement
		Address			Pho	ne #	Statement
Name (Last, First, Middle)		Address			Pho	ne #	Statement
	Address	Address	Phone #	34-Type	Pho Description of Da		Statement
Name (Last, First, Middle)  Property Damage:	Address	Address	Phone #	34-Type			Statement
Name (Last, First, Middle)  Property Damage:	Address	Address	Phone #	34-Туре			Statement
Name (Last, First, Middle)  Property Damage:	Address  Registration #						
Property Damage: Owner (Last, First, Middle)	Registration #		(From Vehi	cle Section)	Description of Da		35
Name (Last, First, Middle)  Property Damage: Owner (Last, First, Middle)  Truck and Bus Information:	Registration#		(From Vehi	cle Section)	Description of Da	maged Property	35
Property Damage: Owner (Last, First, Middle)  Truck and Bus Information: Carrier Name	Registration #		(From Vehi	cle Section)	Description of Da  Carrier  St	Imaged Property  Issuing Authority Cod	35
Property Damage: Owner (Last, First, Middle)  Truck and Bus Information: Carrier Name Address US DOT #:	Registration # State Number		(From Vehi	cle Section)	Description of Da  Carrier  St	Imaged Property  Issuing Authority Cod	le 35
Property Damage: Owner (Last, First, Middle)  Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code  37 Green	Registration # State Number oss Vehicle Weight	38	(From Vehi	cle Section)	Description of De	Imaged Property  Issuing Authority Cod	le 35
Property Damage: Owner (Last, First, Middle)  Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	Registration # State Number oss Vehicle Weight	38	(From Vehi	cle Section)	Description of De	Issuing Authority Coc Zip Interstate	le 35
Property Damage: Owner (Last, First, Middle)  Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code  37 Green	Registration #  State Number  oss Vehicle Weight  Reg Type	38 Reg State	(From Vehi	cle Section) ICC #: Tr	Description of Da  Carrier  St  ailer Length	Issuing Authority Coc Zip Interstate	le 35

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

•	Direction	Vehicle 1 2	_=Vehicle 2	Pedestria	an	
Crash Diagram:	ie: 🕕 🛚 1		□ →	▶Ŷ		
					on a Pub Off-Str Garage Mall/S Other H	reet Parking Lot
				+		
Crash Narrative:						
Witnesses:		A -1 -1			DI: #	C+-+
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Pr	operty
				71		-1 - 7
Truck and Bus Information:	Registration #		(From Veh	nicle Section)		
Carrier Name					Carrier Issuing Au	uthority Code 35
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC #:	Int	erstate 36
37		38				
Cargo Body Type Code G	ross Vehicle Weight				20	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length 39	
Hazmat Information:			-			
40	41					42
Placard Material 1 dig	t #   Material Na	me		_ Material 4 di	git # Rele	ase code
VELECUA DONALES						07/07/2020
KELEIGH N DONAHUE	6:			ON POLICE DEPARTM	D ' ' ' ' ' ' ' ' '	07/27/2020
Police Officer Name (Please Print)	Signature		ID/Badge # De	partment	Precinct/Barracks	Date

CDP1 11 ·24·00