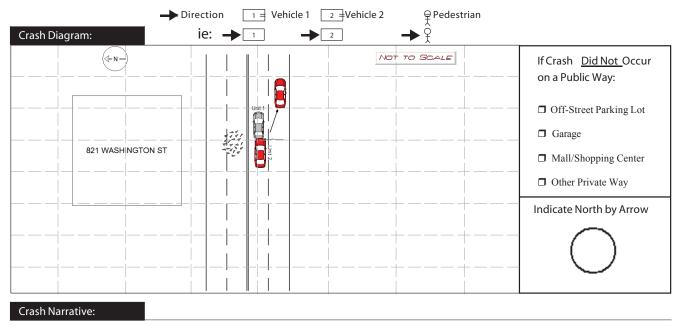
	Poli	ice Use Only		Commo	nwealth	of N	Iass	ach	use	etts			RM	V Doc	umen	t Number	
	Date of Crash 04/03/2021	Time of Crash 03:59 24HR	City/T NEWTON	Town N	Iotor Vo Police			sh		mber	Num Injur 0	ed La	eed Lim titude _ ngitude		Si L M O	tate Police ocal Police IBTA Police ther:	N XI
			SECTION:			CATION		>					INT		ECT	ION:	\neg \vdash
							EAST	82	21		WAS	HINGT	ON ST				2
1 4	Route# Direc	tion	Name o	of Roadway/Street		Route#	Direction	on A	ddress	s #		N	ame of	Roadw	ay/Stre	eet	
				At			Feet 1	N S E	w c	of –			•	or			
	Route# Direc	etion N	Name of Intersect	ing Roadway/Street		-			_			Markei				xit Number	_
			Also at Into	ersection with		_	_Feet [N S E	W c	of	Rout	e#	Interse	ting R	oadwa	y/Street	. _
2 1		··	N. CI.	D 1 /G		_	_Feet []	N S E	W	of							2
3	Route# Direc	tion	Name of Inters	ecting Roadway/Stre	et								La	ndmarl	ζ.		
3	XVehicle1	#Occupants	X Hit/Ru	Moped	Case Numl	ber		2	210000	00230							
	License#		St N	IA DOB/Age	Re	g # RS202	?				Reg	Гуре РА	AN	Re	eg Stat	е МА	
	Sex_M Lic.	Class D 18 1	8 Lic. Restriction	ons 1 CDL	Ve	h Year_200	9	Ve	eh Mal	ke NIS	SSAN			Veh	Config	1 20	
4	Operator HU		JESSE	Endors	sment Ow	ner PEC				USAN	NA						- 1
1	Address 2 OL		First	Midd		dress 59 C	OURT S	T			First			Mic	ldle		<u> </u>
	City BROOK	LINE	S	tate MA Zip 0244	45 Cit	y NEWTO	ONVILLI	Е					State	MA	_Zip	02458	
	Insurance Com	pany THE COM	MERCE INSUI	RANCE COMPANY	Ve	hicle Actio	n Prior to	Crash		1 21		Damag	ged Area	Code	(Circ	le Up to Thre	e)
5 2	Vehicle Travel	Direction: N	S X W Res	sponding to Emerger	ncy? N Ev	ent Sequer	ce 1	22 2	22	22	22	2	3	7	(4)		
	Citation # (If I	ssued)			Mo	ost Harmfu	Event	1 2.	3					$\langle $	_	10 Undercarri 11 Totaled	age
	Violation	1: ChSec	e Violatio	on 2: ChSec_	Dr	iver Contri	buting C	ode	1 2	4	24		Vή	\bigvee			
⁶ 1	Violation	3: ChSec	Violatic	on 4: ChSec_	Un	derride/Ov	erride	2	5	Towed	Υ	8	7		6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						/DOD		26 Seat	27 Safety	28 irbag A	29 irbag Eje	30 31 Ect Trap	32 Injury	33 Transp.	M F IF T	v 1
	Operator	st Middle)		See Ab			e/DOB	Sex	Pos. S	System S 1		witch Co	de Code 0	\$tatus 10	Code 1	Medical Facilit	y 1
7																	
1	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupa	nts Non-Moto	orist A Type	14 Act		Loc	cation	1	Co	ndition	17	X	Hit/Ru	ın Mop	ed
	License#		St N	1A DOB/Age	P.o	g#_954TS)				P.og.	Γvpe PA	AN	D	og Stat	e MA	-
	Sex_M Lic.	18 1		19		_{h Year} 201		Ve	sh Mai	ke HY		J1			eg stat Config	20	-
8	Operator PIN		KEVIN	Endors	sment	ner GRE		*`		ORDA				_ venv	Coming	, [
8 1	Address 155 R	Last	First	Midd	ile		Las	IAIN S			First			Mic	ldle		-
	City WALTH.			tate MA Zip 0245		Address 654 WEST MAIN ST City AVON State MA Zip 02322							02322				
	'					-	n Prior to	r Crash		21	1	Damag					e)
	Insurance Company CITIZENS INSURANCE COMPANY Vahiela Traval Direction: NSWW Responding to Emergency?N					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 3 4											
	Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) T 208079							2.	3					A		O Undercarri	age
Violation 1: Ch 90/24/Csec Violation 2: Ch 90/24/Sec								Most Harmful Event 1 29 9 5 11 Totaled Driver Contributing Code 97 24 5 24									
	I	Violation 1: Ch 35/36 Sec Violation 2: Ch Sec Violation 4: Ch Sec					Underride/Override Z5 Towed N Towed N										
				ll occupants involv		.GCIIIUC/OV	CITIUC					29 3 irbag Eje	30 31 Trap	32 Injury	33 Transp.		\dashv
	Name (Last Fi	rst Middle)	1	Add	dress		ge/DOB	Sex	Pos.	System	Status S	Switch C	ode Code	Status	Code	Medical Facil	ity
	Operator/	Non-Motorist		See Ab	ove					1	4 4	1 0	0	10	1		



