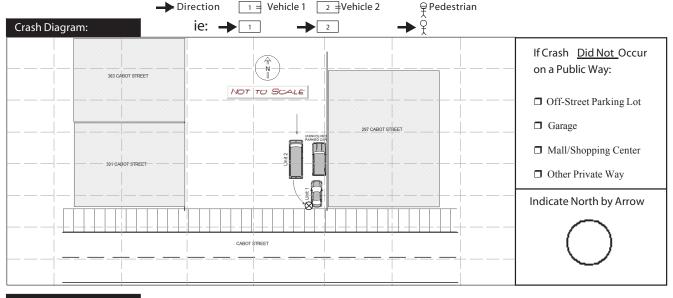
	Poli	ice Use Only		Common	wealth	of Mass	achu	setts			RMV	/ Docur	nent Number	
	Date of Crash 11/15/2021	Time of Crash 16:36	City/Tow NEWTON	m Mo	otor Ve	hicle Cra	sh [	Number Vehicles	Numb Injure		ed Limi tude		State Police Local Police MBTA Police	N X
	11/13/2021	24HR	NEWTON		Police	Report		2	0		gitude_		Other:	
		AT INTER	RSECTION:	<	LOC	ATION	>		NO	ГАТ	INTI	ERSE	CTION:	
						NORTH	и 303		CABO	T ST				ŀ
	Route# Direc	tion	Name of I	Roadway/Street		Route# Direction	on Add	ress #		Na	me of R	loadway	/Street	_
_				Feet NSEW of or								-		
	Route# Direc	ction N	Name of Intersecting	Roadway/Street		Feet N S E W of or Exit Number								_
			Also at Interse			Feet	N S E V	V of	Route	<sub>#</sub> —	Intersec	ting Roa	dway/Street	_
L						Feet	N S E V	V of	Ttoute		111101500	g 1 tou	a.nay/sacce	
	Route# Direc	tion	Name of Intersect	ing Roadway/Street							Lar	ndmark		
	XVehicle1	#Occupants	X Hit/Run	Moped	Case Numbe	er	210	0000941						ı
	License#		St	DOB/Age	Reg	# RT27KI			Reg T	<sub>vne</sub> PA	N	Reg	State MA	
		18 18		19		Year_2002							20	
			_	Endorsme	nt	ner MURPHY								'
L		Last		Middle	Add	ress 239 RIVER S	st T		First			Middle		_
				eZip		NEWTON					State	MA ,	Zip 02465	_
		npany ARBELLA				icle Action Prior to	o Crash	2					Circle Up to Th	ree)
				onding to Emergency			22 22	22	<b>22</b> 2		3		4	
		ssued)		manig to Emergency		t Harmful Event	23					Λ	10 Undercar	rriage
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	1			4: Ch Sec		erride/Override	25	Towed	8 N		7		0	
			ator and all occup							26 27 28 29 30 31 32 33 at Safety Airbag Airbag Fiect Trap Injury Transp.				
	Name (Last Fir			Address See Above		Age/DOB	Sex Po	s. \$ystem	Status Swi	tch Code	e Code	Status Co	ode Medical Faci	ility
	Орегаю			See Above							+			-
1	Please Select C of the Followi		2 1_#Occupants	Non-Motorist	A Type	14 Action	Locat	ion	Cone	dition	17	Hi	t/Run Mo	ped
	License#		St XX	DOB/Age	Reg	# 7DY472			_Reg T	ype_PA	N	Reg	State MA	_ ]
	Sex_M_ Lic.	Class D 18 18	Lic. Restrictions			Year_2007	Veh	Make_FC	RD			Veh Co	nfig. 20	
Į.	Operator BUI	LAT	ROSTYSLAV	Endorsme	nt Owr	er KULIKOV	et	OLEKS	II First			Middle		_
	Address 25 FR	RASER RD			Add	ress 25 FRASER	RD							_
	City FRAMIN	IGHAM	Stat	e_MAZip_01702_	City	FRAMINGHAM	1				State	MA	Zip <u>01702</u>	_
	Insurance Com	npany_LIBERTY N	MUTUAL		Veh	icle Action Prior to	o Crash	10 2	1	Damage	ed Area	Code: (0	Circle Up to Th	ree)
	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency	? <u>N</u> Ever	nt Sequence 2	22 22	22	<b>22</b> 2		3		4	
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			operator and all	occupants involved				26 27 at Safety	28 Airbag Air	29 30 bag Ejec	31 Trap		33 ansp.	
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex P		Status Sv 4 4	vitch Coo	de Code 0	10 1	Code Medical Fac	cility
	1							-		+	+			$\dashv$
										+				$\dashv$
										$\perp$				



## Crash Narrative:

On Monday November, 15, 2021 at approximately 16:36hrs I, Officer Daly, responded to 303 Cabot Street for a past hit and run.

