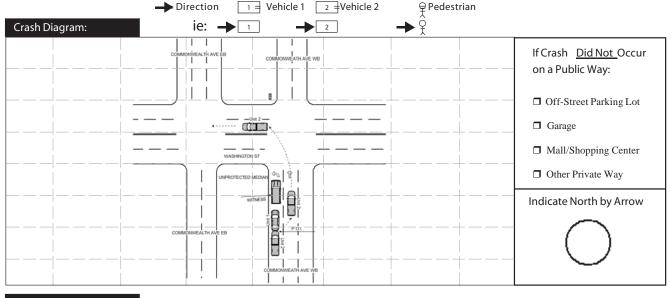
| | Poli | ice Use Only | | Commo | nwealth | of Mass | sach | usetts | 3 | | RMV | / Docun | ment Number | |
|---|-----------------------------|--------------------|-----------------------|----------------------|-----------------|-----------------------------------|----------|------------------------------|------------------------------|--------------------|----------------------------|------------------|---|----------|
| | Date of Crash 07/30/2020 | 13:54 | NEWTON | wn M | | ehicle Cr Report | ash | Number Vehicles | Injure | | ed Limi tude gitude_ | | State Police Local Police MBTA Police Other: | XI E |
| | | AT INTER | SECTION: | | | CATION | > | 2 | NO | | | | CTION: | \dashv |
| | | | | | | | | | 1,0 | | | 311,323 | 0110111 | |
| 1 | Route# WES | | Name of | Roadway/Street | | Route# Direc | tion A | ddress # | | Na | me of R | loadway/ | /Street | |
| 1 | COL | TH WASH | INGTON ST | At | | Feet | N S E | w of | | • | | or | | _ |
| | Route# Direct | | Name of Intersectin | g Roadway/Street | | - | | | Mile | Marker | | 01 | Exit Number | |
| | | | Also at Inters | section with | | Feet | N S E | W of | Route | # | Intersec | ting Roa | dway/Street | - |
| 1 | Route# Direc | <u></u> | Nama af Intana | eting Roadway/Street | | Feet | N S E | W of | | | | | - | |
| 3 | | | | 1 | 1 | | | | | | Lar | ndmark | | \dashv |
| | XVehicle1 | 2_#Occupants | X Hit/Run | Moped | Case Numl | er | 2 | 2000000414 | l . | | | | | ╝ |
| | License# | 18 1 | St MA | OOB/Age | Re | g # EV513E | | | Reg T | ype_PAI | N | Reg | State MA | |
| | Sex_M_ Lic. | Class D 18 1 | Lic. Restriction | | | h Year_2018 | Ve | h Make_T | ESLA | | | Veh Co | nfig. 1 | |
| 3 | Operator PAI | RTENSKY Last | BORIS First | Middle | Ow | ner (Same as of | Derator) | | First | | | Middle | | _ |
| _ | | VASHINGTON | | | | dress | | | | | | | | - [|
| | City SHARO | | Sta | te_MA Zip_01770 | | у | | | | | | | • | |
| | 1 | npany SAFECO | | | | hicle Action Prior | 22 2 | 2 22 22 | 21 22 2 | Damage | d Area | Code: (C | Circle Up to Thi | ree) |
| 1 | | Direction: N | | onding to Emergeno | - | ent Sequence 1 | 2 | | | | \prod | | 10 Undercar | riage |
| | ` | ssued) | | 2: ChSec | | ost Harmful Event | | 1 24 | 24 | ← | 9 | | 11 Totaled | |
| 1 | 1 | | | 4: Ch Sec Sec | | ver Contributing derride/Override | 2 | | ed <u>N</u> 8 | | 7 | | 6 | |
| _ | Please | fill out for opera | ator and all occup | | | derride/Override | | 26 27 Seat Safety | | 29 30 pag Eject | 31 Trap | 32 Injury Tra | 33 ansp. | |
| | Name (Last Fir | | | Addre See Abo | | Age/DOB | Sex | Pos. \$ysten | Status Swi | tch Code | Code | Status Co | ode Medical Faci | lity |
| | PARTENSKY, | | | WASHINGTON ST | Γ | | F | 3 1 | 4 4 | 0 | 0 | 10 1 | | |
| | , | | SH | ARON, MA 01770 | | | | | | + | + | | | |
| | | | | | | | | | | | | | | |
| 2 | Please Select (| | 22 <u>0</u> #Occupant | s Non-Motori | ist A Type | 14 Action | 15 Loc | cation | 16 Cone | dition | 17 | XI Hi | t/Run Mo | ped |
| | of the Followi | ng: — | | <u> </u> | J1 | 222001T | | | | DAI | NT. | | | 4 |
| | License # | 18 1 | | DOB/Age | | g # 333991T | | | | ype_PAI | N | | State MD | - |
| | Sex Lic. Operator | Class | Lic. Restriction | S CDL Endors | ment | | Ve | h Make_C | HEVOR | -L1 | | Veh Co | nfig. 2 | |
| 2 | Address | Last | First | Middle | è | dress | Last | | First | | | Middle | : | _ |
| | | | Sta | teZip | | y | | | | | State | | Zip | _ |
| | Insurance Com | | | r | | hicle Action Prior | | 1 | 21 | Damage | | | Circle Up to Th | ree) |
| | Vehicle Travel | Direction: N | S E X Res | ponding to Emergen | cy? <u>N</u> Ev | ent Sequence 1 | 22 2 | 22 22 | 22 2 | | 3 | | 4 | |
| | Citation # (If I | ssued) | | | Mo | st Harmful Event | 1 2 | 3 | | _ | 9 | /l ' | 10 Undercar 5 11 Totaled | riage |
| | Violatio | n 1: ChSe | ec Violatio | n 2: ChSec_ | Dr | iver Contributing | Code | 5 24 | 24 | | ΖÍ | | | |
| | Violatio | n 3: ChSe | ec Violatio | n 4: ChSec_ | Un | derride/Override | 2 | Towe | | | 7 | | 6 | |
| | Pl Name (Last Fi | | operator and all | occupants involve | | Age/DOB | Sex | 26 Seat Safety Pos. Syste | 28 Airbag Air m Status Sv | 29 30 Eject | 31 Trap le Code | Injury Tra | 33 ansp. code Medical Fac | cility |
| | | Non-Motorist | | See Abo | ve | | - | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |



