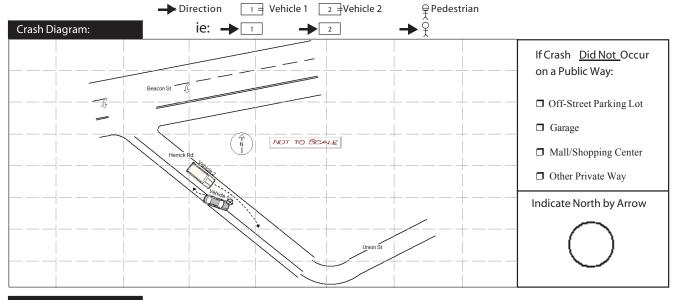
	Poli	ice Use Only		Commonwea	olth o	f Massa	achu	setts			RMV	/ Docu	ıment N	lumber	
	Date of Crash 12/30/2021	Time of Crash 18:45 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 1		d Lati	ed Limi itude igitude_		State Loca MB7 Othe	Police [al Police] TA Police [er:	ב ב ב
				LOCATION > NOT AT INTERSECTION:							N:	$\frac{1}{2}$			
						EAST			HERR	ICK RE)				
4	Route# Direc	oadway/Street	Route# Direction			ction Address # Name of Roadway/Street							_ 2		
					Feet N S E W of or Exit Number										
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² 2						Feet [N S E V	V of	Route	#	Intersec	ting Ro	adway/S	Street	4
	Route# Direc	tion	Landmark									┰			
3	XVehicle1	2_#Occupants	X Hit/Run	Moped Case	Number		210	00001084							
	License#		St_MA		Reg#_	1DP730			Reg T	ype PA	N	Reg	g State_N	MA	1
	Sex_M Lic.	Class D 18 1	8 Lic. Restrictions	B 19 CDL	Veh Ye	ear_2014	Veh	Make_Tl	ESLA			Veh C	onfig.	1 20	
4 1	Operator RO	DRIGUEZ	RUVEN	R Endorsment	Owner	(Same as ope	rator)		First			Midd	le		1
	Address 3 OR				Owner (Same as operator) Last First Middle Address										
		ty WELLESLEY State MA Zip 02481													
5	1	Insurance Company COMMERCE					Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three) 22 22 22 23 4								
3		Direction: N		nding to Emergency? N		sequence 1	23	22			$\overline{\bigcap}$)	Undercarria	ge
	`	ssued)		· Ch Sec		Iarmful Event	1	24	24	←	9		- 1	Totaled	
⁶ 2]	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 Violation 3: ChSec Violation 4: ChSec Underride/Override Underride/Override 25 Towed N													
	Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Riect Trap Injury Transp.							1			
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7															
1	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Typ	pe 1	Action 1	Locat		Con	dition	17	□⊦	lit/Run	Море	Ŀ
	License#StDOB/Age				Reg#_	Reg TypeReg State							20]		
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Ye	Veh Year Veh Make Veh Config. 20									
8 1	Operator	Last	First	Middle	Owner	Las	t		First			Midd	le		
	Address					s									
	City State Zip				CityStateZip										
	Insurance Company Valviele Toyal Direction: N. S. E.W. Remarking to Empresonal?					venicie Action Prior to Crash								'	
	Vehicle Travel Direction: NSEW Responding to Emergency? Citation # (If Issued)				Most Harmful Funct 23								ge		
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			operator and all o	ccupants involved		, /Bob		26 27 eat Safety	28 Airbag Air	29 30 bag Ejec	31 Trap		33 ransp.	A.E. IP W	7
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex F	os. Systen	Status Sv	vitch Co	de Code	Status	Code N	Medical Facility	
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Crash Narrative:

On 12/30/21 at approximately 18:48 hours I, Officer Whitney Hyde, was dispatched to 105 Union St to meet a Ruven Rodriguez regarding a past hit and run. I located Mr. Rodriguez and his vehicle at 808 Beacon St. Mr. Rodriguez stated he was attempting to parallel park Vehicle 1 on Herrick Rd when the vehicle behind him, Vehicle 2, got impatient and attempted to pass by him. When Vehicle 2 did so, it made contact with the front driver side corner of Vehicle 1. Mr. Rodriguez stated that the corner of Vehicle 1 scraped along the entire length of Vehicle 2. Mr. Rodriguez was only able to describe Vehicle 2 as a newer model white SUV being operated by a white male. Mr. Rodriguez stated that it occurred sometime between 1821 and 1824 hours. I observed scrapes with white paint transfer to the drivers side corner of Vehicle 1's front bumper.

Witnesses:												
Name (Last, First, Middle)	Address			Phone #	Statement							
Property Damage:												
Owner (Last, First, Middle)	Address		Phone # 34-Type Des			scription of Damaged Property						
Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name Carrier Issuing Authority Code												
Address		(City			St	Zip					
US DOT #:	State Number		Issuing State	ICC#:			Interstate	36				
Cargo Body Type Code 37 Gross Vehicle Weight 38 39												
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer L							
Hazmat Information:												
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit#		Release code	42				

WHITNEY HYDE		NEWTON POLICE DEPARTM	12/30/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date