	Pol	ice Use Only		Commonwea	alth o	of Massa	achus	setts			RMV	/ Docun	nent Number	
	Date of Crash 12/22/2020	Time of Crash 18:06 24HR	NEWTON	MIOTOI		icle Cra Report	\	Number /ehicles 2	Numbe Injured	Latit	d Limi ude gitude_		State Police Local Police MBTA Police Other:	XI D
		1	RSECTION:		LOCA		>		NOT				CTION:	2
						SOUTH	30		TOWE	RD				
1 1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street								2
						Feet NSEW of or Exit Number								_
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of									
² 1	1					Route# Intersecting Roadway/Street Feet N S E W of								9
	Route# Direc	tion	Landmark								_			
3	XVehicle1	XVehicle 1 0_#Occupants					2000	0000767						
	License#		St	DOB/Age	Reg#	9LFJ90			_Reg Ty	pe_PAN	J.	Reg	State_MA	
	Sex Lic.	Sex Lic. Class Lic. Restrictions CDL				ear_2014		Make_TC	YOTA			Veh Co	nfig. 20	
4 1	Operator	Last	First	Endorsment		SHVETS	it	TETTIA	NA First			Middle		_ 1
	ll .					SS 13 CONCOR	D							-
				teZip	City C	CONCORD							Zip 01742	-
5	1		IMENT EMPLOYE		Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)								ree)	
2				onding to Emergency? N	Event Sequence 1 22 22 22 22 22 2 20 10 Undercarriage							riage		
	`	ssued)		2: ChSec		Harmful Event	1	24	24 1	←	9		5 11 Totaled	
⁶ 1]					Contributing Contr	ode 1 25	Towed	8		7		6	
_	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.									
	Name (Last First Middle) Address Operator See Above			Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility							lity 1			
	1													
7 1	Please Select (of the Followi	IX Vahicle	e2 <u>1</u> #Occupant	Non-Motorist A Typ	pe 1	4 Action 1	Location Location		Cond	ition	17	X Hit	:/Run Mor	ped
	License#	3/4				Reg # 2EM588 Reg Type PAN Reg State MA						State MA		
	Sex F Lic. Class D 18 Lic. Restrictions 1 CDL CDL					Veh Year 2015 Veh Make SUBARU Veh Config. 1						_		
8 1	Operator REGELMAN LYUBA Endorsment				Owner (Same as operator)									
1	Address 79 WHEELER RD				Last First Middle Address								_	
	City NEWTON State MA Zip 02459				CityZip								_	
	Insurance Company GEICO INSURANCE				Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)							ree)		
	Vehicle Travel Direction: $\begin{array}{ c c c c c c c c c c c c c c c c c c c$				Event Sequence 99 22 22 22 2 3 4									
	Citation # (If Issued)				Most Harmful Event 99 23 10 Undercarriage 5 11 Totaled							riage		
	Violation 1: ChSec Violation 2: ChSec				Driver Contributing Code 99 24 24 7 6									
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved				Under	ride/Override		Towed	N	30	31	32	33	
	Name (Last Fi		r operator and all	occupants involved Address		Age/DOB	Sex Po	6 27 t Safety 2 s. System	28 2 Airbag Airb Status Swi	ag Eject tch Code	Trap Code	Injury [Fra	nsp. ode Medical Fac	ility
	Operator/	Non-Motorist		See Above				- 1	4 4	0	0	10 1		
										1				

→	Direction $1 \equiv Vehicle 1$	2	
Crash Diagram:	ie: → 1 →	→ Ŷ	
	30 Tower Rd		If Crash <u>Did Not</u> Occur on a Public Way:
	_		☐ Off-Street Parking Lot
			☐ Garage
		(= N =)	☐ Mall/Shopping Center
			☐ Other Private Way
			Indicate North by Arrow
	S L		

Crash Narrative:

On Tuesday 12/22/2020, at approximately 1730 hours, I, Ofc Donald Murphy, met a party at the front desk in regards to a hit and run incident. I spoke with Andrew Shvetts, who stated his wife Tetianna Shvets's vehicle was struck today in the parking lot of Baza grocery market from 10 am-11 am. The owner of MV 1, Tetianna Shvets was shopping at Baza grocery market while her vehicle, MV 1, was parked in the parking lot. When Tetianna returned to her vehicle there was a note on her windshield stating MV 2 struck her vehicle "possibly" on the right rear side and left the scene. The plate of the vehicle was left on the note as well. There was no contact information of the witness left on the note or any manner of collision. There was minimal damage (a few scratches) on MV 1. Andrew provided photos of the damage to the vehicle and the note left on the windshield. The photos of the damage and note are attached to this report. The plate came

Witnesses:
Name (Last, First, Middle)

Property Damage:

Owner (Last, First, Middle)

Address

Phone # 34-Type Description of Damaged Property

Description of Damaged Property

Description of Damaged Property

Description of Damaged Property

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		35
Carrier Name				Carrier Issui	ing Authority Code
Address		_ City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code 37	Gross Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State _	Reg Year	Trai		
Hazmat Information:					
Placard 40 Material 1 d	igit # 41 Material Name		Material 4 di	git #	Release code 42

 DONALD MURPHY
 NEWTON POLICE DEPARTY
 12/22/2020

 Police Officer Name (Please Print)
 Signature
 ID/Badge # Department
 Precinct/Barracks
 Date

-	Direction 1	ı ≢ Vehicle 1 2	≥ =Vehicle 2	Pedestria	n	
Crash Diagram:	ie: → 🗆	→	2 →	PŶ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parking	g Lot
					☐ Garage	
		+			☐ Mall/Shopping C	enter
		+		+		
		 -			Other Private Wa	
					Indicate North by A	Arrow
		<u> </u>		+		
		 	+	+	\	
Crash Narrative:						
back to 79 Wheeler Rd in 1	Newton. I went	to the addres	s to follow u	p with the	operator of MV 2.	
I spoke with the owner and	d operator of M	IV 2, Mrs. Lyu	ıba Regelman.	Lyuba admi	tted to shopping at Baza	grocery
market today. Lyuba denied	d hitting MV1 a	nd there was	no damage to	her vehic	le I could see that match	ed the
damage from the incident.						
I will not be seeking char	rges on Lyuba f	or leaving th	e scene becau	se there i	s no contact information	of the
witness and there is no ma	atching damage	to MV 2.				
Witnesses						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:			DI "	24.7	2	
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	hicle Section)		
Carrier Name					Carrier Issuing Authority Coc	de 35
Address			City		St Zip	
US DOT #:						36
37		38	issuing state	1cc#	Interstate	
	oss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trail	ler Length	
Hazmat Information: 40	41					42
Placard Material 1 digit	# Material N	Name		_ Material 4 di	git # Release code	
DONALD MURPHY			NEW	TON POLICE DEPARTA	12/22/2	2020

CDP1 11 ·24·00

Police Officer Name (Please Print)