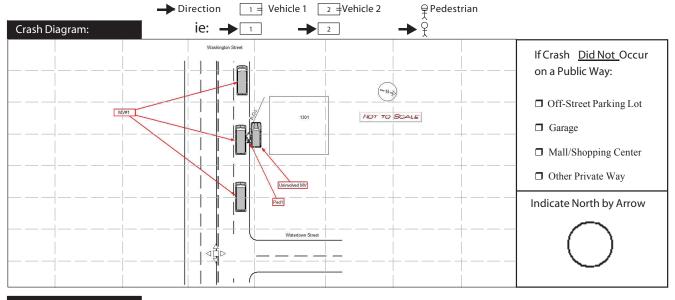
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X Vehic	e1 2_#Occupant	ts Hit/Run	Moped	Case Numbe	er	210	00000976						
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Address 45	DUTTON ROAL)		Add	ress 126 ADAMS	STREET							_
City STOU	GHTON	Sta	ate MA Zip 02072	City	NEWTON					_State_	MA Z	ip <u>02458</u>	_
Insurance C	ompany COMERC	CE INSURACE		Vehi	icle Action Prior to	Crash	1 21	D	amaged	d Area	Code: (C	ircle Up to Thr	ree)
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	se fill out for ope First Middle)	erator and all occu	pants involved Address		Age/DOB	Sex Po	26 27 at Safety A s. System	28 29 Airbag Airba Status Swite	g Eject h Code	Trap I Code	32 Injury Tran Status Coo	33 lsp. le Medical Facil	lity
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NGUYEN,	ΓRAM, N		LINDEN STREET DRCHESTER, MA 0212	M 3 1 4 4 0 0 10				10 1					
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of the Follo	IX Vahic	:le2 <u>0</u> #Occupan	ts Non-Motorist	:A Type	Action	Locat	ion	Condi	tion	1,	Hit,	/Run Mor	ped
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N		or operator and all	occupants involved		1 /202		26 27 at Safety	28 29 Airbag Airba	g Eject	31 Trap I	njury [Fran		:1:4
	t First Middle) or/Non-Motorist		Address See Above		Age/DOB	Sex P	os. System	Status Swit	ch Code	Code	Status Co	ode Medical Fac	ility
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	olice Use Only		Commo							_		-	ent Number	
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Name (Last Operate	First Middle) Or		See A	ldress Above		Age/DOB		Pos. \$yste	n Status \$wi	tch Code	Code S	status Code	Medical Faci	iiity
Please Selection of the Follow	I Vehi	cle# Occupa	ants Non-Mot	torist A Type	97	Action 5	Loc	eation 4	Cone	dition 1	17 1	Hit/	Run Mo	ped
License#		St	DOB/Age_		Reg#				Reg T	vne		Reg St	tate	
Sex M Lie	18		19		_	ar						Veh Conf	20	_
Operator N		DENNIS	J Endo	orsment		L							J	
	Last AUSTIN STRE	EET (apt. 2)	Mi			L	ast		First			Middle		
City NEWT			State MA Zip 024								State	Zi	p	
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Operato	or/Non-Motoris	ı	See A	Dove								10 1		



Crash Narrative:

Mv#1 was traveling west on Washington Street when it struck Ped#1; then after a brief exchange Mv#1 drove off.

-OpMv#1 stated he was traveling west on Washington Street when he struck Ped#1 with his side mirror. OpMv#1 stated he and Pas Mv#1 asked Ped#1 if he was ok and Ped#1 stated he was. MV#1 continued to his job site, until he was instructed to the Police Station by his superiors to meet with Ped#1 who was filing a Police Report regarding the collision.

-Pas Mv#1statements coincide with those made by OpMv#1.

-Ped#1 stated he got out of his vehicle to get the dry cleaning items from the back seat when he was struck by Mv#1's side mirror on his left shoulder. He stated the driver paused and the passenger asked if he was ok.

(Continued on next page)

Address

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
A CUID DUTY A TROOTE A	379 (apt 2) AUSTING STREET NEWTON,MA 02459		N

Phone #

34-Type Description of Damaged Property

Property Damage: Owner (Last, First, Middle)

Truck and Bus Information: Carrier Name	Registration #	(From Vehic	cle Section)	Carrier Issu	aing Authority Code
Address		City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:_		Interstate 36
	s Vehicle Weight Reg Type Reg State	Reg Year	Tra	ailer Length	
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4	digit #	Release code 42

DAVID A. CALDERON

Newton Police DEPARTA

Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks Date

-	→ Direction	1 = Vehicle 1	≥ ≠Vehicle 2	Pedestri	an	
Crash Diagram:	ie: →	1 -	□ →	▶ ♀		
					If Crash <u>Did Not</u> on a Public Way:	_Occur
		<u> </u>			Off-Street Parki	ng Lot
					☐ Garage	
		-			☐ Mall/Shopping ©	Center
				+	Other Private W	
	_ 	 		+		
		į į	į	į	Indicate North by	Arrow
				+		
Crash Narrative:						
Ped#1 stated "Really, what				1. MV#1 th	nen left the scene, Ped#1	stated
he contacted the company a						
-PasMV#2 statements coinc						
Ped#1did notreport any						ion as
needed. There were no veh	icles damaged,	therefore no	venicle was	towed from	the scene.	
·						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Owner (Last, 1 list, Middle)	Addless		THORE #	эттурс	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		35
Carrier Name					Carrier Issuing Authority Co	ode
Address			City		St Zip	
US DOT #:	_State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	 Reg State	Reg Year_	Trai	iler Length 39	
Hazmat Information:		· · · · · · · · · · · · · · · · · · ·	-			
Placard 40 Material 1 digit	# 41 Material 1	Name		_ Material 4 d	igit # Release code	42
DAVID A. CALDERON			NEWI	ON POLICE DEPARTM	11/23/	/2021

CDP1 11 ·24·00

Police Officer Name (Please Print)