Crash Narrative:

Vehicle 1 was stopped in traffic on Commonwealth Ave at the intersection of Washington St. Both Commonwealth Ave and Washington St are public ways in the City of Newton. Vehicle 1 was located in the left turn lane of the westbound side of Commonwealth Ave. Vehicle 2 was located westbound side of Commonwealth Ave in the left turn lane. Vehicle 2 was located directly behind Vehicle 1. Vehicle 2 then moved forward colliding with the rear of Vehicle 1. Vehicle 2 then drove around Vehicle 1 and made a left hand turn on to Washington St from the center lane of Commonwealth Ave. Vehicle 2 left the area without leaving any identifying information. As a result of the impact Vehicle 1 sustained damage to the rear bumper. Since Vehicle 2 left the scene the damage to Vehicle 2 is unknown.

No injuries were reported on scene, no transports were required.

(Continued on next page)

| Name (Last, First, Middle) Address Phone # Star 1000 COMMONWEALTH AVE NEWTON,MA 02459 Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration # | INAMORE , DEB, Property Damage: | 1000 COMM | | | Phone # | | Statement Y |
|---|---------------------------------|----------------------|---------------|-----------------|---------------------|-------------------|-------------|
| Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) | Property Damage: | | | | | | Y |
| Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration # | , , , | | | | | | |
| Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration # | , , , | | | | | | |
| Truck and Bus Information: Registration # | Owner (Last, First, Middle) | | | | | | |
| (-15th Value Section) | | Address | Phone # | 34-Type De | escription of Damag | ged Property | |
| (-15th Value Section) | | | | | | | |
| (-15th Value Section) | | | | | | | |
| | | | ` | , | Carrier Issui | ing Authority Cod | e 35 |
| Address City St Zip | Address | | _ City | | St | Zip | |
| US DOT #: State Number Issuing State ICC #: Interstate | | | Issuing State | ICC #: | | _ Interstate | 36 |
| Cargo Body Type Code Gross Vehicle Weight 38 | Cargo Body Type Code Gross | Vehicle Weight | | | | | |
| Trailer Reg #: Reg Type Reg State Reg Year Trailer Length | Trailer Reg #: | Reg Type Reg State _ | Reg Year | Traile | Length | | |
| Hazmat Information: | Hazmat Information: | | | | | | |
| Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 4. | 40 | 41 Material Name | | Material 4 digi | t # | Release code | 42 |

