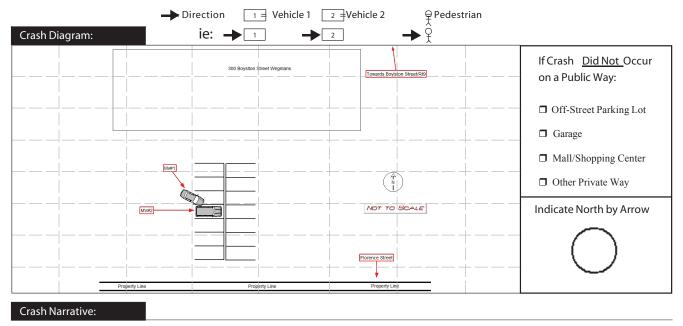
[Poli	ce Use Only		Commonwea	lth o	f Mass	achus	setts			RMV	Docume	ent Number	
	Date of Crash 03/26/2021	Time of Crash 12:53 24HR	City/Tow NEWTON	MIOTOI		icle Cra Report	sh [Number Vehicles 2	Number Injured 0	Latitu	Limit _ ide itude	5	State Police Local Police MBTA Police Other:))
		AT INTER	SECTION:		LOCAT	_	>		NOT	AT I	NTE	RSEC	ΓΙΟΝ:	2
						EAST	200		BOYLST	ON ST				
1 1	Route# Direct	tion	Name of I	Roadway/Street t	F	Route# Directi	on Add	ress #		Nam	e of Ro	adway/St	reet	2
						Feet	N S E V	v of –	Mile M	arker	or		Exit Number	
	Route# Direc	tion N	ame of Intersecting Also at Interse			Feet [N S E V	v of					10:	
² 2					Route# Intersecting Roadway/Street Feet N S E W of									3 ¹
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								┥
	XVehicle1	1_#Occupants	X Hit/Run	Moped Case I	e Number 2100000209									
	License#	18 18	St	DOB/Age	Reg#_	UNK			_Reg Typ	e_UNK		_ Reg Sta	ate XX	
	Sex Lic. (Class 99	Lic. Restrictions			ear_UNK		Make_UB	K		\	Veh Confi	ig. 1	
4 1	Operator UNI	KNOWN Last LINK	UNKNOWN	Middle	Owner (Same as operator) Last First Middle									7
	Address UNK UNK				Address									
	City UNK State XX Zip UNK Insurance Company UNKNOWN					City State Zip Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)								
5 2		Direction: N		ending to Emergency? N			22 22	22	²² O		3	4		
	Citation # (If Is	ssued)			Most H	Iarmful Event	23				9	/	10 Undercarriag	je
6	Violation	1: ChSec_	Violation 2	2: ChSec	Driver	Contributing C		24	24 8		4			
⁶ 1				1: ChSec	Underri	ide/Override	25	Towed	<u>Y</u>	20	7			1
	Name (Last Firs		tor and all occup	Address		Age/DOB	Sex Pos	s. System	28 29 Lirbag Airbag Status Switch	Code	Code \$t	32 Trans atus Code	p. Medical Facility	2 1
	Operator			See Above				99	4 99	0	0 9	9 1		-
											\vdash			\dashv
														_
7	Diago Calast C)			14	1	15	1	6		17			_
1	Please Select C of the Followin	I A Venicle	2 <u>0</u> # Occupants	Non-Motorist A Typ	e 1.	Action	Locati	ion	Condit	ion	17	Hit/F	Run Moped	_
	License#	10 10	St	DOB/Age	Reg#_	IMLC61			_Reg Typ	e_PAN		_ Reg St	ate MA	
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year 2020 Veh Make NISSAN Veh Config. 1									
8 1	Operator Last First Middle					Owner MOOCHNICK ERIN Last First Middle Address 10 HAZELTON AVE								
	Address City State Zip					City NEEDHAM State MA Zip 02492							. 02492	
	CityStateZip Insurance Company GEICO				Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSWW Responding to Emergency?N					Event Sequence 1 22 22 22 22 2 3 4								
	Citation # (If Issued)				Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							;e		
	(11 1				Driver Contributing Code 1 24 24									
	`	· ·	c Violation	2: ChSec	Driver	Contributing C					<u> </u>	ىرللا)	
	Violation Violation	n 1: ChSe n 3: ChSe	c Violation	4: ChSec		Contributing C	25	Towed		20	7			
	Violation Violation Plo Name (Last Fi	n 1: ChSe n 3: ChSe ease fill out for rst Middle)	c Violation	4: ChSec		ide/Override Age/DOB		26 27 at Safety	Y 8 29 29 Airbag Status Switch	30 Eject Code	Trap In	32 33 jury Trans Status Code	3 p.	
	Violation Violation Plo Name (Last Fi	n 1: ChSe n 3: ChSe ease fill out for	c Violation	4: ChSec		ide/Override	25 Sec	26 27 at Safety	28 29 Lirbag Airbag	30 Eject Code	7 31 Trap Inj Code S	32 33 jury Trans	3 p.	
	Violation Violation Plo Name (Last Fi	n 1: ChSe n 3: ChSe ease fill out for rst Middle)	c Violation	4: ChSec		ide/Override Age/DOB	25 Sec	26 27 at Safety	28 29 Lirbag Airbag	30 Eject Code	7 31 Trap Inj Code S	32 33 jury Trans	3 p.	_



- -Mv#2 was parked in a stall at the Wegman's Supermarket parking lot when it was struck by MV#1.
- -OpMv#2 came to the Newton Police station to report that she parked Mv#2 in the Florence Street side (
 south/lower) parking lot stall and when into the store approximately 1050. Upon returning she stated she
 observed damage to the rear left side panel.
- -I conducted an inspection of the vehicle and observed minor damage to the vehicles left rear panel. The damage consists of scuffs and paint chips on the surface of the vehicle with no visible structural damage to the panel. I observed surveillance cameras outside the Wegman's super market which may have capture the collision.
- -There were no injuries or other property damage reported at the time of this collision being reported and no

 (Continued on next page)

Witnesses:				
Name (Last, First, Middle)	Address		Phone #	Statement
Property Damage:				

Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information:

Truck and Bus Information:	Registration #	(From Vehic	le Section)		25
Carrier Name				_ Carrier Issui	ing Authority Code 35
Address		City		St	Zip
US DOT#:S	tate Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code Gross	Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

 DAVID A. CALDERON
 NEWTON POLICE DEPARTS
 03/27/2021

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

-	Direction 1 =	Vehicle 1	2 #Vehicle 2	Pedestrian	1	
Crash Diagram:	ie: 🕕 🛚 1	→ [2	→ 🤅		
					If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping Company Other Private Was Indicate North by A	ng Lot Center
Crash Narrative:						
vehicle was towed from the	e scene.					
Witnesses:		Address			Discuss II	C+-+
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
o mier (zast, mst, maare)	7.00.035		1	3ypc 3.	escription of Pamagea Froperty	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name				ŕ	Carrier Issuing Authority Co	ode 35
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36
G D .1 T G .1 37	77.11.1 777.11.	38				
Cargo Body Type Code Gr	oss Vehicle Weight				20	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length 39	
Hazmat Information:						
40	41					42
Placard Material 1 digit	# Material Na	me		Material 4 digi	it# Release code	
DATED A COMPANY					====	2024
DAVID A. CALDERON	~			WTON POLICE DEPARTM	03/27/	
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks Da	te

CDP1 11 ·24·00