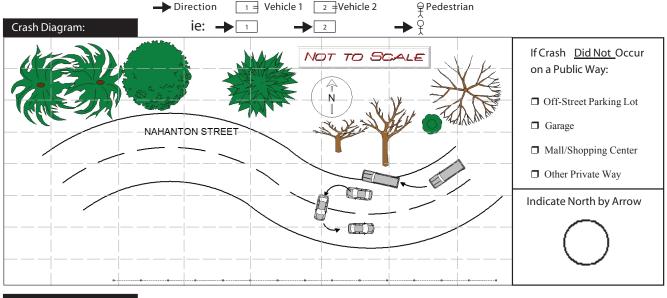
	Poli	ice Use Only		Commonwe	ealth (of Mass	sach	use	tts		F	RMV D	ocume	nt Number	
	Date of Crash 02/02/2022	Time of Crash 11:37	NEWTON	141010		iicle Cr Report	ash			Number Injured 0	Speed Latitud		0 S I N	State Police Local Police MBTA Police Other:	N XI
			RSECTION:	<	LOCA		>			NOT	_		SECT	TION:	⇉
						WEST	2	10	N	NAHAN'	TON S	TREET			_ 2
1 1	Route# Direc	tion	Name o	f Roadway/Street		Route# Direc	tion A	Address	#		Name	of Roa	dway/Stı	reet	$ \begin{vmatrix} - \\ 2 \end{vmatrix}$
	At					Feet NSEW of • or									
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Mile Marker Exit Number Feet N S E W of									-
2						Route# Intersecting Roadway/Street									-
1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of Landmark									$ \begin{vmatrix} 1 \end{vmatrix}$
3	XVehicle 1 1_#Occupants Hit/Run Moped Case N							220000	08						7
	_			1 (4)	se Number			220000		D	PAN		D 0:	MA	4
		License # St MA DOB/Age Sex_M Lic. Class D 18 18 Lic. Restrictions 19 1 CDL				8SP172 rear_2019		1.36.1		Reg Type N	TAIN		Reg Sta	20	
4	Operator NO		Lic. Restrictio EDUARDO	ns CDLEndorsment				en Mak	ke			V6	eh Confi	g	- 3
1	Address 69 CI		First	Middle		Owner BMW FINANCE Last First Middle Address 5550 BRITTON PKWY									
	City NEWTO		Si	tate MA Zip 02459		City HILLIARD State OH Zip 43026									
	Insurance Company GEICO					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									e)
5	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency? N	Event	Sequence 40	22			22 2		3	4		
	Citation # (If I	ssued)				∟ Harmful Event		2.3			_ `	9),	10 Undercarri 11 Totaled	age
	Violation	1: ChSe	ec Violation	n 2: ChSec	Drive	r Contributing	Code	99 24	4	24				11 Totaled	
2	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 Seat S Pos. \$	27 Safety Air System St	28 29 rbag Airbag atus Switch	30 Eject T Code C	31 3 rap Inju	32 33 iry Transp tus Code	Medical Facilit	y 9
	Operator	·		See Above			-		1 4	4	0 (0 10	1		
															\dashv
7 1	Please Select (of the Followi		le2 1_#Occupar	nts Non-Motorist A	Гуре	14 Action	15 Lo	cation	16	Conditi	on	17	Hit/R	un Mope	ed
	License#	License # St MA DOB/Age				Reg # EV5791 Reg Type PAS Reg State MA						nte_MA	_		
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2018 Veh Make SMART Veh Config. 20							20		
8 1	Operator CAINE CLAIRE S Endorsment S				Owne	Owner DAIMLER TRUST Last First Middle									.
	Address 40 LITTLEFIELD RD				_ Addre	Address BOX 685									
	City NEWTON State MA Zip 02459				_ City_	City ROANOKE State TX Zip 76262-0000									
	Insurance Company THE HANOVER INSURANCE CO					Vehicle Action Prior to Crash 8 21 Damaged Area Code: (Circle Up to Three)								e)	
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$				_ Event	Event Sequence 51 22 22 22 22 3 4									
	Citation # (If Issued)				Most	Most Harmful Event 51 23 10 Undercarriage 5 11 Totaled								age	
	Violation 1: ChSecViolation 2: ChSec					Driver Contributing Code 6 24 24 7 6									
		Violation 3: ChSecViolation 4: ChSec						To	owed_	<u>N</u>	1 20 1	/ 21 2			_
	Pl Name (Last Fi		or operator and al	l occupants involved Address		Age/DOB	Sex		27 Safety Air System S	28 29 rbag Airbag Status Switch	Eject I	31 3 rap Inju Code Sta		o.	ity
	Operator/	Non-Motorist		See Above			-		99 4	4	0 (0 10	1		
															\dashv



Crash Narrative:

On Wednesday 2/2/22 at approximately 1137hrs while assigned to marked unit n498 I was driving Eastbound on Nahanton Street when I was flagged down by a motorist operating a Black BMW SUV.

Operator of the vehicle, identified as NOVAIS Eduardo, states he was driving Westbound on Nahanton Street following a Smart Car when "out of nowhere" the Smart Car made a U-Turn in the middle of the road reversing direction on Nahanton Street. NOVAIS states the only way he could avoid a collision with the car was pull hard to the right which he did, striking a snow bank on the side of the road. NOVAIS states there was a verbal exchange between he and the female driver, but she drove away. NOVAIS took a picture of the vehicle's license plate, which is EV5791.

As of the time of this report I have been unable to speak with the operator of that vehicle. NOVAIS is

(Continued on next page)

	1 3 7								
Witnesses:									
Name (Last, First, Middle)	Addr	ress			Phone #	Statement			
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Damage			
Truck and Bus Information:	Registration #		(From Vehic	ele Section)					
Carrier Name			·			Carrier Issuin	ng Authority Coo	le 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 R	eg State	Reg Year	Tr	ailer L	ength			
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Name			Material 4	digit#		Release code	42	

→	Direction 1	∃ Vehicle 1 2	±Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 1	2	-	→ ♀		
			_	→ Š	If Crash Did Not on a Public Way: Off-Street Parking Garage Mall/Shopping C Other Private Way Indicate North by A	g Lot enter
	- — <u> </u> — — — — <u> </u>				·	
Crash Narrative:						
concerned about damage to	his vehicle. A	Although ther	e was no phy	rsical body da	mage to his vehicle the	re was a
message displayed on his d						
maintenance right away. No						
					I with the steering, b	ut reit
the vehicle was safe to dr	ive as he lived	d close to N	ahanton Stre	et.		
W itnesses: Name (Last, First, Middle)		Address			Dhana #	Statement
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	scription of Damaged Property	
Owner (Last, First, Middle)	Address		Filone #	34-Type Des	scription of Damaged Froperty	
Truck and Bus Information:						
			(From V	/ehicle Section)		35
Carrier Name					Carrier Issuing Authority Coc	le
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC#:	Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				
					39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length	
Hazmat Information:					_	40
Placard 40 Material 1 digit #	41 Material Na	ame		Material 4 digit	# Release code	42
ALAN JR RICHARD SOLOMAN.			***	EWTON POLICE DEPARTS	02/02/2	022
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Date	