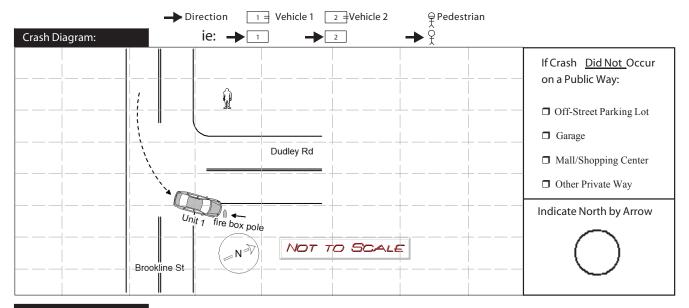
| | Poli | ice Use Only | | Commonweal | lth o | of Mass | achı | isetts | , | | RMV | Docum | ient Number | |
|-----------------------|--|--------------------------------|----------------------|-------------------------------|---------------------------------|--|----------|-------------------------|-----------------------------|------------------|---------------------------|-------------------------|---|---------------|
| | Date of Crash 09/23/2021 | Time of Crash 12:11 24HR | NEWTON | MIOTOI | | icle Cra Report | sh | Number Vehicles 1 | | Latit | d Limit ude gitude_ | | State Police Local Police MBTA Police Other: | Xi D |
| | | | RSECTION: | | OCAT | | > | | NOT | | - | | CTION: | |
| | EAST | Г BROOK | KLINE ST | | | | | | | | | | | 2 |
| 1 1 | Route# Direc | tion | | oadway/Street | I | Route# Direction | on Ad | ldress # | | Naı | me of R | oadway/S | Street | $ 2^1$ |
| | At NORTH DUDLEY RD | | | | | Feet NSEW of or | | | | | | | | _ _ |
| | Route# Direc | etion N | Name of Intersecting | | <u> </u> | Fact 5 | N S E | | Mile N | Iarker | | | Exit Number | _ |
| | 1 | | Also at Intersec | etion with | - | | | | Route | I | ntersect | ing Road | way/Street | - 1 |
| ² 1 | Route# Direction Name of Intersecting Roadway/Street | | | | | Feet N S E W of | | | | | | | | $ \frac{1}{}$ |
| 3 | VV abiala 1 | 1 #0 | D Marrad | Landmark | | | | | | | | _ | | |
| | Venicie | #Occupants | X Hit/Run | Moped Case N | Number | | 21 | 100000747 | | | | | | 4 |
| | License# | 18 1 | St | DOB/Age | Reg#_ | | | | | | | | 20 | - |
| | Sex Lic. | | Lic. Restrictions | CDL Endorsment | | ear_UNK | | n Make_Tl | ESLA | | | Veh Con | nfig. 1 | |
| 4 1 | Operator UNI | | UNKNOWN | Middle | | (Same as ope | | | First | | | Middle | | - 1 |
| | Address UNK | | | | Address | | | | | | | | | - |
| | | npany UNKNOW | | Zip | 11 D 14 C 1 (C 1 II 4 Th.) | | | | | | | | | |
| 5 | 1 | | | ding to Emergency? N | venicie Action Filot to Clash 4 | | | | | | | | | |
| |] | ssued) | | ding to Emergency: | | Iarmful Event | 23 23 | | | | | | 10 Undercarr | riage |
| | · · | | | ChSec | | Contributing C | | 99 24 | 24 (1) | + | 9 | | 5 11 Totaled | |
| ⁶ 1 | | | | ChSec | | ide/Override | 25 | Towe | 8` | | 7 | | 6 | |
| | | | ator and all occupa | | | | | 26 27 Seat Safety | 28 2 Airbag Airb | 9 30 ag Eject | 31 Trap I | 32 njury Trar | 33 1sp. | 1 20 |
| | Name (Last Fir | st Middle) | | Address See Above | | Age/DOB | | Pos. \$ystem | Status \$wit | 0 Code | Code : | 99 1 | de Medical Facili | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 7 | Please Select C | Ono. | | | 1. | 4 1 | 15 | | 16 | | 17 | | | _ |
| 3 | of the Followi | Vehicle | e# Occupants | Non-Motorist A Type | • | Action | | ation | Cond | ition | 1, | Hit | /Run Mop | ed |
| | License# | | St | DOB/Age | | | | | | | | | _ | |
| | Sex Lic. | Class 18 1 | Lic. Restrictions | CDL | Veh Ye | Veh YearVeh MakeVeh Config. | | | | | | nfig. | | |
| 8 1 | Operator | Last | First | Endorsment | Owner | Las | st | | First | | | Middle | | _ |
| | Address | | | | Addres | s | | | | | | | | - |
| | CityStateZip | | | | | City State Zip | | | | | | | | - |
| | Insurance Company | | | | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) 21 Damaged Area Code: (Circle Up to Three) | | | | | | | ee) | |
| | | Direction: N | S E W Respo | onding to Emergency? | | sequence | 22 22 23 | | 22 2 | | ΛŢ | \overline{A} | 10 Undercarr | riage |
| | Citation # (If I | · | | | | Iarmful Event | | 24 | 24 | + | 9 | | 5 11 Totaled | |
| | Violatio | Driver Contributing Code 8 7 6 | | | | | | | | | | | | |
| | | | operator and all o | 4: ChSec ecupants involved | ∪nderr | iue/Override | <u> </u> | Towed | 28 2 Airbag Airb | 30 | 31 Trap I | 32 Trans | 33 | \dashv |
| | Name (Last Fi | | | Address See Above | | Age/DOB | Sex | Pos. System | Airbag Airb n Status Swi | tch Code | e Code | njury Tran Status Co | nsp. ode Medical Faci | lity |
| | Operator/ | TAOH-IMOTOLISE | | See Above | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | 1 | | | | - 1 | | | | |



