	Pol	ice Use Only		Commonweal	th o	f Massa	achı	ısetts			RMV	/ Docun	ient Number	
	Date of Crash 07/09/2021	Time of Crash 21:10 24HR	City/Town NEWTON	MIOTOI		cle Cra Report	sh	Number Vehicles 2		1 Latit	ed Limit tude gitude_		State Police Local Police MBTA Police Other:	N Xi
						LOCATION > NOT AT INTERSECTION:								
						EAST	158	3	CALIF	ORNIA	ST			
1 1	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street							2		
					Feet NSEW of or Exit Number								-	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street								3
1					Route# Intersecting Roadway/Street Feet N S E W of									
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								\dashv
	XVehicle 1 0 #Occupants					Number 2100000498							┙	
	License # St DOB/Age					Reg # 1FFD62 Reg Type PAN Reg State MA								-
	Sex Lic.		Lic. Restrictions	CDL Endorsment		ar_2004						Veh Cor	nfig. 2	- 1
1 1			First	Middle	Owner PAUL NACINE Last First Middle									
				7in	Address 28 (apt. A) MARSH ST City GLOUCESTER State MA Zip 01930								-	
	City State Zip Insurance Company AMICA					Vehicle Action Prior to Crash Vehicle Action Prior to Crash								ee)
5	1		S X W Respond	ding to Emergency? N	Event S	equence 1	22 22		22 2		3		4	
	Citation # (If I	ssued)			Most H	armful Event	1 23			+	9	$\left\{ \left \ \ \right \right\}$	10 Undercarri 5 11 Totaled	iage
<u> </u>	Violation	1: ChSec	Violation 2:	ChSec	Driver (Contributing Co		1 24	24		VŢ.		0	
2	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved				Underride/Override Towed N							4		
	Name (Last First Middle) Address			Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility						ty 1				
	Operator			See Above										\dashv
														\dashv
														4
7 1	Please Select (IX Vehicle	2 0_#Occupants	☐ Non-Motorist A Type	14	Action 1	I.oc	ation	16 Conc	lition	17	X Hit	:/Run	ed
	of the Followi	ng:	· ·									4		
	License # St DOB/Age Sex Lic. Class Lic. Restrictions CDL				Reg # UNKNWN Reg Type UNKNWN Reg State XX Veh Year UNKW Veh Make UNKNWN Veh Config. 97								-	
1			_	Endorsment				ii iviake					ilig.	
1	Operator					Owner Last First Middle Address								_
	CityStateZip					CityStateZip								-
	Insurance Company					Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)								e)
	Vehicle Travel Direction: NSEW Responding to Emergency? N					Event Sequence 22 22 22 22 2 3 4 10 Undercarriage								iage
	Citation # (If Issued) Violation 1: Ch. Sec. Violation 2: Ch. Sec.					Most Harmful Event 1 24 1 5 11 Totaled								
	Violation 1: ChSec Violation 2: ChSec Violation 3: Ch Sec Violation 4: Ch Sec					Driver Contributing Code 99 Towed N 8 7 6 Underride/Override 25 Towed N 8 7 6								
	Please fill out for operator and all occupants involved							26 27 Seat Safety	28 2 Airbag Airl	9 30 Eject	31 Trap	Injury Tra	33 nsp.	
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB		Pos. Syster	n Status Sw	itch Cod	le Code	Status Co	ode Medical Facil	ity

	→ Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: 🕕 🛚	→ [2	₽ Ŷ		
		 			If Crash on a Pub	<u>Did Not</u> Occur lic Way:
					Off-Str	reet Parking Lot
N		 	MV1 Co.		Garage	,
	<u> </u>	j –	j — — — j —	- — —	☐ Mall/S	hopping Center
	CALIFORNIA S					Private Way
NOT TO SCALE			<u> </u>	+	Indicate N	lorth by Arrow
					marcate N	north by Allow
)
		RIVERDALE AVE	 			
Crash Narrative:						
On July 9, 2021 at appro	ж. 2110 hours, I	responded t	to 158 Californ	ia St for	a report of a past	motor vehicle
hit and run. Upon arriva	1, I spoke with	the RP and v	rehicle owners	daughter,	Kerlyne Watkins (85	7-247-3467
).						
Kerlyne stated she came	out from her work	k to place a	an item in the	trunk of	the vehicle when sh	e discovered
the damaged to the rear	left of the vehic	cle. The bur	mper had been p	ushed in	and the taillight h	ad subsequently
broke off. I observed th	is damaged and da	amage to the	e roof rack in	the same	area.	
Kerlyne stated the vehic	le had been parke	ed outside o	of 158 Californ	ia St sin	ce she got to work	today which was
hours ago. No tow was ne	cessary, no inju	ries reporte	ed on scene. No	note or	witnesses to the cr	ash.
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		-				1
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Pr	operty
Truck and Bus Information:			(From Vel			35
Carrier Name					Carrier Issuing Au	ithority Code
						Zip
US DOT #:	State Number	38	Issuing State	ICC #:_	Int	erstate
Cargo Body Type Code	Gross Vehicle Weight	30			20	
Trailer Reg #:	Reg Type	Reg State _	Reg Year_	Tra	ailer Length	
Hazmat Information:	41					421
Placard Material 1 dig	git # Material N	Vame		_ Material 4	digit#Rele	ase code 42
JAMES M CROWE			NEW	ON POLICE DEPART?	ı	07/09/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)