On Saturday, 4/3/2021, at approximately 0400 hours, I Ofc Murphy and 492 Ofc Helms were dispatched to a MVA hit and run on 767 Washington St. The victim and operator of MV 1, Mr. Jesse Huggins stated he was rear ended and MV 2 continued eastbound on Washington St and took a right onto Harvard St.

I arrived on scene and spoke to Jesse. Jesse stated the accident occurred further westbound on Washington St at the approximate location of 821 Washington St. Jesse stated MV 1 was traveling eastbound on Washington when he was rear ended by MV 2. MV 2 continued driving eastbound on Washington St and took the first right hand turn onto Harvard St. MV 1 sustained heavy damage to the rear and both rear tires. Jesse was not injured from the accident. MV 1 was towed by Todys. A towed motor vehicle sheet was filled out and filed in the proper basket.

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)	Address				Phone #		Statement	
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	iption of Damag	ged Property	
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issu	ing Authority Cod	e 35
Address			City			St	Zip	
US DOT #:			_ Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Le			
Hazmat Information:								
Placard 40 Material 1 digit #	# 41 Material Na	me		Material 4	digit#_		Release code	42

	Direction 1	_	2 = Vehicle 2	₽Pedestrian	
Crash Diagram:	ie: → 🗆	→ [2	₽Ŷ	
		 - 			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
		-	<u> </u>		
		 -	 		
Crash Narrative:					
Ofc Helms and Sgt Flem	ing followed a flu	id trail fro	om Harvard St	to Potter St whe	ere they located a red mid
sized sedan matching the	he description of	the vehicle	with heavy fr	ont end damage.	After MV 1 was towed away, I
arrived on Potter St. 1	MV 2 sustained maj	or front end	damage. The	radiator was sti	ll hissing from the fluid
leak that had lead off	icers to the locat	ion. The veh	nicle is regi	stered to Mr. Jo	ordan Greeley of Avon MA.
Attempts to locate the	operator of MV 2	yielded nega	tive results.	Dispatch contac	ted the Avon Police
Department and request	ed they check for	him at his a	ddress of 654	West Main St in	Avon MA. At approximately
0530 hours, Avon police	e spoke with Jorda	n's mother	who stated he	was not home.	
Debris from MV 2 was co	ollected at the sc	ene of 821 W	Mashington St	and recorded int	o property and evidence. See
incident report number	21014394. This in	cident will	be further in	vestigated.	
(Continue	ed on next page)				
W itnesses:		1			
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type Descrip	tion of Damaged Property
Truck and Bus Information:	Registration #		(From V	'ehicle 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	Gross Vehicle Weight	38			20
Trailer Reg #:	Reg Type	Reg State _	Reg Year	Trailer Leng	gth 39
Hazmat Information:					
Placard 40 Material 1	digit # 41 Material N	Name		Material 4 digit #	Release code 42

