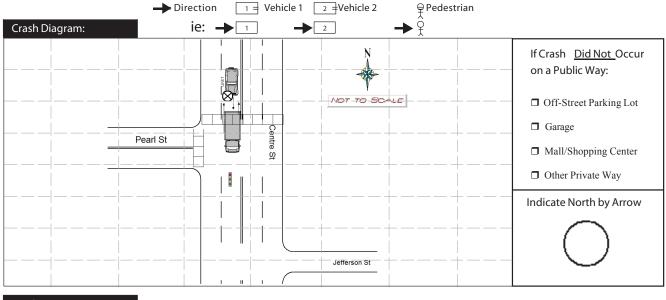
SOUTH CENTRE ST  Route# Direction Name of Roadway/Street  EAST PEARL ST  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street  Landmark  3		Poli	ce Use Only		Commonwea	lth c	of Massa	achu	isetts			RMV	Docum	ent Number	
Total   Tota				,	1410101			sh						State Police Local Police MBTA Police	NA NA
SOUTH   CENTRE ST									1					Other:	
Rest   Direction   Name of Readway/Street   Readway/Street   2   1			AT INTER	RSECTION:	< 1	LOCA	IION	>		NOT	AT	INTE	CRSEC	CTION:	
FAST   PEARL ST   Rander Direction   Name of Intersecting Randway/Street   About Intersecting Randway/Street   Feet   N   E   W   of   Rander   Intersecting Randway/Street   Z		SOU	TH CENTR	E ST											
Part	$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direct	tion				Route# Direction	on Ad	dress #		Nar	me of R	oadway/S	Street	_ 2
Alors Intersection Name of Intersecting Roadway/Street    Routes   Direction		EAST	Feet NSEW of or								_				
Pool   No   Foot   No   Flw   of   Intersecting Readway/Street   2   1		Route# Direc	tion N			<b> </b> -	Foot 2	VI C E	W ac	Mile N	larker			Exit Number	-
Routes Direction   Name of Intersecting Roadways Street   Landmark				Also at Intersec	tion with	-			_	Route#	I	ntersect	ing Road	way/Street	-
Secondary Forester   Secondary   Seconda	$\begin{vmatrix} 2 \\ 1 \end{vmatrix}$	Route# Direct	tion	Name of Intersecti	ng Roadway/Street		Feet [	N S E	W of						2
License #		_										Lan	dmark		$\dashv$
Sec. M   Lic. Class   D   18   Lic. Restrictions   1   19   DL   Veh Veh (2016   Veh Make   EFEP   Veh Config.   1   2   1   3		XVehicle1	1_#Occupants	X Hit/Run	Moped Case I	Number		21	.00001034						
Sex M. Lie. Class D. Lie. Restrictions 1 CDL. Veh Year 2016 Veh Make 1849 Veh Config. 1  Operator TOLEDO DELEMA ADDATON T Endosment Address 2 Department of TOLEDO DELEMA DOLEDO DELEMA DOLEDO SELEMA SOLUTION T Endosment Address 2 DELEMA DELEMA SOLUTION T SEASON TO SEA ADDRESS OF TOLEDO DELEMA DOLEDO DELEMA DOLEDO DELEMA ADDATON T Endosment Address Address 2 DELEMA DELEMA DELEMA DELEMA DOLEDO DELEMA DOLEDO DELEMA DOLEDO DELEMA		License#		St MA		Reg#	3ТНН79			Reg Ty	pe_PAN	V	Reg S		
Citation of College   College   Citation of College   Citation o		Sex_M Lic. 0	Class D 18 1		1 CDI	Veh Ye	ear_2016	Veh	Make_JE	EP			Veh Con	nfig. 20	
Address   City ASHLAND   State MA   Zip 01721   City   State   Zip   Damaged Area Code: (Circle Up to Three)	4	Operator TOI	LEDO DE LEMA	ADALTON	Endorsment T	Owner	(Same as open	rator)		Firet			Middle		- 1 1
Insurance Company FOREMOST INSURANCE COMPANY  Vehicle Travel Direction: NIXEW Responding to Emergency? Notation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Address Age-DOB Sec	3	Address 20 JO	ANNE DR (apt.	33)	Middle								Wilder		_
Vehicle Travel Direction: Nix   We Responding to Emergency? Note   Event Sequence   12   22   22   23   24   10   Undercarriage   10 Undercarriage   11 Totaled   11   12   12   10   10   Undercarriage   11   10   Undercarria		City ASHLAN	1D	State	MA Zip 01721								Z	Zip	_
Citation # (If Issued)  Violation 1: Ch. See Violation 2: Ch. See Underride Override  Please fill out for operator and all occupants involved  Address  Operator  Please fill out for operator and all occupants involved  Address  Operator  See Above  Please fill out for operator and all occupants involved  Operator  See Above  Please fill out for operator and all occupants involved  Address  Operator  See Above  Please fill out for operator and all occupants involved  Address  Operator  Non-Motorist A Type  Address  License # St DOB/Age Reg # Reg Type Reg State  Sex Lic Class  St DOB/Age Reg # Reg Type Reg State  Findorment  Owner  Owner  Address  Address  City State Zip City State Zip City State Zip City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence  Please fill out for operator and all occupants involved State Sta		Insurance Com	pany FOREMOS	ST INSURANCE CO	OMPANY	Vehicle	e Action Prior to	Crash	1 2	<u>:1</u>	amageo	d Area	Code: (C	ircle Up to Thr	ee)
Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 29 5 11 Totaled  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N 6 1 Totaled  Please fill out for operator and all occupants involved Name (Last First Middle)  Address AgeDon Sec No. System Brane Swite	5 <b>1</b>	Vehicle Travel	Direction: N	X E W Respor	ding to Emergency? N	Event	Sequence 1	22 22	22	<sup>22</sup> <b>O</b>		3		4	
Violation 1: Ch		Citation # (If Is	ssued)			Most I	Harmful Event	1 23		_	_	9			riage
Please fill out for operator and all occupants involved   Age/DOB   See   Sure   Age/DOB   See   Age/DOB   See   Sure   Age/DOB		Violation	1: ChSec	Violation 2	ChSec	Driver	Contributing Co	ode 1	24						
Operator  See Above  Non-Motorist A Type  Action  See Above  14 Action  15 Location  16 Condition  17 Hit/Run  Moped  License#  Sex Lic. Class  Sex Sex Lic. Class  Sex Lic. Class  Sex	<sup>6</sup> <b>1</b>	Violation	3: ChSec	Violation 4	ChSec	Under	ride/Override	25	Towe	d_N8		7		6	
Operator  See Above  Non-Motorist A Type  Action  License # St DOB/Age Reg # Reg Type Reg State  Sex Lic. Class  Sex Lic. Clas				ator and all occupa		26 27 28 29 30 31 32 33 35 Seat Safety Airbag Airbag Eject Trap July Traps.							1 1		
Steep   State   Stat			st middle)											ic Wedlear Facili	
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State   Zip   State   Zip   State   Zip   State   Zip   State   Zip   Insurance Company   Vehicle Travel Direction:   N S E W   Responding to Emergency?   Event Sequence   Zi   Zi   Zi   Zi   Zi   Zi   Zi   Z															
State   Zip															
Steep   State   Stat	7									12		15			
Sex Lic. Class   18   18   Lic. Restrictions   19   CDL   Veh Year   Veh Make   Veh Config.   20    Operator	3		Vehicle	# Occupants	Non-Motorist A Typ	pe 1				Cond	ition	17	Hit	/Run Mop	oed
Sex Lic. Class   18   18   Lic. Restrictions   19   CDL   Veh Year   Veh Make   Veh Config.   20    Operator		License#		St	DOB/Age	Reg # Reg Type Reg State						State	_		
Operator		18 18 19											20	20	
Address  City State Zip City State Zip City State Zip Vehicle Action Prior to Crash  Vehicle Action Prior	8	Endorsment													
City State Zip City State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22	1		Last	First	Middle			t		First			Middle		_
Insurance Company			City State Zip								_				
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence    Citation # (If Issued)											ee)				
Citation # (If Issued) Most Harmful Event							22 22 22 2 3 4								
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code							Most Harmful Event 23								riage
Violation 3: ChSec Violation 4: ChSec Underride/Override		Violation	24 24 5 11 Totaled												
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility			25 8 7 6												
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility				operator and all o	1				26 27 Seat Safety	28 29 Airbag Airba	9 30 Eject	31 Trap I	njury Tran	isp.	
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## Crash Narrative:

