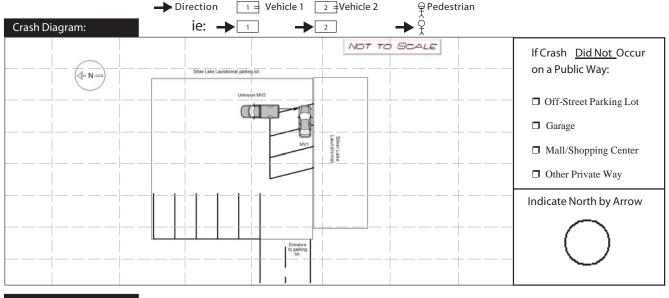
	Poli	ce Use Only		Commonweal	lth o	f Massa	achu	setts			RMV	/ Docum	ent Number	
	Date of Crash 12/17/2020	Time of Crash 03:47 24HR	City/Town NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		Latin	ed Limit tude gitude_		State Police Local Police MBTA Police Other:	Xi O
			SECTION:		OCAT	_	>		NO	ГАТ	INTE	ERSEC	CTION:	2
						EAST	230		ADAM	SST				
$\mathbf{\overset{1}{4}}$	Route# Direc	tion	Name of Ro	adway/Street	R	Route# Direction	on Ado	dress #		Na	me of R	oadway/	Street	_ 2 ¹
	At					Feet NSEW of or Exit Number							-	
	Route# Direc	tion N	Also at Intersec			Feet [N S E	W of						
2					-	Feet [N S E	W of	Route	# I	Intersect	ting Road	way/Street	99
4	Route# Direc	tion	Name of Intersecting	g Roadway/Street					-		Lan	ndmark		
3	XVehicle1	#Occupants	X Hit/Run	Moped Case N	umber		20	00000745						
	License#	18 18	St	DOB/Age	Reg# <u>9</u>	LY179			Reg T	pe_PA	N	Reg S	State MA	_
	Sex Lic.		Lic. Restrictions	CDL Endorsment		ar_2000						Veh Cor	afig. 20	
4 1	Operator	Last	First	Middle	Owner .	MULLEN Las	t	PATRI	CIA First			Middle		$- \mid 7^1$
						21 COURT S	IKEEI					MA _	_{lip} 02458	-
			State_ CE INSURANCE C	Zip OMPANY		Action Prior to	Crach	2					Circle Up to Three	ee)
5	1			ding to Emergency? N			22 22	22	22 2		3	,	4	
]	ssued)		3 7		armful Event	23			_	9		10 Undercarr 5 11 Totaled	iage
	Violation	1: ChSec	Violation 2:	ChSec	Driver (L Contributing Co	ode 1	24	24		Ź			
⁶ 3	Violation	3: ChSec_	Violation 4:	ChSec	Underri	de/Override	25	Towe			7		6	
	Please : Name (Last Fir		ntor and all occupar	nts involved Address		Age/DOB	Sex S	26 27 eat Safety os. System	28 Airbag Airl Status Swi	29 30 bag Eject tch Code	Trap Code	32 Injury Trai Status Coo	33 lsp. le Medical Facili	1 2 1
	Operator			See Above										
1	Please Select C of the Followi	IX Vehicle	2 <u>0</u> #Occupants	Non-Motorist A Type	14	Action 1	Loca		Conc	lition	17	X Hit	/Run Mop	ed
	License#	18 18	St		Reg # Reg Type UNKNOWN Reg State									_
	Sex Lic.		Lic. Restrictions	CDL Endorsment		ar		Make_U	NKNOW	'N		Veh Cor	-	
⁸ 99	Operator	Last	First	Middle		Las	t		First			Middle		-
	Address		State	Zip		S					State	7	in.	-
	Insurance Com	City State Zip Vehicle Action Prior to Crash									ee)			
	l	Direction: N		nding to Emergency?N		Sequence 2	22 22		22 2		3		4	
	Citation # (If I	ssued)			Most H	armful Event	2 23			_	9		10 Undercarr 5 11 Totaled	iage
Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 99 24 24									
	Violation 3: ChSec Violation 4: ChSec					Underride/Override Z5 Towed N 8 7 6								
	Pl Name (Last Fi		operator and all oc	cupants involved Address		Age/DOB		26 27 eat Safety Pos. Systen	28 2 Airbag Airl Status Sw	9 30 Eject itch Cod	Trap le Code	Injury Trai	33 nsp. ode Medical Faci	lity
	Operator/	Non-Motorist		See Above										
														_



Crash Narrative:

MV1 was parked in front of Silver Lake Laundromat in the parking lot at 230 Adams St. facing Eastbound. Owner of MV1 stated she was inside folding laundry between 2:30AM and 3AM. Stated that she discovered that her driver side head light was damage and had fallen off her vehicle around 3:30AM when clearing snow off her vehicle. Owner of MV1 stated that she believes that the driver of an unknown white truck that was plowing the parking lot had backed into her vehicle stricking the driver side headlight of her vehicle. I asked the owner if she saw the incident occur which she stated "no." I also if she had the plate or had any other description of the truck, which she replied "no." Photographs of the damage and the scene were taken and forward to the IT Bureau to be attached to this report.

Owner of MV1 stated that she spoke to the operator of the white truck, and described him as a tall, older

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	ption of Damage	ed Property	
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issuir	ng Authority Coo	35 le
Address			City			St	_ Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code Gross	s Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Len			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit#_		Release code	42

JEREMY FAY			NEWTON POLICE DEPARTM		12/17/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1	Vehicle 1	2 =Vehicle 2	→ Pedestrian	
Crash Diagram:	ie: →□	→	2	▶Ŷ	
		 <u> </u>			If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
		 			☐ Garage
į	į		į		☐ Mall/Shopping Center
			_ — — — + -		☐ Other Private Way
			+ -		Indicate North by Arrow
Crash Narrative:					
white male who was wearing	g a black hat a	nd had dark m	mustache. This	person was not	on scene when I arrived and
the owner of MV1 stated	the operator of	the unknown	white truck s	tated that he h	ad not hit her vehicle.
					her vehicle. There were also
		would of reco	orded the inci	dent. Owner of	MV1 was given a crash report
# in regards to the incid	dent.				
W itnesses: Name (Last, First, Middle)		Address			Phone # Statement
Traine (East) inst) initially		7.00.033			Thomas statement
Property Damage:			T		
Owner (Last, First, Middle)	Address		Phone #	34-Type Descript	ion of Damaged Property
Truck and Bus Information:	Registration #		(From Ve	hicle Section)	
Carrier Name				· 	Carrier Issuing Authority Code 35
Address			City		St Zip
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate 36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38			
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer Leng	th 39
Hazmat Information:					
Placard 40 Material 1 digit	# 41 Material N	ame		Material 4 digit #	Release code 42
JEREMY FAY			NEW	TON POLICE DEPARTN	12/17/2020
Police Officer Name (Please Print)	Signature	·			Precinct/Barracks Date