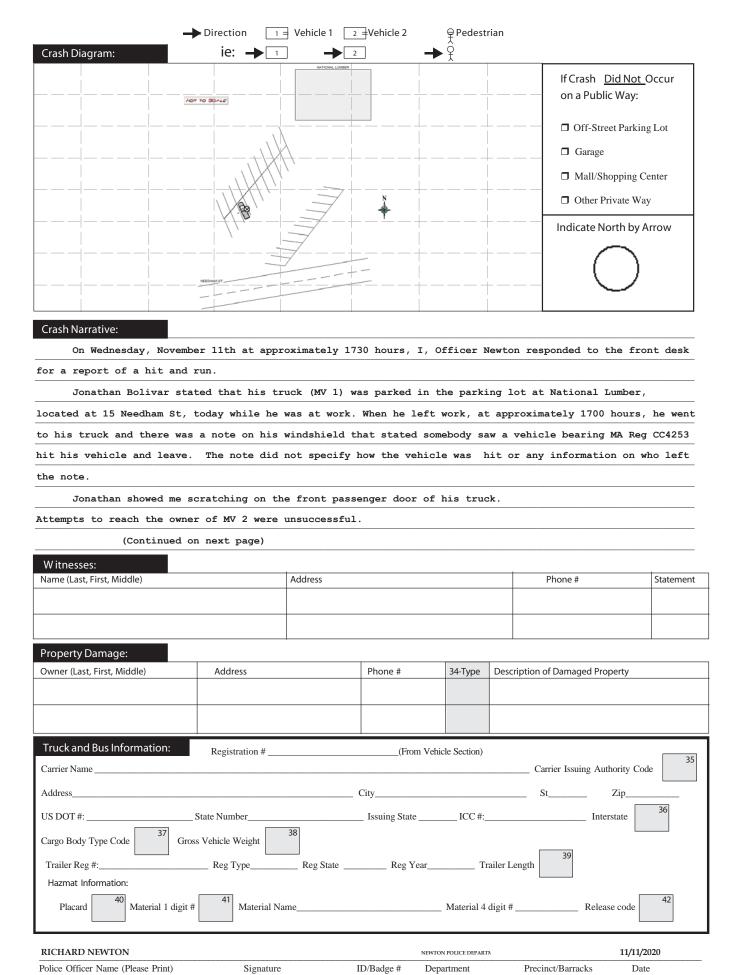
Route# Direction   Name of Readway/Street   Route# Direction   Name of Readway/Street   Alt   Feet   N S E W   of		Poli	ce Use Only		Commonwea	lth o	of Mass	achu	setts			RMV	/ Docun	nent Number		
AT INTERSECTION:  SOUTH 15 NEDHAMS 1  Readed Direction Name of Readway/Street  Alous Intersecting Readway/Street  Alous Intersecting Readway/Street  Alous Intersecting Readway/Street  Alous Intersecting Readway/Street  Feet N S F W of Mile Adults or East Number  Feet N S F W of W of Mile Adults or East Number  Feet N S F W of W of Mile Adults or East Number  Feet N S F W of W of Mile Adults or East Number  Feet N S F W of W of Mile Adults or East Number  Feet N S F W of W of Mile Adults or East Number  Feet N S F W of W of Mile Adults or East Number  Feet N S F W of W of Mile Adults or East Number  Feet N S F W of W of Mile Adults			17:41	NEWTON	MIOTOI			sh	Vehicles	Inju	ed Lati	itude _		State Police Local Police MBTA Police Other:	Xi O	
SOUTH   15   NEEDHAMS   Name of Readway/Street   Advance of Readway/Street   Advance of Direction   Name of Readway/Street   Advance of Direction   Name of Readway/Street   Advance of Readway/Street   Prest   N. N. W. W. Mark   Market   or East Number								>		N(				CTION:		
Feet   S   E   W   of   Misk Markov   or   Fast Number							SOUTH 15 NEEDHAM ST								2	
Foot   Name of Intersecting Roadway/Street   Foot   Name of Inte	<sup>1</sup> 3					Route# Direction Address # Name of Re					loadway/	Street	$ \frac{1}{2}$			
Route   Direction   Name of Intersecting Roadway/Street   Feet   N   S   W   of   Route   Intersecting Roadway/Street   99		At											-			
Peace   Foot   S   E   W   or   Routed   Intersecting Readway/Street   999																
Address   Addr	2						Route# Intersecting Roadway/Street									
City NEEDHAM   State   MA   Zip   Date   See   Moderator   See   See   See   See	1	Route# Direct	Route# Direction Name of Intersecting Roadway/Street													
Sex M   Lic Class D   18   18   Lic Restrictions   1   19   DL   Veh Year 2009   Veh Make CHEVROLET   Veh Config   1   19	3	XVehicle1	#Occupants	X Hit/Run	Moped Case I	Number		200	0000651							
Sex M   Lic Class D   18   18   Lic Restrictions   1   19   DL   Veh Year 2009   Veh Make CHEVROLET   Veh Config   1   19							2858YY			Reg'	Type PA	N	Reg	State MA		
## Operator BOLIVAR JONATHAN   Owner BOLIVAR JOHN   Total State Marked Control Total State Control Total State Marked Control Total State Control Total Stat		18 18 19					20									
Address 4 GREFNOUGH ST  Address 5 GREFNOUGH ST  Address 4 GREFNOUGH ST  Address 5 GREFNOUGH ST  Address 5 GREFNOUGH ST  Address 6 GREFNOUGH ST  Addres						Owner	BOLIVAR	et	JOHN	Firet			Middle		_ 1	
Insurance Company LIBERTY  Vehicle Travel Direction: NSEW Responding to Emergency? N  Vehicle Travel Direction: NSEW Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Underride Override  Please fill out for operator and all occupants involved  Address  Agerbo8 se See See See Core  Citation # (License # — St. MA DOB/Ager — Reg # CC4253 Reg Type PAN Reg State MA  Vehicle Travel Direction: N State MA Zip 1213  City NEWTON State MA Zip 1213  City State Address  Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N State MA Zip 1213  City State Address  Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N State MA Zip 1213  City State Address  Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E W Responding to Emergency? N  Event Sequence 97 22 22 22 22 22 22 22 22 22 22 22 22 22	1	Address 4 GR	Last First Middle					JGH ST		rirst			widdie		-   _	
