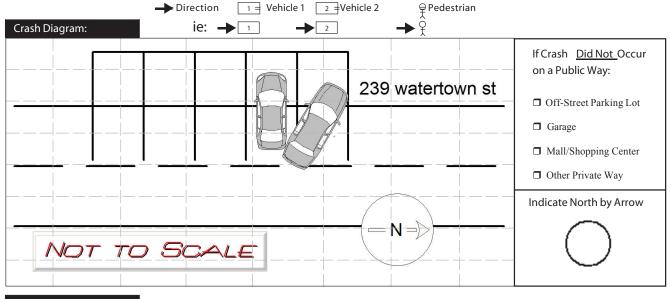
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1 1	Route# Direct	tion	Name of R	oadway/Street	Re	oute# Direction	on Ac	ldress #		Na	me of R	oadway	/Street		2
	A					Feet NSEW of or Exit Number									_
	Route# Direc	tion N	Iame of Intersecting Also at Intersec			Feet [1	N S E	W of							
2						Feet	N S E	W of	Rou	ite#	Intersect	ting Roa	idway/Stree	t	5
4	Route# Direction Name of Intersecting Roadway/Street					Landmark									_
3	XVehicle1 0 #Occupants Mit/Run Moped Case N						2	10000006	0						
	License # St DOB/Age				Reg # _55	FS98			Reg	Type_PA	N	Reg	State MA		
	Sex Lic. 0	Class 18 18	Lic. Restrictions	CDLEndorsment	Veh Yea	r_2011	Vel	h Make_F	HONDA			Veh Co	onfig. 1	20	
1	Operator	Last	First	Middle	Owner _	SALVUCCI	t	MARI	First			Middle	e	<u> —</u> Г	7
					Address 239 WATERTOWN ST City NEWTON State MA Zip 02458										
	City State Zip Insurance Company FOREMOST				City NE		<i>c</i> :						. —	o Three)	
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3						Underride/Override 25 Towed Y 8 7 6									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility							2			
	Operator	st Middle)		Address See Above		Age/DOB		os. Syster	n Status i	Switch Cod	e Code	\$tatus C	ode Medica	il Facility	_
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⁷	Please Select C of the Followin	IX Vahicla	2 1 #Occupants	Non-Motorist A Typ	ne 14	Action 1	5 Loca	ation	16 Co	ondition	17	Пн	it/Run	Moped	
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Crash Narrative:

ON 1-27-21 AT APPROX. 1229HRS. WHILE WORKING N492 I TOOK A REPORT FOR HIT AND RUN ACCIDENT. UPON ARRIVAL AT 239 WASHINGTON ST. (ST. JEANS HOUSING).I SPOKE TO THE OWNER OF VEHICLE #1 (MARIO SALVUCCI).

OWNER STATES SOMETIME BETWEEN 0800 AND 1229HRS. SOMEONE HIT THE REAR RIGHT QTR. PANEL OF HIS MOTOR VEHICLE WHILE IT WAS PARKED IN THE ST JEANS PARKING LOT. THERE WERE SCRAPES TO THE VEHICLES RIGHT REAR QTR. PANEL CONSISTENT WITH A VEHICLE THAT WAS BACKING OUT OF THE NEIGHBORING STALL. THERE WAS NO OTHER VEHICLE IN THE STALL AT THE TIME OF THIS REPORT. OWNER STATES HE BELIEVES HE KNOWS WHO WAS PARKED THERE AND IS GOING TO QUESTION HIM LATER THIS EVENING. OWNER REPORTS NO INJURIES AND WAS ADVISED TO CONTACT HIS INSURANCE COMPANY. CLEARED WITHOUT FURTHER INCIDENT.

Witnesses:										
Name (Last, First, Middle)	Address			Phone #	Statement					
Property Damage:										
Owner (Last, First, Middle)	Owner (Last, First, Middle) Address			Phone # 34-Type Des						
Truck and Bus Information: Registration #										
Carrier Name Carrier Issuing Authority Code										
Address		City		St	Zip					
US DOT #: Issuing State ICC #: Interstate 36							36			
Cargo Body Type Code 37 Gross Vehicle Weight 38 39										
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
Placard 40 Material 1 digit #	me		Material 4	digit#	Rel	ease code	42			

THOMAS P WALSH		NEWTON POLICE DEPARTM	01/27/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date