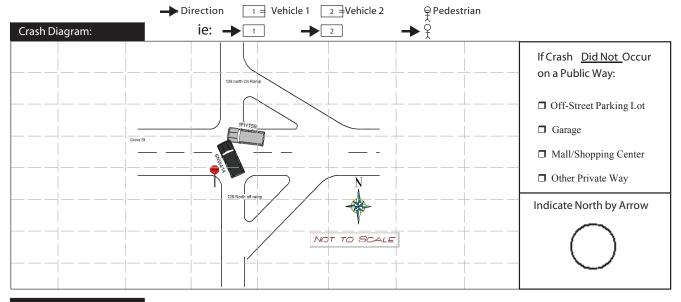
NORTH RTE 128  Route# Direction  Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction  Name of Intersecting Roadway/Street  Landmark    Feet   N   S   W   of   Route#   Intersecting Roadway/Street    Route# Direction   Name of Intersecting Roadway/Street    Landmark   Lan		Poli	ice Use Only		Comm	onweal	lth o	of Mass	achu	setts	3		RM	V Docu	ment Nui	mber	
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License #   St.   MA   DOB/Age	3	Route# Direc	tion	Name of Inter	secting Roadway/S	treet							La	ndmark			
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Please fill out for operator and all occupants involved Name (Last First Middle)  Age/DOB  Ag					on 2: Ch Se	c		l		24	24	•	9		5 11 To	otaled	
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of the Following: X Vehicle 2 1 # Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped  License # St MA DOB/Age Reg # 6NW414 Reg Type PAN Reg State MA  Sex F Lic. Class D		TAN, CALVIN		1	NEWTON, MA 024	162			101	4		0	U	10	-		
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## Crash Narrative:

On 9/4/2021 at approx 1233hrs while assigned to 497 I responded to the intersection of Grove St and the 128 N Off ramp for a report of a two car crash with possible injuries. Upon arrival I observed Ma Reg 1FHT59 a gray Toyota Rav4 with extensive front driver side damage with air bags deployed and Ma Reg 6NW414 a black Cadillac SRX with extensive passenger side damage both up on the NW curb of the 128 N On Ramp. Both operators and a child passenger were out of the car. I spoke with the owner of the Rav 4 , Wenmen Pan who stated he was travelling W B on Grove St with his 5 year old son Calvin Pan when the operator of the Cadillac drove off the 128 N of ramp without stopping striking him on the driver side and pushing him up onto the curb. I spoke with the operator of the Cadillac, Rosemary Twumasi who related she did not see the stop sign. Both vehicles towed by Todys, refusals signed with Fallon Ambulance.

Witnesses:							
Name (Last, First, Middle)	Address		Phone	· #	Statement		
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	ele Section)	Carrier Is:	suing Authority Coc	35 le
Address			City		St	Zip	
US DOT #:S	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38			39	1	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:						ı	
Placard 40 Material 1 digit #	41 Material Nan	ne		Material 4	digit #	Release code	42

JO A GOURDEAU		NEWTON POLICE DEPARTM	09/04/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date