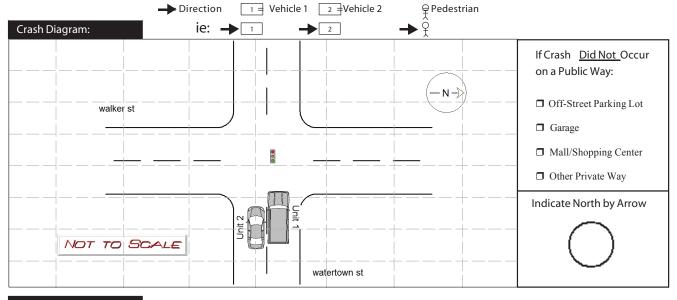
|                                       | Poli   | ice Use Only                   |                       | Commonwe                        | ealth (   | of Mass   | achu    | isetts                              |                                    |                              | RMV                      | Docum                         | ent Number  |               |
|---------------------------------------|--|--------------------------------|-----------------------|---------------------------------|---|---|---------|-------------------------------------|------------------------------------|------------------------------|--------------------------|-------------------------------|---|---------------|
|                                       | Date of Crash 04/07/2021   | Time of Crash<br>11:54<br>24HR | City/Tov<br>NEWTON    | 141010                          |   | iicle Cra<br>Report   | sh      | Number<br>Vehicles<br>2             |                                    | Latit                        | d Limit<br>ude<br>gitude |                               | State Police<br>Local Police<br>MBTA Police<br>Other: | Xi            |
|                                       |  |                                | SECTION:              | <                               | LOCA  |   | >       |                                     | NO                                 | AT                           | INTE                     | RSEC                          | TION:   | 2             |
|                                       | sou  | TH WALKE                       | ER ST                 |                                 |   |   |         |                                     |                                    |                              |                          |                               |   | 2             |
| 1<br><b>1</b>                         | Route# Direc   | tion                           |                       | Roadway/Street                  |   | Route# Direction  | on Ad   | ldress #                            |                                    | Nar                          | ne of Ro                 | oadway/S                      | treet   | $ 2^1$        |
|                                       | At<br>WEST WATERTOWN ST  |                                |                       |                                 | Feet N S E W of • or<br>Mile Marker Exit Number |   |         |                                     |                                    |                              |                          | Exit Number                   | - <del>  -</del>                                      |               |
|                                       | Route# Direc   | etion N                        | Name of Intersecting  | <u> </u>                        |   | Feet [  | N S E   | w of                                | Wille N                            | лагкег                       |                          |                               | Exit Number   | _             |
| 2                                     |  |                                | Also at filters       | ection with                     |   |   | N S E   |                                     | Route                              | - In                         | ntersect                 | ing Road                      | way/Street  | - <u> </u>    |
| <sup>2</sup> <b>1</b>                 | Route# Direc   | tion                           | Name of Intersec      | ing Roadway/Street              |   |   |         | 61                                  |                                    |                              | Lane                     | dmark                         |   | $-\frac{4}{}$ |
| 3                                     | XVehicle1  | #Occupants                     | X Hit/Run             | ☐ Moped Cas                     | se Number                                       |   | 21      | 100000239                           |                                    |                              |                          |                               |   |               |
|                                       | _  |                                | St MA                 |                                 |   | 189P30  |         | 100000237                           |                                    | PAR                          | ,                        | D 0                           | МА  | _             |
|                                       | License#   | Class D 18 1                   |                       | 19                              | _   | ear 2019  | Wal     | , <sub>Malra</sub> H                |                                    |                              |                          | Reg S                         | 20  | -             |
| 4                                     |  | BRAMANIAM  Last                |                       | Endorsment                      | _   | (Same as ope  |         |                                     |                                    |                              |                          |                               | iig. –  | $ 1^1$        |
| 3                                     | Address 13 HO  | DMEWARD LAI                    | NE (apt. B)           | Middle                          |   | SS  |         |                                     | First                              |                              |                          | Middle                        |   | -   1         |
|                                       | City NATICK  |                                |                       | e_MA Zip_01760                  |   |   |         |                                     |                                    |                              |                          | Z                             | ip  |               |
|                                       | Insurance Com  |                                |                       |                                 |   | le Action Prior to  |         |                                     |                                    |                              |                          |                               | ircle Up to Thre                                      |               |
| 5<br><b>1</b>                         | Vehicle Travel   | Direction: N                   | S E X Respo           | nding to Emergency?_N_          | _ Event   | Sequence 1  | 22 22   | 2 22                                | 22 2                               |                              | 3                        | ,                             | 4   |               |