| | → Direction | 1 = Vehicle 1 2 | =Vehicle 2 | Pedest | rian | |
|--|---------------|-----------------|----------------|----------------|--------------------------------------|-------------|
| Crash Diagram: | ie: → | 1 2 | → | · } | | |
| | | | | | If Crash <u>Dio</u> on a Public V | |
| | | | | | ☐ Off-Street | Parking Lot |
| | | | | | Garage | |
| | | | | | ☐ Mall/Shop | ping Center |
| | | | | | ☐ Other Priv | ate Way |
| | | | | | Indicate Nort | th by Arrow |
| | | | | | | |
| | | | | | | ノー |
| | | | | | | |
| Crash Narrative: | | | | | | |
| No tows were required. | | | | | | |
| The operator of Vehicle 1 | identified as | Borris Parten | sky stated tha | t he was | stopped in traffic i | n the left |
| turn only lane of Commonwe | | | | | | |
| ended by Vehicle 2. Parte | | | | | | |
| Vehicle 2 to stop. Partens | | | | | | |
| left hand turn from the co | | | | | | |
| of Vehicle 2 as a white ma | | | | | | |
| model Chevrolet Silverado license plate may have sta | | | | | | |
| | on next page) | | und chaca with | | ine beade of the free | |
| Witnesses: | | | | | | |
| Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| | | 1 | | | | |
| Property Damage: | | | | | - | |

| Name (Last, First, Middle) | Address | | | | Phone # | | Statement | |
|-------------------------------|------------------|-----------|-----------------|-------------|--------------|---------------|-------------------|----|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Property Damage: | | | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Descriptio | n of Damag | ged Property | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vehic | le Section) | | | | 35 |
| Carrier Name | | | | | | Carrier Issui | ing Authority Cod | |
| Address | | | City | | | St | Zip | |
| US DOT #: | State Number | | _ Issuing State | ICC #:_ | | | _ Interstate | 36 |
| Cargo Body Type Code 37 Gross | s Vehicle Weight | 38 | | | | 39 | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tr | ailer Length | | | |
| Hazmat Information: | | | | | | | | |
| Placard 40 Material 1 digit # | 41 Material Nat | me | | Material 4 | digit # | | Release code | 42 |

| JASON M. SCHLEGEL | | | NEWTON POLICE DEPARTM | | 07/30/2020 |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

| | Direction 1 | Vehicle 1 | 2 =Vehicle 2 | ₽Ped | estrian | | |
|-----------------------------|-----------------------|--------------|-----------------|-----------------|---------------|------------------------------|-----------|
| Crash Diagram: | ie: → 1 | → [| 2 | →ĝ | | | |
| | | | | | | If Crash Did Not | Occur |
| | | | | | | on a Public Way: | |
| | | | | | | - | |
| | | | | | | ☐ Off-Street Parkir | ng Lot |
| | | | <u> </u> | | <u>+</u> | ☐ Garage | |
| | | | | | | ☐ Mall/Shopping C | Center |
| | | | | | | ☐ Other Private Wa | ay |
| | | | <u> </u> | | <u> </u> | Indicate North by | Arrow |
| | | | | | | | |
| | | | | | | | |
| | | | ++ | | + | \perp | |
| | | | | | | | |
| Crash Narrative: | | | | | | | |
| unknown. Partensky sta | ted that his vehic | le is a Tesl | a which has | the abili | ty to tak | ce photographs. Part | tensky |
| states he will downloa | d the images and se | end them to | me. | | | | |
| I also spoke to witnes | s Deb Finamore. Fir | namore state | s that she i | s a city | of Newtor | n employee and at th | ne time |
| of the crash was opera | ting her personal v | vehicle (Fo | ord Escape co | lor Black | :).Finamor | re also stated that | |
| prior to the crash bet | ween Vehicle 1 and | d Vehicle 2 | she observed | Vehicle | 2 tailgat | cing her vehicle as | she was |
| traveling westbound on | Commonwealth Ave. | Finamore st | ated that Ve | hicle 2 t | ried to p | pass her several tir | mes on |
| Commonwealth Ave and e | ventually made a le | eft turn off | of Commonwe | alth Ave | on to Ten | mple St. Finamore st | tates |
| that she was stopped i | n traffic at the in | ntersection | of Commonwea | lth Ave a | and Washir | ngton St and was loc | cated |
| directly in front of V | ehicle 1. Finamore | states that | she then ob | served Ve | hicle 2 1 | located behind Vehic | cle 1. |
| (Continu | ed on next page) | | | | | | |
| Witnesses: | | | | | | | |
| Name (Last, First, Middle) | | Address | | | | Phone # | Statement |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Property Damage: | | | DI " | 24.7 | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Typ | e Descripti | ion of Damaged Property | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Information: | Registration # | | (From | Vehicle Section | n) | | |
| Carrier Name | Registration # | | (11011) | | | Carrier Issuing Authority Co | 35 ode |
| Address | | | City | | | | |
| | | | - | | | | 36 |
| US DOT #: | | 38 | Issuing State _ | ICC | #: | Interstate | |
| Cargo Body Type Code | Gross Vehicle Weight | | | | | 39 | |
| Trailer Reg #: | Reg Type | Reg State _ | Reg Yea | r | Trailer Lengt | .h | |
| Hazmat Information: | | | | | | | 42 |
| Placard 40 Material 1 | digit # 41 Material N | ame | | Materia | l 4 digit # | Release code | 42 |

