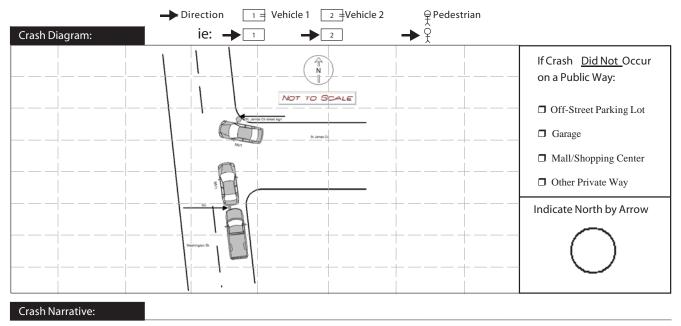
	Poli	ice Use Only		Common	wealth	of Massa	achu	setts			RMV	/ Docur	nent Number	
	Date of Crash 11/21/2020	Time of Crash 23:10	City/Tov NEWTON	vn M	otor Ve	ehicle Cra	sh	Number Vehicles			d Limi ude		State Police Local Police MBTA Polic	N X
	11/21/2020	24HR				Report		1	0		gitude_		Other:	е 🔟
		AT INTER	RSECTION:	<	LOC	ATION	>		NOT	AT	INTI	ERSE	CTION:	
						NORTH	ſ		WASHI	NGTO	N ST/S	ST JAM	ES CIR	
	Route# Direc	tion	Name of	Roadway/Street		Route# Direction	on Add	ress #		Naı	ne of R	Loadway	/Street	
_	At					Feet NSEW of or						-		
	Route# Direc	etion 1	Name of Intersecting	g Roadway/Street		-			Mile M	Iarker			Exit Number	_
			Also at Inters	ection with		Feet	(SEV	V of	Route#				T/ST JAMES S dway/Street	ST
						Feet [	N S X	<b>V</b> of	MASS			8	,	
	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Landmark							_
	XVehicle1	#Occupants	X Hit/Run	Moped	Case Numb	er	200	0000667						
	License#		St MA	DOB/Age	Res	g#_1DHG47			Reg Tv	ne PAN	V	Reg	State MA	
	Sex_M Lic.	18 1		19		Year 2018							20	
	Operator MA		STANLEY	Endorsm	ent	ner (Same as oper								'
	Address 103 D	Last DEWITT DR	First	Middle		dress			First			Middle		_
	City BOSTON		Sta	te MA Zip 02120		y							Zip	_
			MERCE INSURA	-		nicle Action Prior to							Circle Up to Th	
				onding to Emergency			22 23 22	22	<b>22</b> 2		3		<b>4</b>	
		ssued)				st Harmful Event	1 23				$\mathcal{M}$	Λ`	10 Underca	~
	,			2: ChSec		ver Contributing Co		24	24	<b>+</b>	9		11 Totaled	
				4: Ch Sec		derride/Override	25	Towe	8		7		0	
	Please fill out for operator and all occupants involved					actified o verifie	So	26 27 at Safety	28 2 Airbag Airb	9 30 ag Eject	31 Trap Code	32 Injury Tra	33 ansp.	
	Name (Last Fir	st Middle)	<u> </u>	Addres See Abov		Age/DOB	Sex Po	s. \$ystem	Status Swite	ch Code	Code	Status Co	ode Medical Fac	
	орегиног							+	99 99	-	-	99 2	ALVIOAVILL	
L	Please Select C of the Followi	Vehicle	e# Occupant	Non-Motoris	st A Type	14 Action 1	Locat	ion	Cond	ition	17	Hi	t/Run Mo	ped
	License#_		St	DOB/Age	Res	<u> </u>			Reg Tv	ne		Reg	State_	
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						Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								
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Citation # (If Issued)				•	fost Harmful Event 23 10 Undercarriag 5 11 Totaled 11 Totaled							ırriage		
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				occupants involved			Se		28 29 Airbag Airb	9 30 Eject	31 Trap	32 Injury Tra	33 ansp.	$\dashv$
	Name (Last Fi	rst Middle) Non-Motorist	<u> </u>	Addre See Abov		Age/DOB		os. System	Status Swi	tch Code	e Code		Code Medical Fa	cility
	Орегатоп	1.011-1410101191		See Audi							+			$\dashv$
								-		-	+			-



MV1 stated they were traveling Northbound on Washington St. when an unknown MV also traveling Northbound crashed into the rear end of MV1 vehicle. MV1 stated the impact caused their vehicle to spin and knock over the St. James Circ. street sign. There was heavy damage to the rear of MV1.

MV1 stated the vehicle that hit them was a blue pick up truck that fled the scene and countinued to the rotary at Newton Corner where they took a left onto Washington St. MV1 was unable to identify the driver or plate number associated with that vehicle.

A canvass of the surrounding area was conducted for the blue pick up, yielding negative results.

Tody's came and towed the vehicle.

Operator of MV1 went to Newton Wellesley Hospital for an evaluation.

(Cartinard or next next)										
(Continued on next page)										
Witnesses:										
Name (Last, First, Middle)	Address			Phone #	Statement					
Property Damage:										
Owner (Last, First, Middle) Addre	ess	Phone #	34-Type	Description of Damaged Prop	scription of Damaged Property					
, CITY OF NEWTON,			3	ST JAMES CIR STREET SIGN						
			•							
Truck and Bus Information: Registr	ration #	(From Vehi	cle Section)							
Truck and Bus Information: Registr				Carrier Issuing Auth	nority Code 35					
region		· · · · · · · · · · · · · · · · · · ·								
Carrier Name		City		St	Zip					
Carrier Name	per	City		St Inters	Zip					
Carrier Name Address State Numl	per	City Issuing State	ICC#:_	St Inters	Zip					
Carrier Name State Num!  Cargo Body Type Code 37 Gross Vehicle V	per	City Issuing State	ICC#:_	St Inters	Zip					
Carrier Name State Numl  Cargo Body Type Code	veight 38 ype Reg State	City Issuing State Reg Year	ICC#:_ To	St Inters	zipstate 36					

	Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: →□	1 -	2	₽Ÿ		
					If Crash <u>Did N</u> on a Public Wa	
					Off-Street Par	rking Lot
					☐ Garage	
		_	<del></del>		☐ Mall/Shoppin	ng Center
		_	<u> </u>		Other Private	
		 _	 			
		į		į	Indicate North I	by Allow
						)
						/
Crash Narrative:						
The City was notified re			t sign that wa	as down.		
Photos were taken and sul	omitted to the	IT Bureau.				
W itnesses:						
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	ehicle Section)		
Carrier Name	Registration "		(11011 70		Carrier Issuing Authority	Code 35
Address			_ City		St Zip_	
US DOT#:	State Number		Issuing State	ICC #:	Interstate	36
37	ross Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Vear	Tra	ailer Length	
Hazmat Information:	105 1 JPC	reg blace _	105 100_	110	20.5	
Placard 40 Material 1 dig	it # 41 Material	Name		Material 4 d	ligit # Release cod	42
JOHN MILDNER			NEW	TON POLICE DEPARTM	11,	/22/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)

