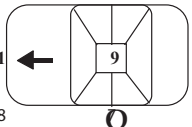
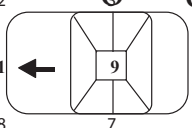


|  |  |   |                               |   |  |                                      |                     |                         |                        |   |  |  |  |
|--|--|---|-------------------------------|---|--|--------------------------------------|---------------------|-------------------------|------------------------|---|--|--|--|
| Police Use Only  |  |   | Commonwealth of Massachusetts |   |  |                                      | RMV Document Number |                         |                        |   |  |  |  |
| Date of Crash<br>01/26/2022  |  | Time of Crash<br>17:36<br>24HR              |                               | City/Town<br>NEWTON   |  | Motor Vehicle Crash<br>Police Report |                     | Number<br>Vehicles<br>2 | Number<br>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:                 |                     |                         |                        |   |  |  |  |
| <div>WEST CENTRE ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>CENTRE AVE</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>  |  |   |                               | <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>   |  |                                      |                     |                         |                        |   |  |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants   |  | <input checked="" type="checkbox"/> Hit/Run |                               | <input type="checkbox"/> Moped  |  | Case Number 22000074                 |                     |                         |                        |   |  |  |  |
| License # --- St MA DOB/Age ---<br>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment<br>Operator WALKER MATTHEW<br>Address 2 WASHINGTON ST (apt. 410)<br>City MELROSE State MA Zip 02176<br>Insurance Company VERMONT MUTUAL INSURANCE<br>Vehicle Travel Direction: N S E X Responding to Emergency? N<br>Citation # (If Issued)<br>Violation 1: Ch Sec Violation 2: Ch Sec<br>Violation 3: Ch Sec Violation 4: Ch Sec    |  |   |                               | Reg # 716SJ6 Reg Type PAN Reg State MA<br>Veh Year 2016 Veh Make AUDI Veh Config. 1 20<br>Owner (Same as operator)<br>Address<br>City State Zip<br>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23<br>Driver Contributing Code 1 24 1 24 Underride/Override 25 Towed N<br> |  |                                      |                     |                         |                        |   |  |  |  |
| Please fill out for operator and all occupants involved  |  |   |                               | 26 27 28 29 30 31 32 33<br>Seat Safety Airbag Airbag Eject Trap Injury Transp.<br>Pos. System Status Switch Code Code Status Code<br>Medical Facility   |  |                                      |                     |                         |                        |   |  |  |  |
| Operator See Above   |  |   |                               | 1 4 4 0 0 10 1  |  |                                      |                     |                         |                        |   |  |  |  |
|  |  |   |                               |   |  |                                      |                     |                         |                        |   |  |  |  |
|  |  |   |                               |   |  |                                      |                     |                         |                        |   |  |  |  |
|  |  |   |                               |   |  |                                      |                     |                         |                        |   |  |  |  |
| 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 DOB/Age ---<br>Sex --- Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment<br>Operator NINE THREE AUTO I UK.<br>Address 221 HANCOCK ST<br>City BOSTON State MA Zip 02125<br>Insurance Company UNITED FINANCIAL CASUALTY COMPANY<br>Vehicle Travel Direction: N S E X Responding to Emergency? N<br>Citation # (If Issued)<br>Violation 1: Ch Sec Violation 2: Ch Sec<br>Violation 3: Ch Sec Violation 4: Ch Sec |  |   |                               | Reg # 2YTX47 Reg Type PAN Reg State MA<br>Veh Year 2011 Veh Make FORD Veh Config. 1 20<br>Owner (Same as operator)<br>Address<br>City State Zip<br>Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23<br>Driver Contributing Code 9 24 24 Underride/Override 25 Towed N<br>  |  |                                      |                     |                         |                        |   |  |  |  |
| Please fill out for operator and all occupants involved  |  |   |                               | 26 27 28 29 30 31 32 33<br>Seat Safety Airbag Airbag Eject Trap Injury Transp.<br>Pos. System Status Switch Code Code Status Code<br>Medical Facility   |  |                                      |                     |                         |                        |   |  |  |  |
| Operator/Non-Motorist See Above  |  |   |                               | 99 4 4 0 0 10 1   |  |                                      |                     |                         |                        |   |  |  |  |
|  |  |   |                               |   |  |                                      |                     |                         |                        |   |  |  |  |
|  |  |   |                               |   |  |                                      |                     |                         |                        |   |  |  |  |
|  |  |   |                               |   |  |                                      |                     |                         |                        |   |  |  |  |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

Centre St

Vehicle 1

Vehicle 2

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:**

On January 26th 2022, at approximately 1730hrs, Operator 1, Matthew Walker, reported to the front desk of Newton Police Headquarters to report a hit and run that just occurred at the Centre Ave and Centre St traffic circle in Newton Corner.

Operator 1 stated that he was traveling around the rotary in the center lane to continue to travel Westbound into Newton. Operator 1 stated that vehicle 2 was in the left lane approaching the on ramp for the Massachusetts Turnpike Westbound when they crossed into their lane and side swiped their vehicle. I observed heavy damage along the driver's side door of vehicle 1. Operator 1 stated the registration plate of vehicle 2 was MA Registration: 2YTX47 and described it as a "Black Ford Focus;" that sustained damage along the passenger side doors.

(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

**ROBERT DRAGONE**      **NEWTON POLICE DEPARTMENT**      **01/26/2022**

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

CDP1 11 -24:00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

A query check of MA Registration: 2YTX47 on CJIS comes back on a black 2011 Ford Fusion, registered to "Nine Three Auto Exchange Inc," out of 221 Hancock St, Boston. An internet search of the company provided a phone number of 617-265-0158. An attempt to contact them was made, however, there was no answer and no voice mail set up.

This accident report will be forwarded to the Traffic Bureau.

Traffic Bureau update (Officer Gaudet): On Friday, January 28, 2022, I attempted to make contact with Nine Three Auto Exchange Inc with a negative result. A "Hit and Run" inquiry was mailed to their address in Boston.

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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

ROBERT DRAGONE

NEWTON POLICE DEPT

01/26/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date