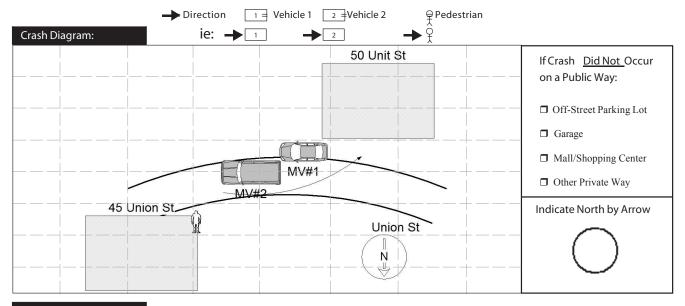
	Pol	ice Use Only		Commonweal	lth o	f Massa	achus	etts			RMV	/ Docur	nent Number	
	Date of Crash 03/15/2021	Time of Crash 09:12 24HR	NEWTON	MIOTOI		icle Cra Report	\	Number Vehicles 2	Numb Injure 0	d Latin	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	XI I
l			RSECTION:		OCAT		>		NO				CTION:	
						EAST	50		UNIO	N ST				
1 1	Route# Direc	tion	Name of F	oadway/Street t	F	Route# Direction	on Addr	ess#		Na	me of F	Roadway	/Street	2
					[-	Feet [	N S E W	of -	Mile	• Marker	· —	or	Exit Number	-
	Route# Direc	ction 1	Name of Intersecting  Also at Interse		— [-	Feet [	N S E W	of					1	
<sup>2</sup> <b>99</b>					-	Feet [	N S E W	of	Route	# 1	intersec	ting Koa	dway/Street	3
3	Route# Direc	tion	Name of Intersect	ing Roadway/Street							Laı	ndmark		
	XVehicle1	#Occupants	Hit/Run	Moped Case N	Number		2100	0000181						
	License#	18	St	DOB/Age	Reg#_5					ype_PAI		Reg	State MA	_
	Sex Lic.		Lic. Restrictions			ar_2018				AGON		Veh Co		
<sup>4</sup> <b>1</b>		Last		Middle		SMITH Las 48 (ant 1) BR	t	KAREN	First			Middle		_ 3
				eZip	Address 48 (apt. 1) BRYON RD  City NEWTON State MA Zip 02467									-
		npany COMMER		ΞΣιρ	Vehicle Action Prior to Creek 21 Damaged Area Code: (Circle Up to Three)									ree)
5 <b>1</b>		Direction: N		nding to Emergency? N	Event Sequence 2 22 22 22 22 2 3 4									
1	Citation # (If I	ssued)			Most H	armful Event	2 23			<b>—</b>	9		10 Undercar 5 11 Totaled	riage
6	Violation	1: ChSe	c Violation 2	2: ChSec	Driver	Contributing Co		24	24				6	
<sup>6</sup> 99				:: ChSec	Underri	ide/Override	25	Towed	1 <u>N</u>		<u>C</u>			
	Please Name (Last Fir		ator and all occup	ants involved Address		Age/DOB	Sex Sea Pos	6 27 Safety System	28 Airbag Air Status Sw	29 bag Eject itch Code	31 Trap Code	32 Injury Tra Status Co	ansp. ode Medical Facil	lity 2
	Operator			See Above				-						
7														
1	Please Select ( of the Followi	I X Vehicle	e2 1_#Occupants	Non-Motorist A Type	e 14	Action 1	5 Location	on	Con	dition	17	X Hi	t/Run Mor	ped
	License#		St_NY	DOB/Age	Reg # GFS4413 Reg Type PAS Reg State								_	
	Sex_F_ Lic.	Class D 18 1	Lic. Restrictions	19 CDL	Veh Ye	ar_2011	Veh N	lake_BN	1W			Veh Co	onfig. 20	
8 <b>4</b>		Operator CHOI WOOK Endorsment  Last First Middle				Owner (Same as operator)  Last First Middle								
		55TH ST (apt. 3			Address	S								_
	City NEW YC	e NY Zip 10019	CityStateZip									_		
	Insurance Company PROGRESSIVE  Vehicle Travel Direction: NSEW Responding to Emergency?N					Vehicle Action Prior to Crash  10  Damaged Area Code: (Circle Up to Three)  Figure Sequence 22 22 22 22 2 3 4								
	l		S E X Resp	onding to Emergency?		Sequence 2	2.3				$\prod$	$\overline{A}$	10 Undercar	riage
	Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec					Most Harmful Event 2 1 5 11 Totaled  Driver Contributing Code 19 24 24								
		n 3: ChS	Underride/Override  25 Towed N  8 7 6											
			operator and all	occupants involved		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Sea Sea	6 27 t Safety	28 Airbag Air	29 30 bag Eject	31 Trap		33 ansp.	:1:4
	Name (Last Fi	Non-Motorist		See Above		Age/DOB	Sex Po		Status Sv		le Code 0	Status C	NONE NONE	inity
								+		+	+			