| 1                                     | Citation # (If I   | ssued)                         |                       |                                 | Most  | Harmful Event   | 1 23    |                                     |                                    | _                            | 9                        |                               | 10 Undercarr<br>5 11 Totaled                          | riage         |
| -                                     | Violation  | 1: ChSec                       | Violation             | 2: ChSec                        | Driver  | Contributing C  | ode :   | 1 24                                | 24                                 |                              |                          | $\bigvee$                     |   |               |
| <sup>6</sup> <b>1</b>                 | Violation  | 3: ChSec                       | Violation             | 1: ChSec                        | Under   | ride/Override   | 25      | Towe                                |                                    |                              | 7                        |                               | <b></b>   |               |
|                                       | Please to<br>Name (Last Fir  |                                | ator and all occup    | ants involved  Address          |   | Age/DOB   | Sex I   | 26 27<br>Seat Safety<br>Pos. System | 28 2<br>Airbag Airb<br>Status Swit | 9 30<br>ag Eject<br>ch Code  | 31<br>Trap I<br>Code S   | 32 Tran<br>Status Cod         | sp.<br>e Medical Facili                               | $1^{1}$       |
|                                       | Operator   |                                |                       | See Above                       |   |   |         | 1                                   | 4 4                                | 0                            | 0                        | 10 1                          |   |               |
|                                       |  |                                |                       |                                 |   |   |         |                                     |                                    |                              |                          |                               |   |               |
|                                       |  |                                |                       |                                 |   |   |         |                                     |                                    |                              |                          |                               |   |               |
|                                       |  |                                |                       |                                 |   |   |         |                                     |                                    |                              |                          |                               |   |               |
| <sup>7</sup> <b>2</b>                 | Please Select C<br>of the Followi  | IX Vehicle                     | 2 <u>1</u> #Occupants | Non-Motorist A                  | Гуре  | 14 Action   | 15 Loca | ation                               | 16 Cond                            | ition                        | 17                       | X Hit/                        | Run Mop   | ed            |
|                                       | License#StDOB/Age  |                                |                       |                                 |   | Reg # Reg Type PAN Reg State MA   |         |                                     |                                    |                              |                          |                               |   | _             |
|                                       | Sex Lic. Class         Lic. 18         18         Lic. Restrictions         19         CDL |                                |                       |                                 | _ Veh Y   | Veh YearVeh Make_UNKNOWN Veh Config. 1                                      |         |                                     |                                    |                              |                          |                               |   |               |
| <sup>8</sup> <b>2</b>                 | Operator UN  | KNOWN                          | UNKNOWN               | Endorsment<br>UNKNOWN<br>Middle | Owne  | (Same as ope  | rator)  |                                     | First                              |                              |                          | Middle                        |   | _             |
|                                       | Address UNK UNK  |                                |                       |                                 |   | Last First Middle Address   |         |                                     |                                    |                              |                          |                               |   |               |
|                                       | City_UNK State_XX Zip_UNK  |                                |                       |                                 |   |   |         |                                     |                                    |                              |                          |                               |   | _             |
|                                       | Insurance Company UNK  |                                |                       |                                 | Vehic   | Vehicle Action Prior to Crash  4 21 Damaged Area Code: (Circle Up to Three) |         |                                     |                                    |                              |                          |                               |   | ee)           |
|                                       | $ \begin{tabular}{lllllllllllllllllllllllllllllllllll$                                     |                                |                       |                                 | _ Event   | Event Sequence 1 22 22 22 22 3 4  |         |                                     |                                    |                              |                          |                               |   | .             |
|                                       | Citation # (If Issued)   |                                |                       |                                 |   | Most Harmful Event 1 23 Driver Contributing Code 97 24 24                   |         |                                     |                                    |                              |                          |                               |   | nage          |
