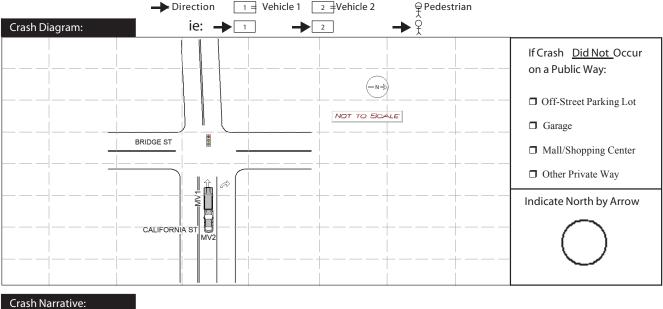
	Poli	ice Use Only		Commonw	ealth	of Ma	assa	chus	etts			RM	V Doci	ument	Number	
	Date of Crash 06/23/2021	Time of Crash 08:00	City/To	Mot	or Vel	hicle (Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber ehicles			eed Lim		Sta Lo	ate Police ocal Police BTA Police	N X
	00/23/2021	24HR			Police		rt		2	0		ngitude_		Ot	her:	
		AT INTER	RSECTION:	<	LOCA	TION	>			NO	T AT	INT	ERSE	ECTI	ON:	
	SOU	TH BRIDG	E ST													2
$1 \ 1$	Route# Direc	tion	Name o	f Roadway/Street		Route# D	irection	Addre	ess#		N	lame of I	Roadwa	y/Stre	et	$ 2^1$
	WES	T CALIFO	ORNIA ST	At		F	eet N	S E W	of -			•	or			
	Route# Direc	etion N	Name of Intersecti	ng Roadway/Street		<u> </u>		~	1 .	Mile	e Marker	•		Ex	tit Number	_
			Also at Inte	rsection with		F	eet N	S E W	of	Rout	te#	Intersec	ting Ro	oadway	//Street	- 1
2 1	Route# Direc	tion	Name of Interes	ecting Roadway/Street		F	eet N	S E W	of							2
3	Koute# Blice	tion	Name of interse									La	ndmark			\dashv
	XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Numbe	r		2100	000464							
	License#		StM		Reg	7TG100				_Reg	Гуре_РА	AN	Re	g State		
	Sex_F Lic.	Class D 18 1	8 Lic. Restrictio		Veh	Year_2017		Veh M	lake_JE	EP			_Veh C	Config.	2 20	
4	Operator MA	DDEN	LAUREN	Endorsment	Own	er MADD	EN Last	:	DIANI	First			Mid	dla		$ 1^1$
3	Address 10 RI		r Irst	witadie		ess <u>26 BAR</u>		D		rırst			iviido			. 💾
	City WATER	TOWN	Si	ate_MAZip_02472	City	WELLESLI	EY					State	MA	_Zip_	02481	_
	Insurance Company SAFETY INS						rior to (Crash	1 2	1	Damag	ged Area	Code:	(Circl	e Up to Thre	ee)
5 1	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency?	N Even	t Sequence	1 22	22	22	22	2	3	$\overline{}$	4		
	Citation # (If I	ssued)			Most	Harmful E	vent 1	1 23			1 4	9	$\left \cdot \right $		10 Undercarr 11 Totaled	iage
	Violation	1: ChSec	Violatio	n 2: ChSec	Drive	er Contributi	ing Cod	e 1	24	24			$\sqrt{}$		11 Totaled	
⁶ 1	Violation	3: ChSec	c Violatio	n 4: ChSec	Unde	erride/Overri	ide	25	Towe	d_N_	8	7		6		
	Please	fill out for operator and all occupants involved st Middle) Address				Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facil							ty 1			
	Operator	or initiatio)		See Above					- 1		99 0	0		1	Trouteur Fuerr	
7				_												
2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupar	nts Non-Motorist A	Туре	14 Action	15	Locatio	n	Co:	ndition	17		Hit/Ru	n Mop	ed
	License#		St M	A DOB/Age	Reg	y 3YHV61		J		Reg '	Гуре РА	AN	Re	g State	, MA	_
	Sex_M Lic. Class D 18 18 Lic. Restrictions 1 CDL												20	-		
⁸ 1	Operator GEN	NEUS	CHRISTOPI	Endorsment		er (Same a	s opera						_ , • c	omig.		
1	Address 91 PI	Last	First	Middle		ress	Last			First			Mide	dle		
	City WALTHAM State MA Zip 02451					CityStateZip								-		
	Insurance Com	pany PROGRES	SSIVE INS			cle Action P	rior to (Crash	1 2	1	Damag	ed Area	Code:	(Circle	e Up to Thre	ee)
	Vehicle Travel Direction: NSEN Responding to Emergency? N					Event Sequence 1 22 22 22 22 2 3 4										
Citation # (If Issued) N/A						Most Harmful Event 1 23								iage		
	Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Driver Contributing Code 99 24 24 Underride/Override 25 Towed N 8 7 6									
	Pl	ease fill out for		l occupants involved				26 Seat			29 3 irbag Eje	30 31 Trap	32 Injury I	33 Fransp.		\dashv
	Name (Last Fi	rst Middle) Non-Motorist	<u> </u>	Address See Above		Age/I		Sex Pos	Systen - 99	Status S	Switch Co	ode Code 0	Status	Code	Medical Facil	lity
	Орегаюн	1.1011-14101011151		See Above					77	* 1	4 0	U	10	1	- 1	
																-



