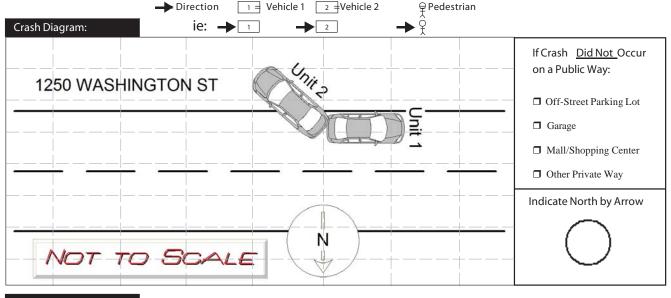
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	isetts	\$		RMV	/ Docum	ent Number	
	Date of Crash 12/02/2020	Time of Crash 09:02 24HR	City/Town NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	XI D
		AT INTER	SECTION:		OCAT	_	>		NO	T AT	INTE	ERSEC	TION:	
					EAST 1250 WASHINGTON ST							2		
${f 1}^{1}$	Route# Direc	tion	Name of Ro	adway/Street	R	Route# Direction	on Ad	dress #		N	ame of R	Loadway/S	Street	_ 2
	At				Feet NSEW of or								-  -	
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with				Mile Marker Exit Number  Feet NSEW of								_	
2						Route# Intersecting Roadway/Street								
<sup>2</sup> <b>1</b>	Route# Direction Name of Intersecting Roadway/Street					Landmark								
3	XVehicle 1 0_#Occupants				e Number 2000000691									7
		*				17P2				т РА	N	D 6	МА	-
	License #         St         DOB/Age           Sex         Lic. Class         Lic. Restrictions         CDL				Reg # 91ZP2 Reg Type PAN Reg State MA  Veh Year 220 Veh Make TOYOTA Veh Config. 1									-
4			Lic. Restrictions	CDL Endorsment		RODENSTEI						ven Con	ng.	- 7 <sup>1</sup>
1		Last		Middle		2311 (apt. J) V						Middle		- <u>  7</u>
	City State Zip										MA Z	p_02462		
	Insurance Company GEICO					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								
5	Vehicle Travel	Direction: N	S E W Respon	ding to Emergency?_N	Event Sequence 2 22 22 22 2 3 4									
	Citation # (If I	ssued)			Most H	armful Event	2 23			1 4	9	$\{\mid \ \mid$	10 Undercarri 5 11 Totaled	iage
6	Violation	1: ChSec_	Violation 2:	ChSec	Driver	Contributing Co			24			$\setminus \setminus$		
<sup>6</sup> 1				ChSec	Underri	de/Override	25	Towe	ed Y	8	7		<b>0</b>	
	Please : Name (Last Fir		tor and all occupar	nts involved Address		Age/DOB Sex Pos. System Status Switch Code Code Status Code Med				33 lsp. le Medical Facilit	2 2			
	Operator			See Above										
7 <b>1</b>	Please Select C of the Followi		2 <u>0</u> #Occupants	Non-Motorist A Type	e 14	Action 1	5 Loca	ntion	16 Co	ndition	17	Hit	/Run Mop	ed
	License # StDOB/Age			Reg # 5945YE Reg Type PAN Reg State MA						tate MA	-			
	Sex Lic. Class					Veh Year 2009 Veh Make MERCEDES Veh Config. 1								
<sup>8</sup> <b>2</b>	OperatorLast First Middle					Owner AUTOMATIC LAUNI  Last First Middle								-
	Address					Address 45 BORDER ST								-
	CityStateZip					City NEWTON State MA Zip 02465								-
	Insurance Company TRAVELERS  Valida Tarvel Direction N S S W December 4 Company N					Vehicle Action Prior to Crash  10  Damaged Area Code: (Circle Up to Three)  Figure Sequence 22 22 22 22 23 4								se)
	Vehicle Travel Direction: NSWW Responding to Emergency?N  Citation # (If Issued)					Event Sequence 2 10 Undercarriage							iage	
	Violatio	Most Harmful Event 2 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y 8 7 6												
	Pl	ease fill out for	operator and all oc					26 27 Seat Safety	28 Airbag A	29 3 irbag Ejec	0 31 Trap	32 Car	33 isp.	$\dashv$
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex	Pos. System	n Status S	Switch Co	de Code	Status Co		ity
	1													



