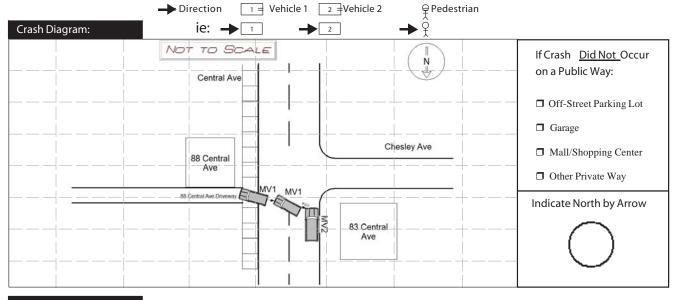
	Poli	ice Use Only		Commonweal	lth o	of Massa	achu	isetts	\$		RMV	/ Docum	ent Number	
	Date of Crash 11/25/2020	Time of Crash 10:29	City/Tow NEWTON	MIOTOI		icle Cra	sh	Number Vehicles	Injure	d Lati	ed Limi		State Police Local Police MBTA Police	Xi D
		24HR	SECTION:		OCAT	Report	>	2	NO'		gitude_		Other:	
				\ <u>L</u>	JOCAI	IION			NO	IAI	11111	LINSEC	TION.	2
1	Route# Direc		AL AVE Name of R	oadway/Street	 	Route# Direction	on Ad	ldress #		Na	me of R	loadway/S	Street	
1	At											1		
	Route# Direction Name of Intersecting Roadway/Street			Roadway/Street					of or Mile Marker Exit Numb					_
			Also at Interse			Feet	N S E	W of	Route	-	Intersec	ting Road	way/Street	-
² 2			N 67	7. 1. (6)	[-	Feet	N S E	W of					,	3
3	Route# Direction Name of Intersecting Roadway/Street				Landmark									
3	XVehicle1	_1_#Occupants	X Hit/Run	Moped Case N	lumber		20	000000675	i					
	License#		St_MA	DOB/Age	Reg#_	KEUW91			Reg T	pe_PA	N	Reg S		_
	Sex_F_ Lic.	Class D 18 18	Lic. Restrictions	1 19 CDL		ear_2008						Veh Con	fig. 20	
4 1	Operator FER	LOLITO	LESLEY First	M Endorsment Middle	Owner	FEROLITO Las	t	MICH	AEL First		G	Middle		- 1 ¹
	Address 8 CE				Addres	S 1391 (apt. 124	ST LU	JCIE BLV	D					-
		City NEWTON State MA Zip 02460				City PORT ST LUCIE State FL Zip 34986								
[_	1	pany PROGRES			Vehicle	Action Prior to		10		Damage	d Area	Ì.	ircle Up to Thre	ee)
5		Direction: N		nding to Emergency? N	Event S	Sequence 2	22 22 23		22 2		3	\mathcal{T}	10 Undercarr	
		ssued) T2015087		90/24/6		Iarmful Event	2	24	24	←	9	$(\mid \mid \mid$	5 11 Totaled	iage
⁶ 1	1			: Ch_90/24/Sec		Contributing Co	ode :	19 24			7		6	
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N 26 27 28 29 30 31 32 33 Seat Safety Sirbag Airbag Lipag Elect Trap Unity Transp. Age/TOR Seat Safety Sirbag Airbag Lipag Elect Trap Unity Transp.								1
	Name (Last Fir			Address		Age/DOB	Sex 1	Pos. System	Status Swi	tch Code	Code	status Cou	le Medical Facili	10
	Operator			See Above				1	4 4	0	0	10 1	NONE	
⁷	Please Select C of the Followi	I A Venicle	2 <u>0</u> #Occupants	Non-Motorist A Type	1	4 Action 1	Loca	ation	16 Cond	lition	17	X Hit	/Run Mop	ed
	License#				Reg # 7GHL20 Reg Type_					pe_PA				_
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Ye	Yeh Year 2019 Veh Make ACURA Veh Config. 2						fig. 2 20		
8 1	Operator	Last	First	Endorsment		YOUSSEF	t	OMAI	First			Middle		-
	Address					Address 84 CENTRAL AVE								-
	City State Zip				City NEWTON State MA Zip 02460								-	
	Insurance Company PROGRESSIVE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)
	Vehicle Travel Direction: NXEW Responding to Emergency?N				Event Sequence 22 22 22 22 3 4								inga	
	Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 24 24 7 6								lage
				4: ChSec	Underride/Override Towed N									
	Pl Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag Airl n Status Sw	pag Eject	Trap le Code	32 Injury Tran Status Co	ısp.	lity
	Operator/	Non-Motorist		See Above										



Crash Narrative:

On Wednesday November 25, 2020 at approximately 1029 hours I responded to 88 Central Ave for a MVA hit and run reported by Detail Officer T. McCarthy.

MV1 operator was located in their driveway at their address. MV1 operator stated she attempted to back out of 88 Central Ave and did not realize she struck MV2, which was parked in front of 83 Central Ave. Central Ave is a public way. There was no reported injury at this time.

Minor damage was done to both MVs, but no tow required. MV1 sustained rear right brake light damage (
broken) and paint transfer. MV2 sustained front left bumper damage and paint transfer. MV1 operator stated
she did not have license at this time. MV1 operator driver status was confirmed suspended by Newton Dispatch.
Please see incident report #20059699. Photos were forwarded to I.T. Bureau.

Witnesses:										
Name (Last, First, Middle)	Address				Phone #	Statement				
Property Damage:										
Owner (Last, First, Middle)	Address	Phone # 34-Type Des				scription of Damaged Property				
Truck and Bus Information: Carrier Name	-		(From Vehic	ele Section)		Carrier Issuing Authority Cod	35			
Address		(City			St Zip				
US DOT #:			Issuing State	ICC #:_		Interstate	36			
	s Vehicle Weight	38				39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer L	ength				
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Nam	ne		Material 4	digit #	Release code	42			

MARK HATFIELD		NEWTON POLICE DEPARTM	11/25/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date