## Crash Narrative:

The owner of MV#1 stated she had parked her vehicle in front of 50 Union St on Saturday 03/13 and discovered a hand written note on her windshield. The note was from a party who witnessed MV#2 struck MV#1. MV#1 sustained minor damages to its driver's side door (Lower panel).

I spoke to the witness who stated on Saturday 03/13 at 14:30 he was sitting outside at 45 Union St (The Bar-A-Mor Restaurant) and observed MV#2 attempting to parallel park behind MV#1. The witness stated he heard a loud bang and observed MV#1 shook. The witness then observed 2 Asian parties (1 male party and 1 female party) exit MV#2 while carrying carpet/ rugs walking northbound on Langley Rd. The witness stated he was unsure if the male or the female party was operating MV#2. The witness described MV#2 as a black colored "BMW X5" SUV bearing New York registration GFS4413. The witness stated he was unsure what part of

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)	Address		Phone #	Phone #			
SLOWEY , DEAN,	585 WINTER S' WALPOLE,MA						
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)			
Carrier Name					Carrier Issu	ning Authority Code	35
Address			City		St	Zip	
US DOT #:			Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Nan	ne		Material 4 o	digit #	Release code	42

!	Direction 1 :	Vehicle 1 2	₹Vehicle 2	₽Pedestria	n
Crash Diagram:	ie: → 1	2	□ →	<b>₽</b> ĝ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
					Garage
					☐ Mall/Shopping Center
				+-	Other Private Way
					Indicate North by Arrow
				+-	
Crash Narrative:					
	7#1 but believes	it to be eit	her its front	passenger	side tire area or rear passenger
side tire area.					
I spoke to the operator of	of MV#2 and she s	tated she is	the owner of	a BMW X5 S	GUV bearing New York
registration GFS4413 and	was in Newton Ma	ssachusetts	on Saturday 03	3/13 delive	ering some carpet/ rugs to a
nearby business. The open	ator of MV#2 sta	ted she was	unaware she ha	nd made cor	tact with any vehicles. The
operator of MV#2 was for	chcoming with her	information	and provided	her driver	r's license number along with
her insurance provider. H	Based on the stat	ements made	to me, I will	not pursu	ne this accident further. The
operator of MV#2 was prov	vided with this a	ccident repo	rt number and	advised to	contact her insurance provider.
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property
Truck and Bus Information:	Registration #		(From Veh	icle 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 G	ross Vehicle Weight	38			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length 39
Hazmat Information:					
Placard 40 Material 1 digi	t # 41 Material Na	nme		_ Material 4 dig	rit# Release code 42
GITA K SETIABUDI		25111	- NEWTO	ON POLICE DEPARTM	03/15/2021
Police Officer Name (Please Print)	Signature			partment	Precinct/Barracks Date