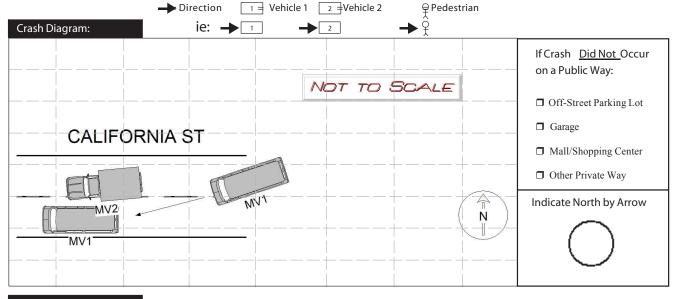
	ce Use Only	ot: m	Commony						0			ent Number	
Date of Crash 09/21/2021	Time of Crash 10:25	City/Town NEWTON	ⁿ Mo		hicle Cra	ash	Numbe Vehicle		Latit	ed Limi tude		State Police Local Police - MBTA Police	XI XI
	24HR				Report		1	0		gitude_		Other:	_
	AT INTER	RSECTION:	<	LOCA	ATION	>		NO	ГАТ	INTE	ERSEC	CTION:	
					WEST	36	7	CALIF	ORNIA	ST			
Route# Direc	tion	Name of R	oadway/Street		Route# Direct	ion A	ddress #		Na	me of R	loadway/	Street	
1		A			Feet	N S E	W of		<u> </u>		or		_
Route# Direc	etion N	Name of Intersecting			Fact	N S E	w .c	Mile	Marker			Exit Number	
		Also at Interse	ction with				_	Route	<u> </u>	Intersec	ting Road	lway/Street	-
Route# Direc	tion	Name of Intersecti	ng Roadway/Street		Feet	N S E	W of						
										Lar	ndmark		
XVehicle1	#Occupants	Hit/Run	Moped	Case Number	er	2	10000073	6					
License#		St MA	DOB/Age	Reg	# 2KBD54			Reg Ty	pe_PAS	S	Reg	State MA	_
Sex_M_ Lic.	Class D 18 1	Lic. Restrictions		Veh	Year 2019	Ve	h Make_	ORD			Veh Co	nfig. 2 20	
Operator FER	NANDEZ	TYREN First	Endorsmer	Own	er SQUARE M			First			Middle		_
Address 28 SI	HEPARD ST (apt	t. 2R)		Add	ress 124 (apt. 2D) WATE	RTOWN	ST					_
City BRIGHT	ON	State	MA Zip 02135	City	WATERTOWN	1				_State	MA Z	Zip <u>02472</u>	_
Insurance Com	pany SAFETY			Vehi	cle Action Prior	to Crash	9	21 I	Damage	d Area	Code: (C	Circle Up to Thi	ree)
Vehicle Travel	Direction: N	S E X Respon	nding to Emergency?	N Ever	at Sequence 1	22 2	2 22	22 2		<u> </u>		4	
Citation # (If I	ssued)			Mos	Harmful Event	1 23	3	1	—	9	$ \cdot $	10 Undercar 5 11 Totaled	riage
Violation	1: ChSec	Violation 2	: ChSec	Driv	er Contributing (Code	1 24	24	_				
Violation	3: ChSec	Violation 4	: ChSec	Und	erride/Override	25	Tow	ed_N8		7		6	
Please Name (Last Fin		ator and all occupa	nts involved Address		Age/DOB	Sex	26 27 Seat Safety Pos. System	28 2 V Airbag Airb n Status Swit	9 30 ag Eject ch Code	31 Trap Code	32 Injury Tra Status Co	33 nsp. de Medical Facil	lity
Operator			See Above	;			1	4 99		0	10 1		
Please Select ()no				14	15		16		17			_
of the Followi	\/ohiclo	# Occupants	Non-Motorist	A Type	Action	Loc	ation	Conc	ition	1,	Hit	:/Run Mor	oed
License#		St	DOB/Age	Reg	#			Reg Ty	pe		Reg		_
Sex Lic.	Class 18 1	Lic. Restrictions	19 CDL		Year	Ve	h Make_				Veh Co	nfig.	
Operator	Lee	First	Endorsmer		er			First			Middle		
	Last		Middle		ress						Middle		_
City		State	Zip								2	Zip	_
Insurance Com	pany			Vehi	cle Action Prior	to Crash		21 I	Damage	d Area	Code: (C	Circle Up to Thi	ree)
Vehicle Travel	Direction: N	S E W Respo	onding to Emergency	? Ever	at Sequence	22 2:	2 22	22 2		3		4	
Citation # (If I	ssued)			Mos	Harmful Event	23	3		_	9	$\langle \ \ $	10 Undercar 5 11 Totaled	riage
Violatio	n 1: ChSe	ec Violation	2: ChSec	Driv	er Contributing (Code	24	24		ľή	\	<i>y</i>	
Violatio	n 3: ChSe	ec Violation	4: ChSec	Und	erride/Override	25	Towe	ed8		7		6	
		operator and all o	ccupants involved				26 27 Seat Safety	28 2 Airbag Airb	9 30 ag Eject	31 Trap	Injury [[ra	33 nsp.	
Name (Last F	rst Middle) Non-Motorist		Address See Above		Age/DOB		Pos. Syste	em Status Sw	itch Cod	le Code	Status Co	ode Medical Fac	ility
*								+	+				
							\dashv	++-	+		+		
							\perp		\perp				



Crash Narrative:

OPERATOR OF MV 1 IDENTIFIED AS TYREN FERNANDEZ STATED HE WAS TRAVELING WEST ON CALIFORNIA ST IN FRONT OF THE GROCERY GARRISON. HE STATED THAT MV 2 WAS PARKED FIVE FEET OFF OF THE CURB IN FRONT OF HIM SO HE HAD TO DRIVE AROUND HIM, AND AS HE WAS DRIVING AROUND HIM, MV 2 BEGAN TO MOVE FORWARD AND STRUCK HIS PASSENGERS SIDE MIRROR CAUSING IT TO SHATTER. ACCORDING TO HERNANDEZ, MV 2 WAS BEING OPERATED BY A HISPANIC MALE WITH A GOATEE WEARING A HIGH LIGHTER CONSTRUCTION SHIRT AND IN THE PASSENGER SEAT WAS A BLACK MALE WEARING A WHITE T SHIRT AND A BLACK HAT. FERNANDEZ APPROACHED MV 2 IN AN ATTEMPT TO EXCHANGE INFORMATION BUT THE OPERATOR OF MV 2 WOULD NOT. WHEN FERNANDEZ BEGAN WALKING BACK TO HIS CAR THE OCCUPANTS OF MV 2 SWITCHED POSITIONS IN THE VEHICLE AND THE BLACK MALE DROVE OFF TOWARDS WATERTOWN WITHOUT EXCHANGING INFORMATION. MV 2 WAS DESCRIBED AS A BLACK CHEVY FLATBED TRUCK. WATERTOWN WAS NOTIFIED OF THE HIT AND RUN.

Witnesses:								
Name (Last, First, Middle)	Address		Phone	Phone #				
Property Damage:								
Owner (Last, First, Middle)		Phone #	34-Type	Description of Dama	scription of Damaged Property			
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35	
Carrier Name					Carrier Iss	suing Authority Coc	le	
Address			City		St	Zip		
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36	
Cargo Body Type Code Gros	s Vehicle Weight	38			39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr				
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42	

MATTHEW W COLELLA		NEWTON POLICE DEPARTM	09/21/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date