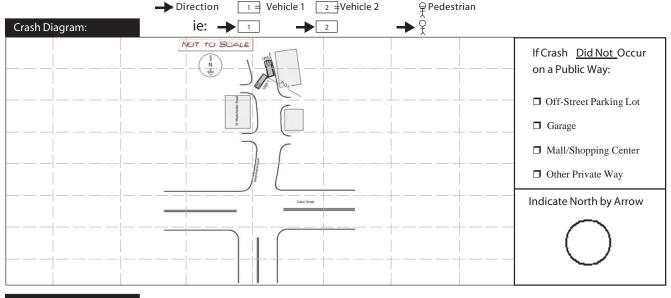
	Poli	ice Use Only		Commonwea	lth o	f Mass	ach	uset	ts		RM	V Docu	ment N	umber	
	Date of Crash 08/13/2020	Time of Crash 12:55 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Numb Vehic 2		ured La	eed Lim titude _ ongitude		State Loca MBT Othe	Police DA Police A	] ]
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			T CT	Feet N S E W of or or Mile Marker Exit Number											
	Route# Direc	tion P	Name of Intersecting Also at Interse	Feet NSEW of Route# Intersecting Roadway/Street											
<sup>2</sup>	l		Feet N S E W of									5			
3	Route# Direc	tion	Landmark									-			
	XVehicle1	2_#Occupants	Hit/Run	Moped Case I	Number		2	0000004	149						
	License#	18 1	St MA	DOB/Age	_	367NC9			Reg					<u>7AA</u>	
	Sex_F_ Lic.	Class D	Lic. Restrictions	B CDL		ear_2013				N		_Veh C	onfig.	2	_
4 <b>1</b>	Operator VAI	RON Last LICHARD LANE	ALESSANDRA First	Middle		VARON Las 210 RICHLA	ND RI	DA	VID Firs	t		Midd	le		1
	City NORWO			e MA Zip 02062		ORWOOD					State	MA	7in		
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	SCOTT, FRAN	NK .	MO	NTVALE, NY 07645			IVI	1 1	4	99 0	0	99	1		
17				•											
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8 1	Operator	Last	First	Middle		KARAYAN Las 16 WESTCH	ESTER	ALE	Firs	t	P	Midd	le		
	Address		Stat	eZip	Address 16 WESTCHESTER RD.  City NEWTON State MA Zip 02458								158		
	'	pany COMMER			- 13		Crash	11	21	Dama			-	Jp to Three)	
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	Pol	ice Use Only		Comn	nonwea	lth o	f Mass	achı	isetts	5		RMV D	ocumen	ıt Number		
]	Date of Crash	Time of Crasi	h City/	Γown	Motor	Vehi	icle Cra	ash	Number Vehicles			Limit ide	SL	tate Police ocal Police IBTA Police		
L		24HI	R				Report					itude	C	other:		
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	Route# Direc	ction	Name	of Roadway/Stree	et	R	loute# Direct	ion Ad	dress #		Nam	e of Road	lway/Str	eet		
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ŀ	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of											
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L	Violation 3: ChSec Violation 4: ChSec						de/Override	25	Towe	ed						
	Please fill out for operator and all occupants involved  Name (Last First Middle)  Address				d Address		Age/DOB		26 27 Seat Safety Pos. System	28 2 Airbag Airb Status \$wit	9 30 g Eject ch Code	31 3: Trap Injur Code \$tatu	2 33 y Transp. Code	Medical Facili	ty	
L	Operator			See	e Above											
	Please Select (	One 🗔		572		14	1	15		16		17	<u> </u>			
	of the Followi	Vehic	tle# Occupa	ants Non-N	Motorist A Typ	99	Action 7	Loca	ation 99	Cond	ition 99	,	Hit/Ru	un Mop	ed	
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		/Non-Motorist		See	e Above							10				
-								++								
							1	1 1	1	1 1	1	i I	1	I .		



## Crash Narrative:

While working N494 I was dispatched to a possible hit and run involving a parked motor vehicle in front of 16
Westchester Road. Upon arrival I spoke with the reporting party who stated that her neighbor saw MA REG
367NC9 back into her sons vehicle then park a few houses up on the same street.

I was able to make contact with the registered owner who made contact with his daughter who was driving the vehicle. Operator of Motor Vehicle #1 stated that she was attempting to turn around pulled into the driveway and when she was backing up slowly struck Motor Vehicle #2 which was park. Operator of motor vehicle one stated that parked her car and walked over to motor vehicle #2 and did not notice any damage which is why she left not notifying anyone.

I spoke to the registered owners of both vehicles and they decided to personally handle the matter. I helped (Continued on next page)

Witnesses:				
Name (Last, First, Middle)	Address	Phone #	Statement	
	17 WESTCHESTER ROAD			
HOEFLER, CLARISSA,	NEWTON,MA 02458		Y	

## Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Description of Damaged Property

Truck and Bus Information:	Registration #	(From Vehic	ele Section)		
Carrier Name				_ Carrier Issui	ing Authority Code 35
Address		City		St	Zip
	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	Trailer Leng	gth	
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

ZOI H LAZARAKIS

\*\*Newton Police DEPARTM\*\*

\*\*Definition\*\* Precinct/Barracks\*\*

\*\*Date\*\*

\*\*Department\*\*

\*\*Precinct/Barracks\*\*

\*\*Date\*\*

\*\*Date\*\*

\*\*Date\*\*

\*\*Department\*\*

\*\*Precinct/Barracks\*\*

\*\*Date\*\*

\*\*Date\*\*

\*\*Department\*\*

\*\*Precinct/Barracks\*\*

\*\*Date\*\*

\*\*Date\*\*

\*\*Department\*\*

\*\*Departm

•	Direction	1 = Vehicle 1	2 = Vehicle 2	₹ Pedestr	rian		
Crash Diagram:	ie: →□	1 -	2				
Crash Diagram:	ie: ->					If Crash Did Not Coon a Public Way:  Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	g Lot enter
both parties exchange in	Formation						
both parties exchange in	.ormacion.						
Witnesses:		Address			DI-	II	Ctatamana
Name (Last, First, Middle)		Address			Ph	one #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	Damaged Property	
owner (East, Frist, Middle)	7 daress		THORE #	31196	Description of E	ournaged Froperty	
Truck and Bus Information:	Di-tti#		(From Vel	-i-1- C+i)			
Carrier Name					Corrie	er Issuing Authority Code	35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38					
		D = Ct-t-	D V	Т.,	-:lIth	39	
Trailer Reg #: Hazmat Information:		keg state	Keg Year_	1ra	anei Lengin		
40	41						42
Placard Material 1 digi	t # Material	Name		_ Material 4	digit #	Release code	
ZOI H LAZARAKIS			NEWI	ON POLICE DEPART?	N.	08/13/20	020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)