| | Direction 1 = | Vehicle 1 2 | ₹Vehicle 2 | ₽Pedestrian | | |
|---|----------------------|---------------|--------------------|----------------|--------------------------------|-----------|
| Crash Diagram: | ie: → 1 | 2 | _ ⊣ | ▶ ĝ | | |
| | | | | | If Crash <u>Did Not</u> C | Occur |
| | | | | | on a Public Way: | |
| | | | - — — <u> </u> | | Off-Street Parking | Lot |
| | | | | | ☐ Garage | |
| | | | | | ☐ Mall/Shopping Ce | enter |
| | | | | | Other Private Way | |
| | | | - — — | + _ | | |
| | i i | | İ | İ | Indicate North by A | row |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Crash Narrative: | | | | | | |
| Finamore states that sh | ne that when she go | t a green si | gnal she made | a left turn | onto Washington St and | heard |
| the impact of the coll | ision between Vehic | le 1 and Veh | icle 2. Finam | ore states t | hat she then observed in | n her |
| rear view mirror Vehic | le 2 drive around V | ehicle 1 and | d make a left | turn southb | ound onto Washington St. | |
| Finamore states that sh | ne attempted to get | the registra | ation informa | tion of Vehi | cle 2 however Vehicle 2 | |
| continued southbound or | n Washington St at | a high rate o | of speed. Fin | amore states | that she then followed | Vehicle |
| 2 at a safe distance an | nd observed Vehicle | 2 commit a | red light vio | lation at th | e intersection of Washin | gton St |
| and the entrance of New | wton Wellesley Hosp | ital (2014 Wa | ashington St) | . Finamore s | tates that Vehicle 2 wer | ıt |
| around stopped traffic | at the intersection | n by entering | g the left tu | rn only lane | to pass stopped traffic | to the |
| right. Finamore states | | rved Vehicle | 2 commit and | ther red lig | ht violation at the | |
| | ed on next page) | | | | | |
| W itnesses: Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| Nume (East, First, Middle) | | Address | | | THORE # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: | | | T | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type Des | scription of Damaged Property | |
| | | | | | | |
| | | | | | | |
| Truck and Bus Information: | Registration # | | (From Ve | hicle Section) | | |
| Carrier Name | | | | | Carrier Issuing Authority Code | 35 e |
| Address | | | City | | St Zip | |
| US DOT #: | State Number | | _ Issuing State | ICC #: | Interstate | 36 |
| Cargo Body Type Code 37 | Gross Vehicle Weight | 38 | _ 0 | | | |
| Trailer Reg #: | | Dag State | Dag Vans | Teoilon | Lonoth 39 | |
| Hazmat Information: | Reg Type | Reg State | Reg Teal_ | Trailer | Length | |