DONALD MURPHY 04/03/2021 NEWTON POLICE DEPARTM Police Officer Name (Please Print) ID/Badge # Precinct/Barracks Date Signature Department

→	Direction 1	Vehicle 1 2	Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 1	2	→	Ŷ			
				 	I	ash <u>Did Not</u> (Public Way:	Occur
	·					ff-Street Parking	Lot
						darage	
						fall/Shopping Ce	enter
	. — — — — —					other Private Way	,
	· — — — — - 			+	Indic	ate North by A	rrow
	· — — — — · — — — —				. — — —	\bigcirc	
Crash Narrative:							
On Saturday, 4/3/2021, at a	approximately 1	500 hours, M	r. Kevin Pined	a called	the station a	nd admitted	he was
operating MV 2. Kevin is the	he brother in 1	aw to the or	wner of MV 2,	Jordan G	reeley. At appr	oximately 1	500
hours, Kevin came into the	station and sp	ooke with me.	Kevin stated	he was d	riving MV 2 hom	e from work	to his
brothers house 28 R Meadow	St from the jo	b site on Ca	lvary St in Wa	ltham.			
Kevin further stated he rem	membered being	behind MV 1	on Washington	St and	oegan to fall a	sleep behind	d the
wheel near the intersection	n of Washington	St and Waln	at St. At 821	Washingt	on St MV 2 rear	ended MV 1	. Kevin
stated the impact woke him	up and panicke	ed him. Kevin	stated he was	scared 1	pecause he has	a bad drivi	ng
record and did not want to Eastbound on Washington St		nse again. Ke	evin further	stated h	e continued ope	rating MV 2	
(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Damag	jed Property	
Truck and Bus Information:	Registration #			,	Camian Isaac	in a Andronita Cod	35
Carrier Name						ing Authority Cod	е
Address						_ `	36
US DOT #:	State Number	38	_ Issuing State	ICC #:_		_ Interstate	30
Cargo Body Type Code Gros	s Vehicle Weight	50			30		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length		
Hazmat Information:	41						42
Placard Material 1 digit #	Material Na	ame		Material 4 o	ligit #	Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

04/03/2021

Date

Precinct/Barracks

DONALD MURPHY

Police Officer Name (Please Print)

→	Direction 1	∃ Vehicle 1 2	‡Vehicle 2	Pedestri	an	
Crash Diagram:	ie: → 1	2	⋾	₽		
						n <u>Did Not</u> Occur ublic Way:
					——— off-	Street Parking Lot
					Gara	ige
	į			į	☐ Mall	l/Shopping Center
	_			+		er Private Way
		 				e North by Arrow
					marcate	
						$(\)$
			+-	+		
Crash Narrative:						
Kevin was issued Massachuse	tts Uniform Ci	itation T 208	0797 for MGL C	ch 90/24(2) Leaving the Sc	ene of
property damage. For crashi	ng into MV 1,	acknowledgin	g the crash a	and contin	uing to operate	MV 2 away from
the scene, MGL Ch 90/ 24(2)	A Operating to	Endanger. F	or falling asl	eep at th	e wheel and crea	ting an
unsafe environment for othe						
operate MV 2 while fluid le						
City of Newton. Due to Kevi	n's driver his	story and tod	ay's incident,	an immed	liate threat form	was filled out
and emailed to the RMV.						
W itnesses:						
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:	Registration #		(From Veh	icle Section)		
Carrier Name			(110111) (11		Carrier Issuing	Authority Code 35
Address			City		St	Zip
	State Number					Interstate 36
37	s Vehicle Weight	38	_ 0			
Trailer Reg #:		Reg State	Reg Vear	Troi	iler Length	
Hazmat Information:	Reg Type	Res state	Reg real	11a	nor Dongui	
Placard Material 1 digit #	41 Material N	ame		Material 4 d	igit# Re	elease code 42
ividicitat i digit #	Iviatorial Ivi					- Additional Code
DONALD MURPHY				ON POLICE DEPARTA		04/03/2021

CDP1 11 ·24·00

Police Officer Name (Please Print)