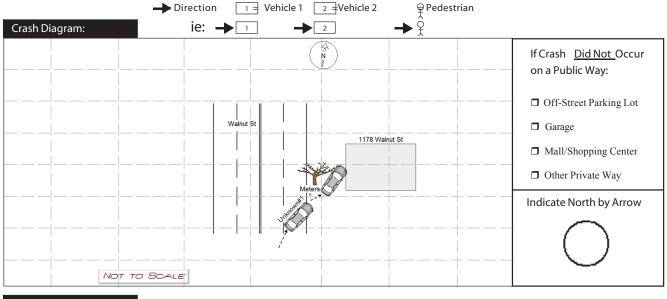
	Poli	ice Use Only		Commonwea	lth o	f Massa	ichu	setts			RMV	Docum	ıent Number	
	Date of Crash 04/17/2021	Time of Crash 09:05 24HR	NEWTON	MIOTOI		cle Cra Report	sh	Number Vehicles 1		ed Latit	d Limit ude gitude_		State Police Local Police MBTA Police Other:	XI D
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						NORTH	1178		WAL	NUT ST				2
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\dashv			At		Feet NSEW of or Exit Number									
	Route# Direc	etion N	Name of Intersecting	Mile Marker Exit Number Feet N S E W of										
			Also at Intersec	ction with	-			_	Rout	e# I	ntersect	ing Road	lway/Street	-
² 99	Route# Direc	tion	ng Roadway/Street	-	Feet [N S E V	v of			T	dan and s		$ \begin{vmatrix} 1 \end{vmatrix}$	
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	Vehicle	1_#Occupants	X Hit/Run	Moped Case N	Number		210	0000271						4
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	Sex Lic.	Class 99	Lic. Restrictions	9 CDL Endorsment UNKNOWN		ar_UNK		Make_U	NK 			Veh Cor	nfig. 1	
4 1	Operator UN		UNKNOWN	Middle	Owner _.	(Same as oper	ator)		First			Middle		- 7
	Address UNK			NOV		S								-
	City UNK		XX Zip UNK	City								Zip		
5		pany UNKNOW				Action Prior to		99		Damageo 2	d Area (Circle Up to Thre	e)
3	Vehicle Travel	Direction:	S E W Respor	iding to Emergency? N	Event S	sequence 20 ²	23 23	35 22	22		Ţ	$\overline{\mathcal{I}}$	10 Undercarr	riage
	`	ssued)				armful Event	23	24	24	—	9		5 11 Totaled	lage
⁶ 99				ChSec		Contributing Co	ode 99	,		3	<u>/</u>		6	
99		3: ChSec	Underride/Override Towed N								_			
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB Sex System Status Switch Code Code Status Code Medical Facility							1 2	
	Operator			See Above				99	99	99	99	99 99	•	_
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⁷ 1	Please Select C of the Followi	Vehicle	e#Occupants	Non-Motorist A Type	e 97	Action 97	5 Locat		16 Cor	ndition	17	Hit	/Run Mop	ed
	License#	40	DOB/Age	Reg #									_	
	Sex_F Lic.	Class 18 1	Lic. Restrictions	CDL	Veh Year Veh Make Veh Config. 20									
8 1	Operator KIM DEBRA Endorsment Last First Middle					Owner Last First Middle								_
	Address 49 FLORAL ST					Address								
	City NEWTO	N	City State Zip								_			
	Insurance Com	pany	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									ee)		
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 3 4								
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled							lage	
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	Operator/	Non-Motorist		See Above								10 1		
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	Date of Crash	Time of Crash	n City/	Town		tor Ve			sh	Numbe Vehicle			peed Lin atitude _			tate Police ocal Police IBTA Police	
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	Operator				See Above								- Code		Code		
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	Please Select C	I Vehicl	:le#Occup	nants N	Non-Motorist A	Type	14 Acti	ion 97		ation	16 Co	ndition	17		Hit/Ru	un Mop	ned
-	of the Followir	ng: Verilla	.с т Оссира	unis 🔼	MINOLOHSUM	A Type 99	Acti	97	Loca	ation 99		iiditiUl	99		/	I wildt	pcu
-	License # St DOB/Age Sex_M Lic. Class 18 18 Lic. Restrictions 19 CDL						Veh YearVeh MakeVeh Config.							20	_		
┚														Ç			
	Operator KIM DAE Last First Middle 1178 WAL NITE ST						OwnerLast First Middle									_	
П	Address 1178 WALNUT ST						Address									_	
ı	City NEWTON State MA Zip 02460						City State Zip Damaged Area Code: (Circle Up to Three)								ree)		
1	Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency?						venicie Action Prior to Crash)		
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L	Ple	ease fill out for	or operator and		pants involved					26 27 Seat Safety	28 Airbag A	29 irbag E	30 31 Trap	32 Injury	33 Transp.		
	Name (Last Fi	rst Middle)			Address		A	ge/DOB		Pos. Syste	em Status	Switch	Code Cod	e Status		Medical Faci	ility
F	Operator/	Non-Motorist			See Ahove									10	1		
	Operator/	Non-Motorist			See Above									10	1		
	Operator/	Non-Motorist			See Above									10	1		



