

|   |  |                                  |                               |   |  |                                      |                     |   |                     |   |  |  |  |
|---|--|----------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|---|---------------------|---|--|--|--|
| Police Use Only   |  |                                  | Commonwealth of Massachusetts |   |  |                                      | RMV Document Number |   |                     |   |  |  |  |
| Date of Crash<br>01/06/2022   |  | Time of Crash<br>07:24<br>24HR   |                               | City/Town<br>NEWTON                               |  | Motor Vehicle Crash<br>Police Report |                     | Number Vehicles<br>2                    | Number Injured<br>0 | Speed Limit 25<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:  |  |                                  |                               | < LOCATION >                                      |  | NOT AT INTERSECTION:                 |                     |   |                     |   |  | 9  |  |
| SOUTH CENTRE ST   |  |                                  |                               |   |  |                                      |                     |   |                     |   |  | 2  |  |
| Route# Direction Name of Roadway/Street   |  |                                  |                               | Route# Direction Address # Name of Roadway/Street |  |                                      |                     |   |                     |   |  | 10   |  |
| At  |  |                                  |                               | Feet N S E W of _____ or _____                    |  |                                      |                     |   |                     |   |  |  |  |
| WEST COMMONWEALTH AVENUE  |  |                                  |                               | Mile Marker Exit Number                           |  |                                      |                     |   |                     |   |  |  |  |
| Route# Direction Name of Intersecting Roadway/Street  |  |                                  |                               | Route# Intersecting Roadway/Street                |  |                                      |                     |   |                     |   |  | 11   |  |
| Also at Intersection with   |  |                                  |                               | Feet N S E W of _____                             |  |                                      |                     |   |                     |   |  | 2  |  |
| Route# Direction Name of Intersecting Roadway/Street  |  |                                  |                               | Landmark  |  |                                      |                     |   |                     |   |  |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants  |  | <input type="checkbox"/> Hit/Run |                               | <input type="checkbox"/> Moped                    |  | Case Number 22000011                 |                     |   |                     |   |  |  |  |
| License # --- St MA DOB/Age ---   |  |                                  |                               | Reg # T28898 Reg Type CON Reg State MA            |  |                                      |                     |   |                     |   |  |  |  |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____   |  |                                  |                               | Veh Year 2020 Veh Make BMW Veh Config. 1 20       |  |                                      |                     |   |                     |   |  | 12   |  |
| Operator WINSLOW REGINA   |  |                                  |                               | Owner (Same as operator)                          |  |                                      |                     |   |                     |   |  | 1  |  |
| Address 119 MAIN STREET   |  |                                  |                               | Address   |  |                                      |                     |   |                     |   |  |  |  |
| City BOSTON State MA Zip 02129  |  |                                  |                               | City State Zip                                    |  |                                      |                     |   |                     |   |  |  |  |
| Insurance Company LM GENERAL INSURANCE COMPANY  |  |                                  |                               | Vehicle Action Prior to Crash 2 21                |  |                                      |                     | Damaged Area Code: (Circle Up to Three) |                     |   |  |  |  |
| Vehicle Travel Direction: N X E W Responding to Emergency? N  |  |                                  |                               | Event Sequence 1 22 22 22 22                      |  |                                      |                     | 10 Undercarriage                        |                     |   |  |  |  |
| Citation # (If Issued) _____  |  |                                  |                               | Most Harmful Event 1 23                           |  |                                      |                     | 11 Totaled                              |                     |   |  |  |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____   |  |                                  |                               | Driver Contributing Code 1 24 24                  |  |                                      |                     |   |                     |   |  |  |  |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____   |  |                                  |                               | Underride/Override 25 Towed N                     |  |                                      |                     |   |                     |   |  |  |  |
| Please fill out for operator and all occupants involved   |  |                                  |                               |   |  |                                      |                     |   |                     |   |  | 13   |  |
| Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility   |  |                                  |                               |   |  |                                      |                     |   |                     |   |  | 1  |  |
| Operator See Above  |  |                                  |                               |   |  |                                      |                     |   |                     |   |  |  |  |
|   |  |                                  |                               |   |  |                                      |                     |   |                     |   |  |  |  |
|   |  |                                  |                               |   |  |                                      |                     |   |                     |   |  |  |  |
|   |  |                                  |                               |   |  |                                      |                     |   |                     |   |  |  |  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped |  |                                  |                               |   |  |                                      |                     |   |                     |   |  |  |  |
| License # --- St MA DOB/Age ---   |  |                                  |                               | Reg # 1NAM87 Reg Type PAN Reg State MA            |  |                                      |                     |   |                     |   |  |  |  |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____   |  |                                  |                               | Veh Year 2010 Veh Make CHEV Veh Config. 1 20      |  |                                      |                     |   |                     |   |  |  |  |
| Operator RAMIREZ JORGE  |  |                                  |                               | Owner (Same as operator)                          |  |                                      |                     |   |                     |   |  |  |  |
| Address 409 CHELSEA STREET (apt. 3)   |  |                                  |                               | Address   |  |                                      |                     |   |                     |   |  |  |  |
| City BOSTON State MA Zip 02128  |  |                                  |                               | City State Zip                                    |  |                                      |                     |   |                     |   |  |  |  |
| Insurance Company PROGRESSIVE CASUALTY INSURANCE COMPAN   |  |                                  |                               | Vehicle Action Prior to Crash 1 21                |  |                                      |                     | Damaged Area Code: (Circle Up to Three) |                     |   |  |  |  |
| Vehicle Travel Direction: N X E W Responding to Emergency? N  |  |                                  |                               | Event Sequence 1 22 22 22 22                      |  |                                      |                     | 10 Undercarriage                        |                     |   |  |  |  |
| Citation # (If Issued) _____  |  |                                  |                               | Most Harmful Event 1 23                           |  |                                      |                     | 11 Totaled                              |                     |   |  |  |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____   |  |                                  |                               | Driver Contributing Code 99 24 24                 |  |                                      |                     |   |                     |   |  |  |  |
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| Please fill out for operator and all occupants involved   |  |                                  |                               |   |  |                                      |                     |   |                     |   |  | 13   |  |
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| Operator/Non-Motorist See Above   |  |                                  |                               |   |  |                                      |                     |   |                     |   |  |  |  |
|   |  |                                  |                               |   |  |                                      |                     |   |                     |   |  |  |  |
|   |  |                                  |                               |   |  |                                      |                     |   |                     |   |  |  |  |
|   |  |                                  |                               |   |  |                                      |                     |   |                     |   |  |  |  |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Commonwealth Avenue

