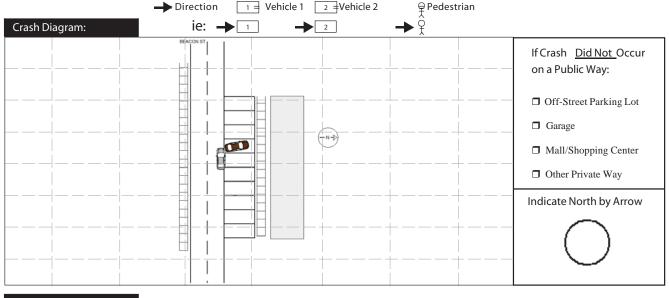
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CHILEN VATHEDINE 32 DREVISIER RD	Medical Facility
CULLEN, KATHERINE F 3 1 4 99 0 0 9 1	Medical Facility



Crash Narrative:

I responded to 1641 Beacon St. for a report of an MVA/Hit &Run. I arrived on location and spoke with Alicia Taniere MA OLN#S84312664. Alicia's vehicle was parked when the car was hit by a passing vehicle. Alicia was inside a restaurant picking up food. The vehicle was occupied by her daughter Katherine Cullen 23 Y.O., who was seated in the front passenger seat, at the time of the collision. Katherine stated she had some stiffness in her neck. EMS responded to the scene to evaluate her. There was no airbag deployment.

Katherine was cleared by EMS, she was not transported.

The vehicle that was hit was MA Reg. 1JXF31; 2018 Toyt/Camry sedan color brown. The vehicle was hit by an unidentified vehicle. RP Alicia Ianiere stated the vehicle struck the rear of her vehicle as it was parked in front of 1641 Beacon St. The vehicle continued Westbound failing to stop. Ianiere's Vehicle sustained

(Continued on next page)

(Continued	on next page;							
W itnesses:								
Name (Last, First, Middle)	Address				Phone #		Statement	
SHULER, DYLAN,		,						N
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damag	ed Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				35
Carrier Name						Carrier Issui	ng Authority Coo	
Address			City			St	_ Zip	
US DOT #:	_ State Number		_ Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code 37 Gr	ross Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer L			
Hazmat Information:								
Placard 40 Material 1 digit	# 41 Material Nat	me		Material 4	digit #		Release code	42

	Direction 1	Vehicle 1	2 =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: 🕕 🛚 1	→	2	Ŷ			
				<u> </u> 		Crash <u>Did Not</u> C n a Public Way:	Occur
						Off-Street Parking	g Lot
						Garage	
			į	į		Mall/Shopping Ce	enter
		-				Other Private Way	,
		 				dicate North by A	rrow
Crash Narrative:	ris sido						
There were several people		utside area o	of a nearby res	taurant.	Those I spok	e with heard t	the
crash but did not actual							
collision. witness was ic							
Mr. Shuler described the				ric. He	stated the pl	ate was either	
Reg. 6EJZ30 or 6ZJZ30. A							
other witnesses also desc							
Alicia Ianiere was advise			-				
Hit&Run.							
Witnesses							
W itnesses: Name (Last, First, Middle)		Address			Phone	2 #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dan	agged Property	
Owner (Last, First, Middle)	Address		THORE #	эттурс	Description of Dan	aged i Toperty	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			35
Carrier Name					Carrier Is	suing Authority Cod	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38					
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Hazmat Information:						J	
Placard 40 Material 1 digi	t # 41 Material N	Name		Material 4	digit #	Release code	42
	<u></u>						_ _
DANIEL S SULLIVAN			NEWTO	N POLICE DEPART?	1	07/29/20	020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)