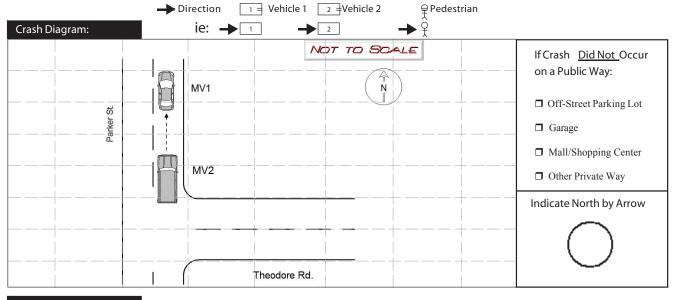
	Pol	ice Use Only		Commonwea	lth o	of Mass	ach	use	tts			RM	V Doc	umen	t Number	
	Date of Crash 10/06/2021	Time of Crash 16:22 24HR	NEWTON	MIOTOI		icle Cra Report	ash		nber	Numbe Injured	Latit	ed Limitude gitude_		St La M O	tate Police ocal Police IBTA Police ther:	Xi O
			RSECTION:		LOCA		>			NOT	AT	INTI	ERSI	ECT.	ION:	
		PARKE	ER ST													
1 <b>1</b>	Route# Direc	tion		Roadway/Street		Route# Directi	on A	Address	#		Na	me of I	Roadwa	ay/Stre	eet	
		THEOD	OORE RD	At		Feet	N S I	E W of	f —	Mile N			or		xit Number	-  -
	Route# Direc	etion N	Name of Intersection Also at Inter	g Roadway/Street		Feet	N S I	E W of	f	Wille N	тагкег			E	XII Number	-
2			Also at Inter	section with			N S I	_	-	Route	I	ntersec	ting R	oadwa	y/Street	-  -
<sup>2</sup> <b>1</b>	Route# Direc	tion	Name of Interse	cting Roadway/Street				31				La	ndmarl	ς		_ 2
3	X Vehicle 1	2_#Occupants	X Hit/Run	Moped Case	Number			210000	0700							
	_					\$740 <b>00</b> 0		210000			DAI	N.T.			364	4
	License # SA7	18 1		19		V49228				Reg Ty					e MA	-
4	Sex_F Lic.		Lic. Restriction  ALICE	CDLEndorsment		ear 2021			TALY				_ Veh (	Config	1	$\vdash$
<sup>4</sup>	Operator MA Address 282 K	Last KENRICK ST	First	Middle		TVERSKOY  La SS 37 SCHOFII				First			Mid	dle		- 1
	City NEWTO		Şt	ate MA Zip 02458		SS NEWTON						State	MA	7.in	02460	-
				TY INSURANCE CO.		e Action Prior t	o Crasl	ı [,	21			_			le Up to Thre	ee)
5	1	Direction: X		onding to Emergency? N					22	<b>22</b> 2		3		4		
	Citation # (If I				Most I	· Larmful Event	1 2	23			_	9			10 Undercarri	iage
	Violation	1: ChSec	c Violation	2: ChSec	Driver	Contributing C	ode	1 24	4	24		ľ	$\sqrt{}$	۳	11 Totaled	
<sup>6</sup> 1	Violation	3: ChSec	Violation	4: ChSec	Under	ride/Override	2	25 T	owed	N 8						
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 Seat S Pos. \$	27 Safety A	28 2 irbag Airb status Swit	9 30 ag Eject ch Code	31 Trap Code	32 Injury Status	33 Fransp. Code	Medical Facili	tv 1
	Operator			See Above					1 4		0	0	10	1		
	TVERSKOY,	VITALY		SCHOFILED DR WTON, MA 02460		02/01/1964	M	3	1 4	4	0	0	10	1		
<sup>7</sup> <b>3</b>	Please Select ( of the Followi	I X Vehicle	22 <u>1</u> #Occupan	ss Non-Motorist A Typ	pe 1	Action	15 Lo	cation	10	6 Cond	ition	17	X	Hit/Ru	ın Mop	ed
	License # 1111	111111	St_C		Reg#					Reg Ty	pe_PAI	N	Re	eg Stat	e_MA	
	Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL					Veh YearVeh Make_HONDA Veh Config. 20										
<sup>8</sup> <b>2</b>	Operator UN	KNOWN	UNKNOWN	Endorsment	Owner	(Same as ope	erator)			First			Mid	ldle		-
	Address 1					Address								-		
	CityStateZip					CityStateZip									-	
	Insurance Company UNKNOWN					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								ee)		
	Vehicle Travel Direction: $\boxed{\mathbf{X} \mid \mathbf{S} \mid \mathbf{E} \mid \mathbf{W}}$ Responding to Emergency? $\mathbf{N}$					Event Sequence 1 22 22 22 22 2 3 4 10 Undercarriage								iage		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					Most Harmful Event 1 5 11 Totaled								,		
		Violation 1: Ch Sec Violation 2: Ch Sec Violation 2: Ch Sec Violation 4: Ch Sec					Driver Contributing Code 99 8 7 6									
				n 4: ChSec occupants involved	Under	ride/Override		To		N 28 2 irbag Airb	9   30	31 Trap	32	33		_
	Name (Last Fi	irst Middle)	- Perator and an	Address		Age/DOB	Sex	Pos. S	System	Status Swi	tch Cod	e Code	Status	Transp. Code	Medical Facil	lity
	Operator/	Non-Motorist		See Above					99 4	1 99	0	0	10	1		$\dashv$
									$\dashv$		-					$\dashv$