Centre Street

Unit 1

Unit 2

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

**Crash Narrative:**

MV1 Operator states she was traveling southbound on Centre Street when an orange Chevrolet Camaro rear ended her vehicle. MV2 did not stop for the accident and continued driving. The road ways were slick from ice. MV1 operator had no injures. I attempted to contact MV2 operator but was unsuccessful. Due to there being minimal to no damage to MV1 we will not be seeking charges for MV2 Operator for leaving the scene of property damage at this time.

Traffic has been updated to follow up with this report.

Traffic Bureau update (Officer Gaudet): I attempted to make contact with the registered owner of MV2, Mr. Jorge Ramirez S17331100, with a negative result. A "Hit and Run" inquiry was mailed to the

(Continued on next page)

**Witnesses:**

| Name (Last, First, Middle) | Address | Phone # | Statement |
|----------------------------|---------|---------|-----------|
|                            |         |         |           |
|                            |         |         |           |

**Property Damage:**

| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description 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

Cargo Body Type Code  Gross Vehicle Weight

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length

**Hazmat Information:**

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

**CHRISTOPHER PERRY**      NEWTON POLICE DEPARTM      01/06/2022

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00

[illegible]

| Property Damage:            |         |         |         |                                 |
|-----------------------------|---------|---------|---------|---------------------------------|
| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|                             |         |         |         |                                 |
|                             |         |         |         |                                 |

| CHRISTOPHER PERRY                  |           |            | NEWTON POLICE DEPT. |                   | 01/06/2022 |
|------------------------------------|-----------|------------|---------------------|-------------------|------------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department          | Precinct/Barracks | Date       |
| CDP1 11 :24:00                     |           |            |                     |                   |            |