Vehicle Travel Direction: NSEW Responding to Emergency? N   Event Sequence   97 22   22   22   22   22   23   24   10 Undercearriage   10 Undercearriage   11 Totaled   11 Totaled   11 Totaled   12		Insurance Company LIBERTY					City NEEDHAM State MA Zip 02494								_	
Cition # (If Issued)  Citation # (If Issued)  Cition # (If Issued)	-						venice rection ritor to crash									
Clatton   Clast Sec   Violation 2: Ch   Sec   Driver Contributing Code   1   24   24   24   24   24   24   24	1	Vehicle Travel	Direction: N	S E W Resp	onding to Emergency? N	Event	Sequence 97		22	22				١	riaga	
Violation 3: Ch   Sec					0 GI G		l	1	24	24	1 🛨	9		I	ilage	
Please fill out for operator and all occupants involved   Address   AgeDOB   See	6 <sub>1</sub>						١			ı N	8	7		6		
Operator  See Above  Non-Motorist A Type  Action  St. MA DOB/Age  St. MA DOB/Age -																
Please Select One of the Following:  Vehicle 2 1 # Occupants  Non-Motorist A Type			st Middle)				Age/DOB	Sex Po		Status \$	witch Cod	e Code	Julius Co	ode Medical Facil	<u>ity</u> 2	
License # — St MA DOB/Age — Reg # CC4253 Reg Type PAN Reg State MA  Sex M Lic, Class D 18 18 Lic, Restrictions B 19 CDL Veh Year 2018 Veh Make CHEVROLET Veh Config. 1  Operator COHEN MYRON Endorsment Owner (Same as operator)  Address 99 NEEDHAM ST (apt. 1213)  City NEWTON State MA Zip 1213 City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E W Responding to Emergency? N Event Sequence 2 22 22 22 22 22 22 22 22 22 22 22 21 1 1 1 Totaled  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override 25 Towed N 8 7 6  Please fill out for operator and all occupants involved Name (Last First Middle)  Please fill out for operator and all occupants involved Name (Last First Middle)  Address Scar Nos System Status Switch Code Code Status Code Medical Facility  Moderator Condition Condition Condition Condition Condition Code In Status Switch Code Code Status Code Medical Facility  Non-MotOrist A Type Action Condition Condition Condition Condition Condition Condition Condition Condition Code In Status Switch Code Medical Facility  Non-MotOrist A Type Action Condition Condition Condition Condition Condition Condition Condition Condition Code In Status Switch Code Medical Facility  Name (Last First Middle)  Name (Last First Middle)		1											10 1			
Condition   Cond																
License # — St MA DOB/Age — Reg # CC4253 Reg Type PAN Reg State MA  Sex M Lic, Class D 18 18 Lic, Restrictions B 19 CDL Veh Year 2018 Veh Make CHEVROLET Veh Config. 1 20  Operator COHEN MYRON Endorsment Owner (Same as operator)  Address 99 NEEDHAM ST (apt. 1213)  City NEWTON State MA Zip 1213 City State Zip  Insurance Company CITIZENS ONE Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E W Responding to Emergency? N Event Sequence 2 22 22 22 22 22 22 22 22 22 22 21 1 1 1 Totaled  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override 25 Towed N 8 7 6  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Address AgeDOB Sex Pos. System Status Switch Code Code Status Code Medical Facility											_					