Material 4 digit #_

Release code

Placard

Material 1 digit #

Material Name_

| | Direction 1 = Ver | nicle 1 2 #Vehicle 2 | ¥ Pedestrian | |
|------------------|-------------------|----------------------|--------------|---|
| Crash Diagram: | ie: → 1 | 2 | → ĝ | |
| | _ | - | | If Crash <u>Did Not</u> Occur on a Public Way: |
| | | | | ☐ Off-Street Parking Lot |
| | | | | ☐ Garage |
| | | | | ☐ Mall/Shopping Center |
| | | | į | ☐ Other Private Way |
| | | | | Indicate North by Arrow |
| | | | | |
| Crash Narrative: | | | ' | |

intersection of Beacon St and Washington St. Finamore states that Vehicle 2 entered the left turn only lane at the intersection to pass stopped traffic to the right. Finamore states that she then lost sight of Vehicle 2 as it continued southbound on Washington St. Finamore described Vehicle 2 as a newer model Chevrolet pickup truck color white. Finamore believes that Vehicle 2 had a paper temporary plate, unknown registration number or state of registration. Finamore described the operator of Vehicle 2 as a young white male in his 20's. On 08/03/2020 I was able to view photo's of Vehicle 2 taken by witness Deb Finamore. The photo's revealed Vehicle 2's rear registration plate as 333991T. An NCIC check revealed that this registration belongs to a 2019 Chevrolet Silverado color white out of Maryland. The Maryland RMV also lists the vehicle registration as stolen. No further information was provided by the Maryland RMV. In the photo's Vehicle 2 also appears to be

(Continued on next page) 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: Registration # ______(From Vehicle Section) 35 Carrier Name __ ___ Carrier Issuing Authority Code Address___ _____ City____ US DOT #: State Number _____ Issuing State _____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information:

| JASON M. SCHLEGEL | | | NEWTON POLICE DEPARTM | | 07/30/2020 |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

Material Name______ Material 4 digit # ______ Release code

Placard

Material 1 digit #

| • | → Direction | 1 = Vehic | cle 1 2 | y ≠Vehicle 2 | ₽ Pedestr | ian | | |
|-----------------------------|---------------------|-----------|---------|---------------|---------------------|-------------------|---|-----------|
| Crash Diagram: | ie: → [| 1 | 2 | <u>-</u> | → ĝ | | | |
| | | | | | | | If Crash <u>Did Not</u> (on a Public Way: | Occur |
| | | | | | | | ☐ Off-Street Parking | g Lot |
| | | | | | | | ☐ Garage | |
| | | | | | | | ☐ Mall/Shopping Co | enter |
| | | _ | | | | | ☐ Other Private Way | |
| | | | | | | <u> </u> | ndicate North by A | |
| | | _ | | | | | | |
| | | | | | | | () | |
| | | _ | | | | | | |
| Crash Narrative: | | | | | | | | |
| a 2019 Chevrolet Silverad | do color white | | | | | | | |
| At this time I am unable | to identify th | ne opera | tor of | Vehicle 2. I | called an | d notified t | the owner of Vel | hicle 1 |
| Borris Partensky of my fi | indings. Parter | nsky wil | l be p | roviding thi | s informat | ion to his i | nsurance compa | ny. |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Witnesses: | | | | | | | | |
| Name (Last, First, Middle) | | Addres | SS | | | Pho | one # | Statement |
| | | | | | | | | |
| | | | | | | | | |
| Property Damage: | | | | | | 1 | | 1 |
| Owner (Last, First, Middle) | Address | | | Phone # | 34-Type | Description of Da | amaged Property | |
| | | | | | | | | |
| | | | | | | | | |
| Truck and Bus Information: | Registration # | | | (From V | ehicle Section) | | | 35 |
| Carrier Name | | | | | | Carrier | Issuing Authority Cod | |
| Address | | | | City | | St | Zip | |
| US DOT #: | State Number | 38 | | Issuing State | ICC #:_ | | Interstate | 36 |
| Cargo Body Type Code 37 G | ross Vehicle Weight | 30 | | | | | 39 | |
| Trailer Reg #: | Reg Type | Reg | g State | Reg Year | Tra | ailer Length | 39 | |
| Hazmat Information: 40 | 41 | 137 | | | | 1 | | 42 |
| Placard Material 1 digi | t # Materia | I Name | | | Material 4 o | ligit # | Release code | |
| JASON M. SCHLEGEL | | | | NE | WTON POLICE DEPARTS | | 07/30/20 | 020 |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)