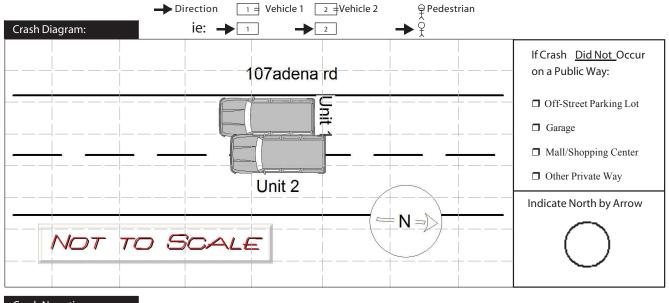
	Poli	ice Use Only		Commonwea	lth o	f Mass	achi	usett	S		RMV	/ Docum	ient Number	
	Date of Crash 02/18/2021	Time of Crash 09:02	NEWTON	MIOTOI		icle Cra Report	sh	Numbe Vehicle 2		red Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	N N
			RSECTION:		LOCAT		>		N(CTION:	
						SOUTH	10	7	ADE	NA RD				
	Route# Direc	tion	Name of I	Roadway/Street t	I	Route# Direction	on A	ddress #		Na	ame of R	loadway/S	Street	
					Feet NSEW of or Exit Number								-	
	Route# Direc	etion	Name of Intersecting Also at Inters		<u>-</u>	Feet [1	N S E	W of						
1						Feet 1	N S E	W of	Rou	te#	Intersec	ting Road	way/Street	_
	Route# Direc	tion	Name of Intersec	ing Roadway/Street							Lar	ndmark		
	XVehicle1	_0_#Occupants	s Hit/Run	Moped Case	Number		2	10000013	1					-
	License#		St	DOB/Age	Reg#	2NDT75			Reg	Type PA	N	Reg S	State_MA	
	18 18 19 19 19 19 19 19				Veh Year 2020 Veh Make TOYOTA Veh Config. 20								_	
	Operator	Last		Endorsment		KAMINSKY			LEIGH					- 1
1				Middle	Address 107 ADENA RD.								_	
	City		Star	eZip									_	
	Insurance Com	npany METROP	POLITAN		Vehicle	e Action Prior to	Crash	11	21	Damage	ed Area	Code: (C	Circle Up to Three	ee)
	Vehicle Travel	Direction: N	S E W Respo	nding to Emergency?_N	Event 5	Sequence 2	22 2		22	2	3		4	
	Citation # (If I	ssued)			Most H	Iarmful Event	2 23		24	1 📥	9	$\left(\ \ \right) \ \left(\ \ \right)$	10 Undercarr 5 11 Totaled	riage
				2: ChSec	Driver	Contributing Co		1 24	24	8			6	
1	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed Y								
	Name (Last Fir		rator and all occup	ants involved Address		Age/DOB	Sex	26 Seat Safet Pos. Syste	7 28 y Airbag A m Status S	29 3 Lirbag Ejec witch Cod	0 31 Trap le Code	32 Injury Tran Status Coo	nsp. le Medical Facili	ity 2
	Operator			See Above										
1	Please Select (of the Followi	I X I Vahici	e2 <u>1</u> #Occupants	Non-Motorist A Typ	pe 1	4 Action 1	Loc	eation	16 Co	ndition	17	X Hit,	/Run Mop	ed
	License#StDOB/Age				Reg#_	Reg # UNK Reg Type PAN Reg State MA							State MA	_
	Sex Lic. Class D 18 18 Lic. Restrictions D 19 CDL Endorsment				Veh YearVeh Make UNK Veh Config. 97									
2	Operator UNKNOWN UNKNOWN Last First Middle				Owner (Same as operator) Last First Middle								-	
	Address UNK UNK					Address								-
	City UNK State XX Zip UNK				CityStateZip								-	
	Insurance Company UNKNOWN				Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ee)	
	Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 2 10 Undercarriage								riage	
	Citation # (If Issued)				Most Harmful Event 2 5 11 Totaled 5 11 Totaled									
	Violation 1: Ch Sec Violation 2: Ch Sec Violation 4: Ch Sec					Driver Contributing Code 99 8 7 6								
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved				∪nderr	ide/Override		Towe		29 30 irbag Ejec	0 31 Trap	32	33	-
	Name (Last Fi	irst Middle)	- sperator and arr	Address		Age/DOB	Sex	Pos. Syst	y Airbag A em Status	Switch Co	de Code	Injury Tran Status Co	nsp. ode Medical Faci	lity
	Operator/	Non-Motorist		See Above						+		10 1		\dashv
										-				
		· · ·		· · · · · · · · · · · · · · · · · · ·										



Crash Narrative:											
ON 2-18-21 AT APPROX. 0902	HRS. WHILE WORK	ING N492 I TO	OOK A REPORT FO	OR MOTOR V	VEHICLE HIT A	ND RUN. UPON	ARRIVAL				
AT 107 ADENA RD. I SPOKE T	O THE OWNER OF	VEHICLE #1. (OWNER STATES SE	HE HEARD A	A LOUD BANG WI	HILE INSIDE O	OF HER				
HOUSE. WHEN SHE CAME OUTSI	DE SHE NOTICED	HER LEFT REAL	R VIEW MIRROR H	HAD BEEN I	PUSHED BACK A	ND THE REAR	CASING				
HAD COME OFF HER MOTOR VEHICLE. THE VEHICLE HAD BEEN PARKED OUT FRONT. OWNER HAD PICKED UP THE REAR CASING											
OFF THE GROUND. OWNER ADVISED TO CONTACT HER INSURANCE COMPANY. VEHICLE #2 WAS NOT OBSERVED. CLEARED WITHOUT											
FURTHER INCIDENT.											
Witnesses:											
Name (Last, First, Middle)		Address		Phone #	Phone #						
Property Damage:		1			-		l				
Owner (Last, First, Middle)		Phone #	34-Type	Description of Dama	scription of Damaged Property						
Truck and Bus Information:	Registration #		(From Vehic	· ·			35				
Carrier Name						ning Authority Code	е				
Address			City		St	Zip					
US DOT #: State Number Issuing State ICC #: Interstate											
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38									
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length											
Hazmat Information:											
Placard 40 Material 1 digit #	# 41 Material Na	me		Material 4 dig	git #	Release code	42				

THOMAS P WALSH		NEWTON POLICE DEPARTM	02/18/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date