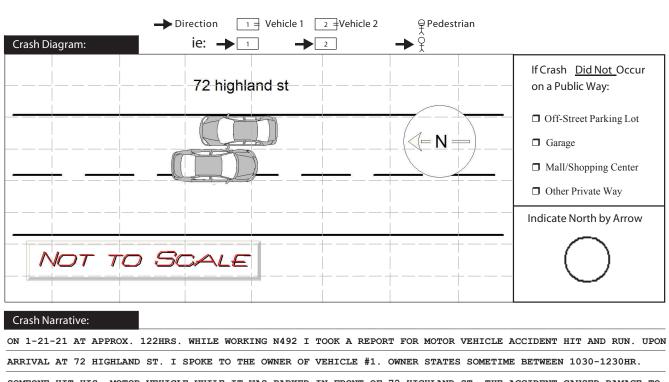
Pol	ice Use Only		Common	wealth	of Mass	achu	setts	\$		RM	V Docur	ment Number	·
Date of Crash 11/21/2021	Time of Crash	City/Tow NEWTON	n Mo	otor Vel	hicle Cra	ısh [	Number Vehicles		ber Spe	ed Limi itude		State Police Local Police MBTA Polic	, Xi
11/21/2021	24HR			Police	Report		2	0		gitude_		Other:	:е 🔟
	AT INTE	RSECTION:	<	LOCA	TION	>		N(	OT AT	INTI	ERSE	CTION:	
					NORT	· 72		HIG	HLAND	ST			ŀ
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_		A	t		Feet	N S E	w of		•		or		ŀ
Route# Dire	ction ]	Name of Intersecting	Roadway/Street					Mil	e Marker			Exit Number	
		Also at Interse	ction with		Feet	N S E	W of	Rou	te#	Intersec	ting Roa	dway/Street	_
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Route# Direc	tion	Name of Intersect	ing Roadway/Street	ı						Laı	ndmark		
XVehicle 1	_0_#Occupants	Hit/Run	Moped	Case Numbe	r	21	00000968						
License#		St	DOB/Age	Reg #	7RR916			Reg	Type PA	N	Reg	State_MA	
	Class 18		19		Year 2021							20	
	Last		Endorsme	ent	er ALKALAY								_ [
l .		First	Middle	Addr	ess 867 DRIFT I	st RD		First			Middle	;	_
		State			WESTPORT					State	MA ,	Zip 02790	_
	npany PROGRES				cle Action Prior t	o Crash	11 2	21				Circle Up to Tl	hree)
1		S E W Respon	nding to Emergency		_	22 22		22	2	3		4	
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Name (Last Fi		<u> </u>	Address See Abov		Age/DOB	Sex P	os. System	Status S	witch Cod	e Code	Status Co	ode Medical Fac	cility
Please Select of the Follow		e2 1_#Occupants	Non-Motoris	t A Type	14 Action	Loca	tion	16 Co	ndition	17	X Hi	t/Run Mo	oped
License#		St	DOB/Age	Reg#	#			Reg	Type_PA	N	Reg	State_MA	_ ]
Sex Lic.	Class D 18	Lic. Restrictions	19 CDL		Year 2021	Veh	Make_U	NKNO	WN		Veh Co	onfig. 97 20	
Operator UN	KNOWN	UNKNOWN	Endorsme		er (Same as ope	erator)		First			Middle		_
Address UNI		1 1130	Wilde	Addr	ess			11150			widuic		_
City		State	Zip UNK	City						State	;	Zip	_
Insurance Con	npany_UNKNOV	VN		Vehic	cle Action Prior t	o Crash	99	21	Damage	ed Area	Code: (0	Circle Up to Tl	hree)
Vehicle Travel	Direction: N	X E W Resp	onding to Emergency	y? <u>N</u> Even	t Sequence 2	22 22	22	22	2	3		4	
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		r operator and all o	*				26 27 eat Safety	28 Airbag	29 30 Lirbag Ejec	31 Trap		33 ansp.	
Name (Last F	'Non-Motorist		Addres See Abov		Age/DOB		Pos. System 99		99 99	de Code 99	10 1	Code Medical Fa	acılıty
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## Crash Narrative: ON 1-21-21 AT APPROX. 122HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT HIT AND RUN. UPON ARRIVAL AT 72 HIGHLAND ST. I SPOKE TO THE OWNER OF VEHICLE #1. OWNER STATES SOMETIME BETWEEN 1030-1230HR. SOMEONE HIT HIS MOTOR VEHICLE WHILE IT WAS PARKED IN FRONT OF 72 HIGHLAND ST. THE ACCIDENT CAUSED DAMAGE TO THE OWNERS LEFT REAR VIEW MIRROR. THE GLASS OF THE MIRROR REMAINED INTACT BUT THE MIRROR CAME UNHINGED. OWNER STATES THERE WAS NO WITNESSES TO THE ACCIDENT. THE OWNER OF 72 HIGHLAND TOLD THE OWNER OF VEHICLE #1 HE WOULD REVIEW HIS VIDEO FOOTAGE TO SEE IF HE HAS FOOTAGE OF THE ACCIDENT AND WOULD UPDATE IF ANYTHING WAS CAPTURED. OWNER REPORTS NO INJURIES AND WAS ADVISED TO CONTACT HIS INSURANCE COMPANY. CLEARED WITHOUT FURTHER INCIDENT. Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property

Owner (Last, First, Middle)	er (Last, First, Middle) Address		34-Type	Description of Damaged Property
Truck and Bus Information:	Registration #	(From Vehic	cle Section)	25
Carrier Name				Carrier Issuing Authority Code 35
Address		City		St Zip
US DOT #:	State Number	Issuing State	ICC #:_	Interstate 36
Cargo Body Type Code 37 Gros	s Vehicle Weight 38			39)
Trailer Reg #:	Reg Type Reg State	Reg Year	Tr	
Hazmat Information:				
Placard 40 Material 1 digit #	Material Name		Material 4	digit # Release code 42

THOMAS P WALSH		NEWTON POLICE DEPARTM	11/21/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDD1 11 2400					