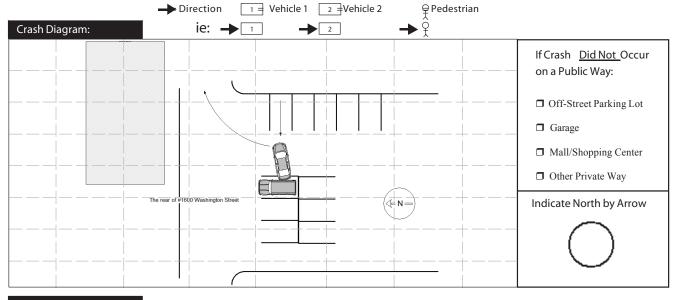
	Pol	ice Use Only		<u>Com</u> monweal	th o	f Massa	achu	setts			RMVI	Documer	ıt Number		
	Date of Crash 11/01/2021	Time of Crash 10:57 24HR	NEWTON	Motor Poli		cle Cra Report	sh [Number Vehicles 1		Latitu	d Limit <u>=</u> ude ritude	5 S I N	tate Police Local Police MBTA Police Other:		
			RSECTION:		OCAT		>		NOT			RSECT	ION:		
						WEST	160	0	WASH	NGTO	N ST				
1 [Route# Direc	tion	Name of Ros	adway/Street	R	oute# Direction	on Ad	dress #		Nan	ne of Roa	adway/Str	eet	_ 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 Feet NSEW of									
1					Route# Intersecting Roadway/Street Feet N S E W of										
3	Route# Direction Name of Intersecting Roadway/Street					Landmark									
	XVehicle1 0 #Occupants X Hit/Run ☐ Moped Case						21	00000885							
	License#StDOB/Age					49DN2			Reg Ty	pe_PAN	1	_Reg Sta			
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL_Endorsment					Veh Year 2013 Veh Make LEXS Veh Config. 20									
1	Operator	Last	First	Middle	Owner	MANLEY	t	DONN	First		<u>A</u>	Middle		1	
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	CityStateZip					EWTON		2				IA Zip	cle Up to Three		
	1	npany ARBELLA				Action Prior to		11	22 2	ramageu	Alea Co	oue. (Circ	ле Ор ю тшее	,	
]			ling to Emergency? N		requence 1	23				Ĭ/		10 Undercarria	ge	
	,	ssued)		CI C		armful Event	1	24	24	←	9	5	11 Totaled		
1				ChSec		Contributing Co	ode 1		N 8		7	6			
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved				Underride/Override							_			
	Name (Last Fir	rst Middle)		Address See Above		Age/DOB	Sex P	os. System	Status Swit	h Code	Code Sta	ury Transp atus Code	Medical Facility	2	
	Operator			See Above											
1	Please Select (One 🗖		D	14		15		16		17		<u> </u>		
1	of the Followi	ng: Vehicle	e# Occupants	Non-Motorist A Type		Action	Loca	tion	Cond	ition		Hit/R	un Mope	d	
	License # St DOB/Age 19 19				Reg#_	Reg # Reg Type Reg State 20 Reg Type Reg Type Reg Type									
	Sex Lic. Class Lic. Restrictions CDL					Veh YearVeh MakeVeh Config.									
1	OperatorLast First Middle					Owner Lust First Middle									
	Address					Address									
	CityStateZip					CityStateZip									
	Insurance Company					venicle Action Prior to Crash								´	
	Vehicle Travel Direction: N S E W Responding to Emergency?					Event Sequence 10 Undercarriage								ge	
	Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec					Most Harmful Event Driver Contributing Code 24 Driver Contributing Code 5 11 Totaled									
	l		Underride/Override Z5 Towed 8 7 6												
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved							26 27 Seat Safety	28 2 Airbag Airb	9 30 ag Eject	31 Trap Inj	32 33 ury Transp		+	
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex	Pos. System	Status Swi	tch Code	Code Si	tatus Code		y	
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Crash Narrative:

The owner of MV#1 states that her MV was parked and unoccupied in the parking area at the rear of #1600

Washington St when according to a witness, MV#2 backed into MV#1 and then left the area. MV#1 sustained

damage to the passengers side of the MV.

The witness/resident states that while standing on his 3rd floor balcony, he observed MV#2, who he described as light colored wagon, possibly SUV being operated by a W/U gender with blonde or gray hair. He then observed MV#2 back out of their parking spot, strike MV#1 and pulled over a short distance away near the gazebo for a moment before leaving the area.

#1600 Washington St., The Warren House has exterior video cameras that they are currently viewing for additional information. To be further investigated.

Witnesses:										
Name (Last, First, Middle)	Address		Phone #	Statement						
THOMAS , DWAYNE, B	\ \ \ \ \	3) WASHINGTON 5 TON,MA 02465	ST		Y					
Property Damage:										
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged	Property					
Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name Carrier Issuing Authority Code										
		City		St	Zip					
US DOT #:	State Number	Issuing State	ICC #:_	1	Interstate 36					
Cargo Body Type Code 37 Gros	ss Vehicle Weight 38			39						
Trailer Reg #:	Reg Type Reg State	Reg Year	Tr							
Hazmat Information:										
Placard 40 Material 1 digit #	# 41 Material Name		Material 4	digit#Re	elease code 42					