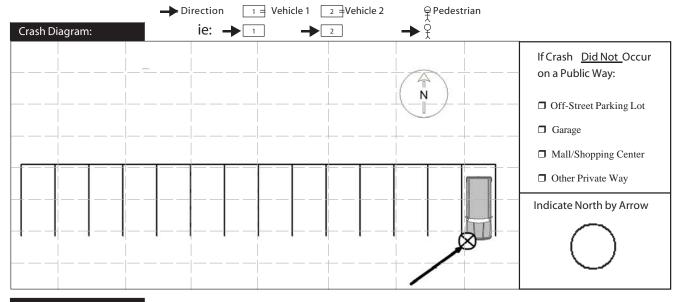
	Poli	ice Use Only		Common	wealth	of Massa	achuse	etts		RMV	Docume	ent Number	
	Date of Crash 10/28/2020	Time of Crash 08:30	City/Tov NEWTON	vn Mo		hicle Cra	sh Nu	mber Numb		ed Limit tude	10	State Police Local Police MBTA Police	XI
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		AT INTER	RSECTION:	<	LOC	ATION	>	NO	T AT	INTE	RSEC'	TION:	╣
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	Route# Direc	Route# Direction Name of Roadway/Street				Route# Direction	on Addres	s #	Na	me of Ro	oadway/S	treet	_
_	At					Feet NSEW of • or							
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number							
			Also at Inters	ection with		Feet [N S E W	of Route	# <u> </u>	Intersect	ing Roadv	vay/Street	-
3						Feet NSEW of							
	Route# Direction Name of Intersecting Roadway/Street					Landmark							
	XVehicle1	_1_#Occupants	X Hit/Run	Moped	Case Numb	er	20000	00618					-
	License#		St MA	DOB/Age	- Reg	# 9BG435		Reg T	vpe PAI	N	Reg St	tate MA	
	Sex_F Lic.	18 1	8 Lic. Restrictions	19		Year_2010						20	
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L	Address 22 HI	Last EREFORD ST	First	Middle		lress		First			Middle		⁻ -
	City BROCTO		Sta	e MA Zip 02301							Zi	р	
	CATETRA					City State Zip Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)							
	Vehicle Travel	Direction: N	S E W Resp	onding to Emergency		nt Sequence 2	22 22)	3	4	1	
		ssued)		0 0 7		st Harmful Event	23					10 Undercarr	riage
	,			2: ChSec		ver Contributing Co		24 24	—	9	():	5 11 Totaled	
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	Please fill out for operator and all occupants involved							27 28 Safety Airbag Ai	29 30 bag Eject) 31 t Trap I e Code S	32 3 njury Trans	13	
	Name (Last First Middle) Address Operator See Abov				Age/DOB	Sex Pos.	System Status Sw	itch Code	Code S	tatus Code	Medical Facili	ity	
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1	Please Select C of the Followi	IX Vehicle	2 <u>0</u> #Occupants	Non-Motoris	t A Type	14 Action 1	Location	16 Con	dition	17	X Hit/	Run Mop	ed
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9	Operator					OwnerLast First Middle							
9						Last First Middle Address							
	City State Zip C					City State Zip							
						Vehicle Action Prior to Crash One Damaged Area Code: (Circle Up to Three)							ee)
	Vehicle Travel Direction: NSEW Responding to Emergency? N Eve					Event Sequence 2 22 22 22 2 3 4							
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	, , , , , , , , , , , , , , , , , , ,					Driver Contributing Code 99 24 24							
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Crash Narrative:

(Continued on next page)

The owner of MV#1 stated she came out of work at NWH at 0730hrs and noticed the passenger front of her vehicle was damaged. She stated that she parked her vehicle in the that space at 2330hrs the night before. I observed significant damage to the passenger front of the vehicle. It should be noted that I did not observe and parts on the ground or any debris indicating that the accident occurred in that location. The headlight was totally shattered out and there were missing parts from vehicle. There was also a fluid trail that appeared to be leaking from the front passenger side. This trail indicated that the vehicle was driven and backed in to the parking space after the collision took place. Based on my training and experience I do not believe that vehicle was struck in that location as a hit and run. There were no cameras in the area. The owner requested her own tow for the vehicle. I submitted a photo of the claimed hit and run scene to the IT

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:				,				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damag	ged Property	
Truck and Bus Information:			(From Vehic	le Section)		Carrier Issui	ing Authority Cod	35 le
Address			City			St	Zip	
US DOT #:S	State Number		Issuing State	ICC #:_			_ Interstate	36
	s Vehicle Weight	38 P. G.	D. W	T.		39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer L	ength		
Hazmat Information:								
Placard 40 Material 1 digit #	Material Nan	ne		Material 4	digit#		Release code	42

-	Direction 1	∃ Vehicle 1 2	± ≠Vehicle 2	Pedestria	an		
Crash Diagram:	ie: 🕕 🛚 1	_ _ 2	□ →	₽Ŷ			
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Crash Narrative:							
bureau and it was attache	d to this accide	ent report.					
		<u> </u>					
Witnesses:		1					1
Name (Last, First, Middle)		Address			Phone #		Statement
2							
Property Damage:			1				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	jed Property	
Truck and Bus Information:	Registration #		(From Vel	hicle Section)			2.5
Carrier Name					Carrier Issu	ing Authority Cod	35 le
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US DOT #:	State Number		Issuing State	ICC#		Interstate	36
37		38		100 "			
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Trailer Reg #:	Keg Type	Keg State	Keg Year_	Trai	ier Length		
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Police Officer Name (Please Print)	Signature		ID/Badge # De	partment	Precinct/Barra	cks Date	•

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