Crash Narrative:

Witnesses: Name (Last, First, Middle)

On 4/17/21 at 0905hrs I was dispatched to 1178 Walnut St for a report of a past hit & run MVA. On arrival, I met Ms Debra Kim who had just pulled over at that address after noticing a city parking meter (zone#2461) was run over which was pushed onto a city tree (minor tree damage) and then the front of the building including a front door support post was struck by an unknown MV. Building damage appears minor. Building is vacant, no tenants. Ms Kim stated her father Dae Kim is the owner of the building. Crash debris left behind (no plates found) indicated the unknown MV drove off Walnut St N/B, crashed into the meters, over the sidewalk and into the building. Photos of the area were taken and will be submitted to the IT bureau. City notified.

Prior to completing this report, Ms Kim called NPD to report the neighbor from 1176 Walnut has video

Address

(Continued on next page)

Reg Type_

Material Name

Property Damage:							
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property			
KIM, DAESIK,	1178 WALNUT ST NEWTON,MASSACHUSETTS 02	617-965-5599	97	FRONT OF BUILDING			
CITY OF, NEWTON,	1000 COMMONWEALTH AVE NEWTON,MASSACHUSETTS 02	617-796-1000	3	PARKING METERS AND TREE			
CITT GI/TELLITOIN	THE VIOLA, WILLIAM TO BE THE OF						
Truck and Bus Information:	Registration #		ele Section)	35			
, ,			le Section)	Carrier Issuing Authority Code 35			
Truck and Bus Information:	Registration #			Carrier Issuing Authority Code			
Truck and Bus Information: Carrier Name Address	Registration #	(From Vehic		Carrier Issuing Authority Code			

Phone #

Statement

ADAM D GABRIEL		25117	NEWTON POLICE DEPARTM		04/17/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Reg State _____ Reg Year____ Trailer Length

_____ Material 4 digit # _____ Release code

Trailer Reg #:

Placard

Hazmat Information:

Material 1 digit #

→	Direction 1	∃ Vehicle 1 2	y ≠Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 1	2	<u> </u>	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	
	_				Off-Street Parking	g Lot
					Garage	
					☐ Mall/Shopping Co	enter
	_				— ☐ Other Private Way	y
	 	 			Indicate North by A	
					indicate North by A	arow
Crash Narrative:						
surveillance from the crash	. Ms Kim state	ed according	to the video	time, the cra	ash occurred yesterday	4/16 at
0715hrs. She described watch	ning on the vi	ideo a black	sedan possib	ly a Buick cra	ash into the building b	ack up
and continue on Walnut St N	/B. She stated	d no plates,	operators or	passengers co	ould be seen on the vid	eo. Ms
Kim will email me the video						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Marile (Last, First, Midule)		Address			riione #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	cription of Damaged Property	
- I IS I C I						
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)	Control of Advis C	35
Carrier Name					Carrier Issuing Authority Coc	le
Address			City		St Zip	26
	tate Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gross	Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer I	Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material Na	ame		Material 4 digit #	# Release code	42
ADAM D GABRIEL		25117	7	VTON POLICE DEPARTM	04/17/2	021
Police Officer Name (Please Print)	Signature			vron Police DEPARTN ————————————————————————————————————	Precinct/Barracks Date	