Adalton Toledo De Lima the operator/owner of MV1 came into the front lobby of NPD to claim a hit & run that just occurred. MV1 operator stated he was traveling southbound on Centre St. MV1 was stopped in heavy traffic stopped at a red light at the intersection of Centre St & Pearl St when the operator of a white box truck slowly reversed into his vehicle. The light had quickly turned green and the box truck drove away without giving information. MV1 operator was unable to obtain an accurate license plate number from the box truck but has pictures of the damage to the front right of the vehicle. No injuries, and the motor vehicle was still operable. Toledo was given the accident report number and was advised to contact his insurance company.

W itnesses:								
Name (Last, First, Middle)	Ad	ddress				Phone #		Statement
Property Damage:	•				·			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description o	of Damage	ed Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				35
Truck and Bus Information:  Carrier Name				cle Section)	Car	rrier Issuii	ng Authority Co	ode 35
								35 ode
Carrier Name			City		Si	t	Zip	ode
Carrier Name  Address  US DOT #:			City		Si	t	Zip	ode
Carrier Name  Address  US DOT #:	State Number		City Issuing State	ICC#:_	S(	t	Zip	ode
Carrier Name  Address  US DOT #:  Cargo Body Type Code  37  Gross	State Number		City Issuing State	ICC#:_	S(	t	Zip	ode

CHRISTOPHER PERRY		NEWTON POLICE DEPARTM	12/10/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date