## Crash Narrative:

ON 12-2-20 AT APPROX. 0902HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE HIT AND RUN. UPON ARRIVAL AT 1250 WASHINGTON ST. I SPOKE TO THE OWNER OF VEHICLE #1. OWNER STATES HE WAS IN THE DUNKIN DONUTS AT 1250 WASHINGTON ST. HE STATES A FELLOW PATRON CAME IN AND STATED THE OWNERS CAR HAD BEEN HIT BY ANOTHER VEHICLE BACKING IN THE LOT. OWNER STATES AS HE CAME OUT THE VEHICLE WAS DRIVING AWAY AND HE WAS ABLE TO GET THE PLATE NUMBER ( MA REG : 5945YE ). VEHICLE #1 HAD A LEFT REAR BUMPER DENT.OWNER REPORTED NO INJURY.

OWNER ADVISED TO CONTACT HIS INSURANCE COMPANY. A REGISTRY CHECK OF THE PLATE OF THE VEHICLE THAT LEFT THE SCENE CAME BACK AS THE OWNER BEING ( AUTOMATIC LAUNDRY COMPANY, 45 BORDER ST., NEWTON, MA. ). I WENT

OVER TO 45 BORDER AND SPOKE TO ( SCOTT SCARPATO , 45 BORDER ST., NEWTON, MA. DOB: 1-22 -91). HE STATED

THAT THEY DO OWN THE VEHICLE. HE BELIEVES IT WAS DRIVEN BY HIS GRANDFATHER ( SALVATORE SCARPATO ). HE

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	Address			Phone i	Phone #			
Property Damage:								
Owner (Last, First, Middle)	Phone # 34-Type Des			Description of Dama	escription of Damaged Property			
Truck and Bus Information:  Carrier Name	Registration #			, i	Carrier Issu	uing Authority Coo	35 le	
Address			City		St	Zip		
US DOT #:	State Number	38	Issuing State	ICC #:_			36	
Cargo Body Type Code Gros	ss Vehicle Weight		Dog Voor	T.	roiler Longth 39			
	Reg Type	Reg State	Reg real	11	raner Length			
Hazmat Information:  40	41						42	
Placard Material 1 digit #	Material Na	me		Material 4	digit #	_ Release code		

THOMAS P WALSH

Police Officer Name (Please Print)

Signature

NEWTON POLICE DEPARTA

Department

Precinct/Barracks

Date

-	Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestriar	า	
Crash Diagram:	ie: → 1	<b>→</b> [	2	→Ŷ		
					If Crash <u>Did Not</u> On a Public Way:	Occur
					Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Ce	enter
					Other Private Way	
 	- —   — — —		+		Indicate North by A	
					marcate Northby A	11000
Crash Narrative:						
STATED HIS GRANDFATHER IS	ELDERLY AND PRO	BABLY DID NO	OT REALIZE HE	HIT THE VEH	ICLE. HE STATED HE WOULD	CONTACT
HIS GRANDFATHER. HE FURTHE	R STATED THE CO	MPANY WILL I	PAY FOR ANY D	AMAGES. I WA	S UNABLE TO CONTACT SALVA	ATORE
SCARPATO AT THE TIME OF TH	IS REPORT. CLE	ARED WITHOUT	FURTHER INCI	DENT.		
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property	
Truck and Bus Information:	Pagistration #		(From \	Johiala Saction)		
Carrier Name	Registration #		(110111)	,	Carrier Issuing Authority Cod	35 e
Address			City		St Zip	
US DOT #:			-			36
37	ss Vehicle Weight	38	_ 0 _			
Trailer Reg #:		Reg State	Reg Year	Traile	er Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	# 41 Material N	ame		Material 4 dig	it#Release code	42
THOMAS P WALSH			NI	EWTON POLICE DEPARTM	12/02/20	020
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Date	

CDP1 11 ·24·00