Upon arrival, I spoke with the vehicle owner, Joanne Murphy. Murphy said she had her car parked in the neighbors driveway. Murphy said there were numerous large white vans parked at the house throughout the due to work that was being done. Murphy said she went to pick up the children from school at approximately 14:45hrs and returned to the house at approximately 15:00hrs. Murphy said she noticed damage to the rear driver side bumper near the wheel well. It should be noted there is a sizeable dent with white paint marks. Murphy did not witness another vehicle strike her vehicle. Murphy and her neighbors are unaware of the name of the company who is doing the work at the house. I advised Murphy to contact the landlord to see if they

(Continued on next page)

Witnesses:										
Name (Last, First, Middle)	Address		Phone	e #	Statement					
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dan	scription of Damaged Property				
Truck and Bus Information:	Registration #		(From Vehic	le Section)			25			
Carrier Name					Carrier I	ssuing Authority Cod	e 35			
Address		(	City		St	Zip				
US DOT#:	State Number		Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code 37 Gross	s Vehicle Weight	38			39	9				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra						
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Na	me		Material 4 d	ligit #	Release code	42			

Crash Diagram: ie: -	1 = Vehicle 1	2 =Vehicle 2	₽ Pedestrian		
				If Crash <u>Did Not</u> on a Public Way:	Occur
		_	·	— ☐ Off-Street Parkin	ıg Lot
			_	Garage	
			į	☐ Mall/Shopping C	Center
			++-	☐ Other Private Wa	ıy
			++-	Indicate North by A	Arrow
			++-		
Crash Narrative:	who is doing t	the work at th	ne house. I canvas	ssed the area for camer	ras
yielding negative results. There we	re no injuries	and Murphy's	vehicle is able	to drive without any i	ssues.
At 19:30hrs Murphy came into the New	wton Police St	cation to prov	ride me with the o	other driver's informat	cion.
Murphy said she was contacted by Ros	styslav Bulat,	who said he	was the driver wh	no hit her vehicle. Bul	at
provided Murphy with all of his info					
was not aware that he had struck Mu:					
struck as Bulat backed out of the d	<del>-</del>				
Murphy's information and provided he driving and if he hits a vehicle he					
(Continued on next pa		provide his i		. was apologetic and sa	
Witnesses:	y-/				
Name (Last, First, Middle)	Address			Phone #	Statement

Witnesses:									
Name (Last, First, Middle)	Address		Phone #	#	Statement				
Property Damage:		•							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	scription of Damaged Property			
Truck and Bus Information:	Registration #		(From Vehicle Section)35						
Carrier Name					Carrier Issu	uing Authority Cod			
Address			City		St	Zip			
US DOT #:			Issuing State	ICC #:_		Interstate	36		
Cargo Body Type Code 37 Gross	s Vehicle Weight	38			39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr					
Hazmat Information:									
Placard 40 Material 1 digit #	me		Material 4	digit #	Release code	42			

PATRICK DALY		NEWTON POLICE DEPARTM	11/15/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	→ Direction	1 =	Vehicle 1	2 =\	/ehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: →	1	$\dashv$	2	-	<b>→</b> 🤶			
								If Crash <u>Did Not</u> on a Public Way:	Occur
				_				☐ Off-Street Parkin	σ Lot
								☐ Garage	5 201
		 		_ +				☐ Mall/Shopping C	enter
		_ _		_ <del> </del>					
								☐ Other Private Wa	
								Indicate North by A	Arrow
		- -							
	_	-		_ + -		· — —		$\downarrow$	
Crash Narrative:									
would be in contact with	Murphy throug	hout	the in	suranc	e process	to ensure	it gets	done.	
It should be noted that B	ulat has an a	ctiv	e licen	se from	m Ukraine.	Bulat has	lived i	n Massachusetts fo	r
approximately 2 months an	d has been in	con	tact wi	th the	RMV to ge	et a Massac	husetts'	s license. Bulat s	aid due
to COVID the RMV has been	delayed but	Bula	t has p	aperwo	rk from th	ne RMV show	ing his	attempts to get an	active
Massachusetts's license.									
W itnesses: Name (Last, First, Middle)			Address					Phone #	Statement
Name (Last, First, Middle)			Address					Priorie #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address			F	Phone #	34-Type	Descriptio	n of Damaged Property	
Truck and Bus Information:	Registration #			•	(From V	Vehicle Section)			
Carrier Name	- 0					,		Carrier Issuing Authority Coo	de   35
Address				Cit	у			St Zip	
US DOT #:	State Number			I	ssuing State	ICC#:		Interstate	36
37	oss Vehicle Weight		38						
The St. The St	١ .		Pag Stat	ta	Pag Van	Tr	ailar I anath	39	
Trailer Reg #: Hazmat Information:	Keg Type		Keg Stat		Keg rear	Ir	anci Lengin		
Placard 40 Material 1 digit	# 41 Materia	al Nan	ne			Material 4	digit#	Release code	42
PATRICK DALY					NI	EWTON POLICE DEPART		11/15/2	.021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)