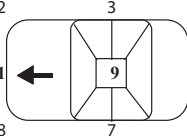
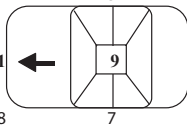


Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 02/13/2022		Time of Crash 18:09 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>			
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
<div>Route# Direction Name of Roadway/Street At</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>EAST 320 WASHINGTON ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ Mile Marker _____ Exit Number _____</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street _____</div> <div>Feet N S E W of _____ Landmark _____</div>									
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000142									
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company THE STANDARD FIRE INSURANCE COMPANY						Reg # 1YRS26 Reg Type PAN Reg State MA Veh Year 2007 Veh Make TOYOTA Veh Config. 2 20 Owner MAGNI MARIE Last _____ First _____ Middle _____ Address 93 RANDETT PK City NEWTON State MA Zip _____ Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 									
Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						10 Undercarriage 5 11 Totaled									
Please fill out for operator and all occupants involved															
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
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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GREENBERG TAYLOR R Last _____ First _____ Middle _____ Address 56 NATHAN RD City WALTHAM State MA Zip 02453 Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Reg # P67MKA Reg Type PAN Reg State NJ Veh Year 2021 Veh Make NISSAN Veh Config. 1 20 Owner VEHICLES LLC HERTZ Last _____ First _____ Middle _____ Address 900 DOREMUS AVENUE City PT NEWARK State NJ Zip 07114 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N 									
Please fill out for operator and all occupants involved															
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
Operator/Non-Motorist		See Above		-----		---	---	1	4	4	0	0	10	1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

The owner of MV1 stated she was contacted by an employee (witness) at the Four Points Sheraton who informed her that her vehicle was struck by MV2. The operator of MV2 backed out of the parking spot, pulled forward and struck MV1 in the rear passenger side bumper causing minor scratches. The owner of MV1 was not in the vehicle at the time of the hit and run. The operator of MV2 then proceeded to drive off. The vehicle involved comes back to a Hertz rental.

The witness stated he saw two females, mid 20's get into NJ P67MKA. When the operator backed out of the spot, she proceeded to driver forward, and struck the rear passenger side bumper of MV1. After striking MV1, the operator then drove off without getting out to check on damage.

I made contact with the operator of MV2 who stated she was unaware she hit MV1. The operate of MV2 stated

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
SANTIAGO, JONATHAN,	320 WASHINGTON ST NEWTON, MA 02458	-----	Y

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

SEAN STAKE

NEWTON POLICE DEPART

02/13/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

[illegible]

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

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

Placard	40
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CDP1 11 -24:00