Crash Narrative:

On 9/23/21 at 1211hrs I was dispatched to Brookline St @ Dudley Rd for a hit & run MV accident. RP reported a white Tesla bearing MA reg 28G018 or 28G018 struck a fire box pole at above corner and fled. On arrival, the RP left the scene prior to my arrival. A 2nd RP, Jim Goldman, was on scene who also witnessed it. Goldman was gardening in the adjacent traffic island. Goldman stated a white vehicle unknown operator description was travelling on Brookline St E/B and made a wide left turn onto Dudley Rd N/B. During the wide turn it, it struck the fire pole head on. Pole was broken in half and broken from the base. The vehicle then backed up and fled on Dudley Rd N/B. A query of above plate combinations was negative results. NFD Wires Division was notified and responded. Photos taken of damage. A check of the area was negative results for vehicle in question. Memory chip containing photos was TOT to I.T. bureau.

| Witnesses: | | | | | | |
|----------------------------|-----------|-------------|---------|---------|-----------|--|
| Name (Last, First, Middle) | | Address | | Phone # | Statement | |
| | | 236 BALPATE | HILL RD | | | |
| GOLDMAN , JAMES, | NEWTON,MA | 02459 | | N | | |
| | | | | | | |
| | | | | | | |
| Property Damage: | | | | | | |
| | | | | | | |

| Property Damage: | | | | |
|-----------------------------|---|--------------|---------|---------------------------------|
| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
| CITY OF, NEWTON, | 1000 COMMONWEALTH AVE NEWTON,MASSACHUSETTS 0 | 617-796-1000 | 3 | FIRE POLE BOX |
| | NEW TON, MASSACITOSETTS 0. | | | |
| | | | | |

| Truck and Bus Information: | Registration # | (From Vehi | cle Section) | | 25 |
|-------------------------------|---------------------|---------------|--------------------|---------------|--------------------|
| Carrier Name | | | | Carrier Issui | ing Authority Code |
| Address | | City | | St | Zip |
| US DOT #: S | State Number | Issuing State | ICC #: | | Interstate 36 |
| Cargo Body Type Code Gross | S Vehicle Weight 38 | | | 39 | |
| Trailer Reg #: | Reg Type Reg State | Reg Year | Trailer Leng | th | |
| Hazmat Information: | | | | | |
| Placard 40 Material 1 digit # | Material Name | | Material 4 digit # | | Release code 42 |