On June 24, 2021 at approximately 08:45 I responded to the Newton Police front desk for a past hit and run. I spoke with the operator of MV1, who said that on June 23, 2021 at approximately 0800 she was travelling westbound on California St at the set of lights by Bridge St. when her motor vehicle was struck from behind. She said that both drivers made hand gestures to each other to pull off the road to exchange information but the operator of MV2 continued driving. The operator of MV1 wrote down the license plate of MV2 which came back to the owner.

I as unable to make contact with the operator of MV1 but left a voicemail on his known phone number. The damage to MV1 appears to be very minor and it may be possible that the operator of MV2 was unaware of the

(Continued of	on next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	# Sta	atement
Property Damage:	•				,	·	
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		ſ	25
Truck and Bus Information: Carrier Name			`	· ·	Carrier Iss	uing Authority Code	35
						ا	
Carrier Name			City		St	Zip	
Carrier Name Address US DOT #:	State Number		City		St	Zip	
Carrier Name Address US DOT #:	State Number		City		St	Zip	
Carrier Name Address US DOT #:	_State Number	38	City Issuing State	ICC#:_	St	Zip	
Carrier Name Address US DOT #: Cargo Body Type Code37 Gro	_State Number	38	City Issuing State	ICC#:_	St	Zip	
Carrier Name	State Number	38 Reg State	City Issuing State	ICC#:Ti	St	Zip3	

	→ Direction [1 = Vehicle	1 2 =Vehicle	2 ₽ Ped	estrian		
Crash Diagram:	ie: →[1	2	→Ŷ			
				 	<u> </u>	If Crash <u>Di</u> on a Public	d Not_Occur Way:
				_	_	─ ☐ Off-Street	Parking Lot
				_	_	Garage	
		į		į		☐ Mall/Shop	oping Center
				_ +	+	Other Priv	vate Way
				_	-+	Indicate Nor	th by Arrow
	. — — — -		· — — — - — — — -	- 	- 		
Crash Narrative:							
Traffic Bureau upo	late (Officer Ga	audet): 0	n Wednesday,	June 24, 20	21 I spo	oke with the oper	rator of
MV2, Mr. Christopher Ger	neus (SA5950503)). Mr. Ge	neus stated	he was the	operator	of the 2015 whi	te
Honda Accord (MA: 3YHV61	.) alleged to h	nave been	involved in	the crash.	Mr. Gene	eus stated he doe	s not
believe his vehicle made	le contact with	MV1. Mr.	Geneus stat	ed he did ob	serve MV	71 pull over to	the side of
the road as they were dr	riving, but he	did not be	leive it was	to speak w	ith him.	. Mr. Geneus sta	ted if he
knew he was involved in	a crash he woul	ld have pu	lled over.	ir. Geneus s	tated th	nere is no damage	to the front
bumper area of his vehic	cle. Mr. Geneus	s was advi	sed and his	pdated cont	act info	ormation was adde	ed to this
report.							
Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Ту	oe Descri	iption of Damaged Prope	erty
Truck and Bus Information:	Registration #			From Vehicle Section	on)		35
Carrier Name						Carrier Issuing Author	ority Code
Address			City			St Z	Zip
US DOT #:	Г	38	Issuing S	tateICO	C#:	Interst	tate 36
Cargo Body Type Code	Gross Vehicle Weight					39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg St	ate Re	g Year	_ Trailer Le	ength	
Placard 40 Material 1 di	git # 41 Materia	1 Name		Materi	al 4 digit#_	Release	code 42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)