## Crash Narrative:

MV1 was travelling North bound on Parker St. while waiting in traffic MV2 had rear ended MV1. Operator of MV2 exited vehicle to assess damage, then proceeded to get back in his vehicle and leave. Owner and passenger of MV1 proceeded to step in front of MV2 to obtain his information, but MV2 proceeded to drive towards the operator of MV1. Passenger of MV2 stated he placed his hands on the hood of MV2's vehicle to block him from leaving. MV2 proceeded to drive around MV1 passenger and left the scene.

The driver and passenger of MV1 described the operator of MV2 as an older black male, in his 70's, with a salt and pepper beard and short black hair and wearing a white t-shirt. Driver and passenger of MV1 are unsure if the operator of MV2 is under the influence, due to the operator appearing "dirty" and having "eyes really wide open." It was asked if they could smell alcohol on the man or if he walked unsteadily, which the

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:					,			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descriptio	n of Damag	ged Property	
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issu	ing Authority Cod	35 de
Address			City			St	Zip	
US DOT #:			_ Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42

-	<b>→</b> Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: 🕕 🛚	<b>→</b> [	2	₽Ŷ		
					I	ash <u>Did Not</u> Occur Public Way:
			<u> </u>		o	ff-Street Parking Lot
					<b>□</b> G	arage
						fall/Shopping Center
						ther Private Way
			++		Indica	ate North by Arrow
	_	 	 +			
						( )
		<del></del>	<b>++</b>			
Crash Narrative:						
reporting party stated "n	o."					
Driver and passenger of M	V1 stated they w	were okay ar	nd did not sust	tain any i	njuries and dec	lining medical
attention. MV1 had minima	l damage to the	rear bumper	r consisting of	scratche	s.	
A description of MV2 was	given as a gray	Honda Civio	c with a Connec	cticut lic	ense plate.	
Upon clearing the scene,	I canvassed the	area yieldi	ing negative re	sults. St	ate Police was	also notified, due
to the accidents close pr	oximity to Route	e 9.				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		1			<u>'</u>	-
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Damag	ed Property
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)		
Carrier Name					Carrier Issui	ng Authority Code
Address			City		St	
US DOT #:	_ State Number		Issuing State	ICC #:_		_ Interstate 36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material N	ame		Material 4	ligit #	Release code 42
JEREMY FAY			NEW	TON POLICE DEPART!		10/06/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)