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Sex_M_Lic. Class D 18 18 Lic. Restrictions B 19 CDL Veh Year 2018 Veh Make CHEVROLET Veh Config. 1  Operator COHEN MYRON On First Middle Address 99 NEEDHAM ST (apt. 1213)  City NEWTON State MA Zip 1213 City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E W Responding to Emergency?N Event Sequence 2 22 22 22 22 22 22 22 22 22 22 22 22		70			A DOB/Age	Reg # CC4253 Reg Type PAN					Reg	Reg State MA				
Operator COHEN MYRON  Last First Middle  Address  Owner (Same as operator)  Owner (Same as operator)  Address  City NEWTON  Insurance Company CITIZENS ONE  Vehicle Travel Direction: N S E W Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Owner (Same as operator)  Out State Stat		18 18 19					2						20	_		
Address  City NEWTON  State MA Zip 1213  City State Zip  Insurance Company CITIZENS ONE  Vehicle Action Prior to Crash  Vehicle Travel Direction:  N S E W Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  A	8	Operator COHEN MYRON Endorsment					Owner (Same as operator)								_	
Insurance Company CTTIZENS ONE  Vehicle Action Prior to Crash  Sec	1	Address 99 NEEDHAM ST (apt. 1213) First Middle													_	
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Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 2		Insurance Company_CITIZENS ONE					Vehicle Action Filor to Clash								ree)	
Citation # (If Issued)		Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					Event Sequence 2								riage	
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Violation 3: ChSec Violation 4: ChSec Underride/Override										7 6						
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility	ļ					Underr	nde/Override				29 30	) 31	32	33		
Operator/Non-iviotorist See Above		Name (Last Fi	rst Middle)	- Perator and an	Address			Sex P	os. Systen	Status S	Switch Co	de Code	Injury Tra Status C	nnsp. ode Medical Faci	ility	
		Operator/	INOII-IVIOIOTISİ		See Above			-	99	99	99  0	0	99 1			
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	-															



	→ Direction	1   Vehicle 1   L	2 = Vehicle 2	₽ Pedestria	an	
Crash Diagram:	ie: →□	1 -	2	₽Ŷ		
					If Crash <u>Did No</u> on a Public Way	I .
					Off-Street Park	ting Lot
					☐ Garage	
					□ Mall/Shopping	Center
			<u> </u>		Other Private V	
		_		+	Indicate North by	y Arrow
	- — —   - — — — — — —	 -	 			
						)
Crash Narrative:	I				L	
Clasifinaliative.						
Traffic Bureau upo	date (Officer Gau	udet): On We	dnesday, Novem	mber 18, 20	20, I attempted to make	e
contact with the registe	ered owner of MV2	2 (Myron Cohe	n - S78663105)	, with a n	egative result. A Hit	and
Run inquiry was mailed	to Mr. Cohen's ac	ddress.				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	chicle Section)		
Carrier Name					Carrier Issuing Authority (	Code 35
Address			City		St Zip	
	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38			,	
Trailer Reg #:	Reg Type	Reg State _	Reg Year_	Trai	ler Length 39	
Hazmat Information:	41					42
Placard 40 Material 1 di	git # Material 1	Name		Material 4 di	git # Release code	42
DICHARD NEWTON					4.4 (4.	1/2020
RICHARD NEWTON			NEW	TON POLICE DEPARTM	11/1	1/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)