|                                       |  |                                |                       |                                 |   |   |         |                                     |                                    |                              |                          |                               |   |               |
| Violation 3: ChSec Violation 4: ChSec |  |                                |                       |                                 | Underride/Override 25 Towed Y 8 7 6             |   |         |                                     |                                    |                              |                          |                               |   |               |
|                                       | Pl<br>Name (Last Fi  |                                | operator and all      | occupants involved<br>Address   |   | Age/DOB   |         | 26<br>Seat Safety<br>Pos. Syster    | 28 2<br>Airbag Airb<br>n Status Sw | 9 30<br>ag Eject<br>tch Code | 31<br>Trap I             | 32<br>njury Tran<br>Status Co |   | lity          |
|                                       |  | Non-Motorist                   |                       | See Above                       |   |   |         |                                     |                                    |                              |                          | 10 1                          |   |               |
|                                       |  |                                |                       |                                 |   |   |         |                                     |                                    |                              |                          |                               |   |               |
|                                       |  |                                |                       |                                 |   |   |         |                                     |                                    |                              |                          |                               |   |               |
|                                       |  |                                |                       |                                 |   |   |         |                                     |                                    |                              |                          |                               |   |               |



## Crash Narrative:

ON 4-7-21 AT APPROX. 1154HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT HIT-AND-RUN. UPON ARRIVAL AT WATERTOWN ST AND WALKER ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS HEADED W-BOUND ON WATERTOWN ST. AND STOPPED AT THE RED LIGHT. DRIVER STATES VEHICLE #2 PULLED UP TO THE LEFT OF HER. AT THIS TIME THE PASSENGER IN THE REAR OF VEHICLE #2 OPENED THE RIGHT PASSENGER SIDE DOOR AND HIT HER VEHICLE. SHE STATES THE PASSENGER CLOSED THE DOOR AND VEHICLE #2 TOOK A LEFT TURN ONTO WALKER AND SPED AWAY. DRIVER STATES SHE EXITED HER VEHICLE AND NOTICED DAMAGE TO THE LEFT REAR QTR. PANEL OF HER VEHICLE. DRIVER STATES SHE WAS UNABLE TO GET A LICENSE PLATE OF VEHICLE #2. DRIVER OF VEHICLE #1 REPORTED NO INJURIES. SHE HAD DAMAGE TO THE LEFT SIDE QTR. PANEL OF HER VEHICLE. ADVISED TO CONTACT HER INSURANCE COMPANY. CLEARED WITHOUT FURTHER INCIDENT.

| Witnesses:                               |                  |           |               |                      |                               |                     |         |  |  |
|--|------------------|-----------|---------------|----------------------|-------------------------------|---------------------|---------|--|--|
| Name (Last, First, Middle)               |                  | Address   |               | Phone #              | Phone #                       |                     |         |  |  |
|  |                  |           |               |                      |                               |                     |         |  |  |
|  |                  |           |               |                      |                               |                     |         |  |  |
| Property Damage:                         |                  |           |               | ,                    |                               |                     |         |  |  |
| Owner (Last, First, Middle)              |                  | Phone #   | 34-Type       | Description of Damag | scription of Damaged Property |                     |         |  |  |
|  |                  |           |               |                      |                               |                     |         |  |  |
|  |                  |           |               |                      |                               |                     |         |  |  |
| Truck and Bus Information:  Carrier Name | Registration #   |           | (From Vehic   | ele Section)         | Carrier Issu                  | ning Authority Code | 35<br>e |  |  |
| Address                                  |                  | (         | City          |                      | St                            | Zip                 |         |  |  |
| US DOT #:                                |                  |           | Issuing State | ICC #:               |                               | Interstate          | 36      |  |  |
| Cargo Body Type Code Gross               | s Vehicle Weight | 38        |               |                      | 39                            |                     |         |  |  |
| Trailer Reg #:                           | Reg Type         | Reg State | Reg Year      | Tra                  |                               |                     |         |  |  |
| Hazmat Information:                      |                  |           |               |                      |                               |                     |         |  |  |
| Placard 40 Material 1 digit #            | 41 Material Na   | me        |               | Material 4 d         | digit #                       | Release code        | 42      |  |  |
|  |                  |           |               |                      |                               |                     |         |  |  |

| THOMAS P WALSH                     |           | NEWTON POLICE DEPARTM | 04/07/2021 |                   |      |
|------------------------------------|-----------|-----------------------|------------|-------------------|------|
| Police Officer Name (Please Print) | Signature | ID/Badge #            | Department | Precinct/Barracks | Date |