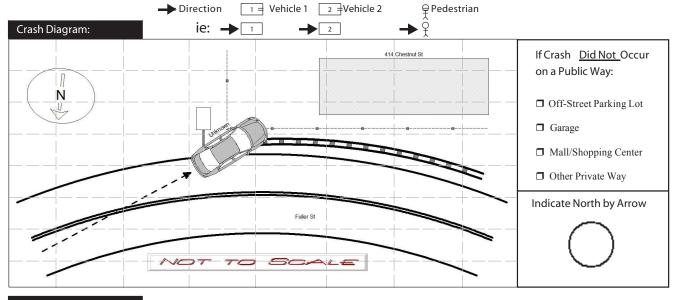
	Poli	ce Use Only		Commony	vealth	of Massa	ichu	setts			RMV	/ Docur	ment Number	
	Date of Crash 01/07/2022	Time of Crash 12:51	City/Town	Mot	tor Vel	hicle Cra	sh [	Number Vehicles			d Limit		State Police Local Police MBTA Police	N N
	01/07/2022	24HR	NEWTON	-		Report		1	0		gitude_		Other:	• •
		AT INTERSECTION: <			LOCA	LOCATION > NOT AT INTERSECTION:								一
						NORTH	414		CHEST	NUT S	T			-
1 <b>99</b>	Route# Direc	tion		oadway/Street		Route# Directio	n Add	ress #		Naı	me of R	oadway	/Street	_
	At					Feet NSEW of or							-	
	Route# Direc	tion N	Jame of Intersecting	Roadway/Street					Mile N	Iarker			Exit Number	
			Also at Interse	ction with		Feet N	SEV	<b>V</b> of	Route#	I	ntersect	ting Roa	dway/Street	-
2 <b>4</b>						Feet N	SEV	<b>V</b> of				Ü	•	
	Route# Direction Name of Intersecting Roadway/Street Landmark													
<b>4</b>	XVehicle1	1_#Occupants	X Hit/Run	Moped	Case Numbe	r	220	000020						
	License#		St	DOB/Age	Reg	UNK			Reg Tv	ne UNI	K	Reg	State XX	
	Sex Lic.	18 19		9 CDL		Year_UNK							20	
4			UNKNOWN	Endorsment UNKNOWN		er (Same as oper								_
1	Address UNK		First	Middle		East Ess			First			Middle		- L
			State	Zip_UNK		C33							Zin	_
		<sub>pany</sub> UNKNOW		Z.ip		ele Action Prior to							Circle Up to Th	
5				nding to Emergency?		t Sequence $24^2$		30 22	<b>22</b> 2		3		4	
		ssued)		iding to Emergency:_		Harmful Event	23	30			$\prod$		10 Undercar	rriage
				: ChSec		er Contributing Co	30 Of	24	24	+	9		5 11 Totaled	
<sup>6</sup> 3				: Ch Sec		erride/Override	25	Towe	8		7		6	
			ator and all occupa		_ Unde	erride/Override				9 30 ag Eject	31	32 Injury Tra	33	_
	Name (Last Fir			Address		Age/DOB	Sex Po	s. System			Code	Status  Co	nnsp. ode Medical Faci	ility
	Operator			See Above				99	99 99	99	99	99 9	9	
7 1	Please Select C	One Dyalaiala	#0	DN Mi-A	T	14 1	5		16		17		*/D	
1	of the Followi	ng: Vehicle	# Occupants	Non-Motorist A	Type	Action	Locat	ion	Cond	ition		ш	t/Run Mo	ped
	License#	40 44	St	DOB/Age	Reg	#	Reg Type				Reg State			
	Sex Lic. Class         18         18         Lic. Restrictions         19         CDL					eh YearVeh MakeVeh Config.								
8 <b>1</b>	Operator	Last	First	Endorsment		Owner Last First Middle							_	
Address Address									_					
	City		City								_			
	Insurance Company Vehi					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)						ree)		
	Vehicle Travel Direction: NSEW Responding to Emergency? Event				Event Sequence 22 22 22 23 4									
	Citation # (If I	Citation # (If Issued)				Most Harmful Event 23 10 Undercar 5 11 Totaled						rriage		
	Violatio	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24							
	Violatio	n 3: ChSe	Unde	Underride/Override 25 Towed 8 7 6										
			operator and all o	ccupants involved				26 27 at Safety	28 2 Airbag Airb	9 30 ag Eject	31 Trap		33 ansp.	
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex P	os. Systen	Status Swi	tch Code	e Code	Status C	Code Medical Fac	cility
	1							+						
								+						
								1						



## Crash Narrative:

Unknown vehicle was travelling on Fuller St W/B at #80 Fuller St where the road bends to the right approaching Chestnut St. Based on snowy road conditions, unknown vehicle failed to negotiate bend in road and slid off road to the left. Unknown vehicle bounced off guard rail, hit a right arrow street sign and crashed through the fence belonging to the resident of 414 Chestnut St. Unknown vehicle left the scene and remains unknown. Based on snow accumulation, it appeared crash occurred several hours prior to my arrival. 414

Chestnut St homeowner and other neighbors had no information to provide at this time. The homeowner will contact NPD if any useful video becomes available. City was notified to address the hit right arrow street sign.

Witnesses:									
Name (Last, First, Middle)	Address	Phone #	Statement						

## Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property 414 CHESTNUT ST FLOROS, CJ, NEWTON,MASSACHUSETTS 0; 617-513-5195 PRIVATE FENCE 1000 COMMONWEALTH AVE NEWTON, CITY OF, NEWTON,MASSACHUSETTS 0; 617-796-1000 3 SIGN

NEW TON, CITT OF,	NEWTON, MASSACHUSETTS	0, 017 750 1000	3 31614		
Truck and Bus Information:	Registration #	(From Vehi	icle Section)		35
Carrier Name				Carrier Issu	ing Authority Code
Address		City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code Gross	ss Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Lengt		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

ADAM D GABRIEL		25117	NEWTON POLICE DEPARTM		01/07/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date