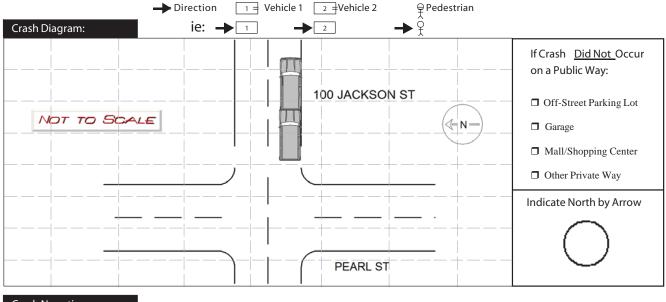
	Poli	ce Use Only		Commonv	vealth	of Massa	achus	etts		R	MV Doc	umen	t Number	
	Date of Crash 12/11/2020	Time of Crash 12:50	City/To NEWTON	Mot Mot	tor Vel	nicle Cra	sh N		Number Injured	Speed Latitude		- Si	tate Police ocal Police IBTA Police	N Xi
	12/11/2020	12:50 24HR	NEWTON		Police	Report	2		0	Longitud			IBTA Police other:	
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						EAST	191	I	PEARL S	Т				F
F	Route# Direct	tion	Name of	Roadway/Street		Route# Direction	on Addre	ss #		Name o	of Roadw	ay/Stre	eet	
\dashv	At					Feet NSEW of or								_ -
-	Route# Direct	tion N	Name of Intersection	ng Roadway/Street			1~1~1…		Mile Ma	ırker		Е	xit Number	_
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1 -						Feet [N	S E W						J	
	Route# Direct	tion	Name of Interse	cting Roadway/Street				_			Landmarl	k		
] [XVehicle1	0_#Occupants	X Hit/Run	Moped	Case Numbe	r	20000	000727						1
	icense#		St	DOB/Age	Reg	_± 7WBT90			Reg Type	_e PAN	R	eo Stat	_e MA	
	License # St DOB/Age Sex Lic. Class				-	MERCEDEC 20								
				Endorsment		r KHODYUK	I	VAN					·	-
3		Last		Middle		ess 18 RUSTIC S			First		Mic	idle		- -
				ateZip		NEWTON				St	ate MA	Zin	02158	_
		pany PROGRES				ele Action Prior to	Crash [11 21				-	le Up to Thre	ee)
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				n 2: ChSec		er Contributing Co		24	24 1		9	5	11 Totaled	
1				1 4: ChSec		rride/Override	25	Towed_	Y 8		7	6		
-	Please fill out for operator and all occupants involved					l l	26 Seat		28 29 rbag Airbag	30 Eject Tra Code Co	31 32 p Injury	33 Transp.		\dashv
	Name (Last First Operator	st Middle)	I	Address See Above		Age/DOB	Sex Pos.	System St	tatus Switch	Code Co	de Status	Code	Medical Facili	ty
	орегинег													
	Please Select O of the Followir	IX Vahida	2 <u>1</u> #Occupan	ts Non-Motorist A	Туре	14 Action 1	5 Location	n 16	Conditi	ion 1	X	Hit/Ru	ın Mop	ed
I	License#St MA_ DOB/Age				Reg #	Reg # 1326AA Reg Type PAN Reg State M						e MA		
- 1	Sex M Lic. Class D 18 18 Lic. Restrictions 1 1 CDL					Veh Year 2016 Veh Make HONDA Veh Config. 2						20		
\dashv	Operator CHI		CANCUON			er (Same as oper	rator)							
2 I	Address 13 CRATS ST. First Middle					Last First Middle Address								
	City NEWTON State MA Zip 02458					CityStateZip								
Ji	Insurance Company SAFETY					Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three)								ee)
	Vehicle Travel Direction: NSE W Responding to Emergency?N					Event Sequence 2 22 22 22 22 3 4								
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\vdash	Name (Last Fir	nst Middle) Non-Motorist		Address See Above		Age/DOB	Sex Pos.	System S - 99 4	Status Switch	h Code Co	ode Status 10	Code 1	Medical Facil	lity
-	- Срегаюн			Dec Above				99 4	33	0 0	10	1		
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Crash Narrative:

ON 12-11-20 AT APPROX. 1250HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE HIT AND RUN. UPON ARRIVAL I SPOKE TO (MARINA BARAKNOVA). SHE STATES SHE WAS GETTING HER SON FROM SCHOOL AT LINCOLN-ELIOT. AS SHE WAS WALKING BACK TO HER HUSBANDS CAR (VEHICLE #1) SHE SAW VEHICLE #2 BACK INTO IT AND LIGHTLY TAP IT. SHE TOOK A PICTURE OF VEHICLE #2 PLATE AS HE DROVE AWAY. I WAS ABLE TO CONTACT THE OWNER OF VEHICLE #2 AT 13 CRAFT ST. HE STATED HE WAS GETTING HIS GRANDSON FROM SCHOOL. HE STATED HE BACKED BUT DOES NOT RECALL HITTING ANY VEHICLE. HE STATES HE BACKED VERY SAFELY AND HAS A REAR VIDEO CAMERA AS WELL AS A DISTANCE ALARM. BOTH VEHICLES HAD NO VISIBLE DAMAGE. BOTH PARTIES REPORT NO INJURIES. ALL PARTIES WERE ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

Witnesses:										
Name (Last, First, Middle)		Address				Phone #	Statement			
Property Damage:										
Owner (Last, First, Middle)	Phone # 34-Type Desc				cription of Damaged Property					
Truck and Bus Information: Carrier Name			(From Vehic	,		Carrier Issuing Authority Cod	35 le			
Address			City			St Zip				
US DOT #:S	State Number		_ Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Le	ength 59				
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit#	Release code	42			

THOMAS P WALSH		NEWTON POLICE DEPARTM	12/11/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date