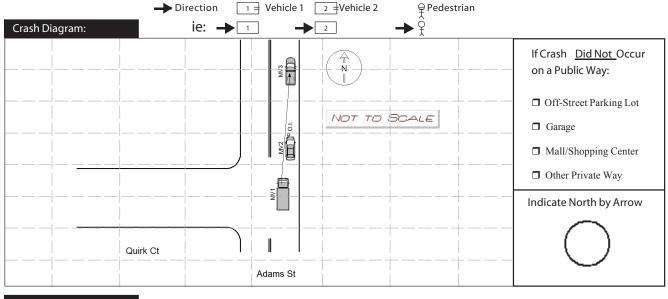
	Poli	ce Use Only		Commonwea	lth o	of Massa	ach	usett	S		RMV	V Docur	nent Number	
	Date of Crash 05/16/2022	Time of Crash 18:35	City/Tow NEWTON	Motor	Veh	icle Cra	sh	Numbe Vehicle			ed Limi		State Police Local Police MBTA Police	N N
	03/10/2022	24HR				Report		3	0		ngitude_		Other:	
		AT INTER	RSECTION:	<]	LOCAT	ΓΙΟΝ	>		NC	T AT	INT	ERSE	CTION:	2
	NOR	TH ADAM	S ST											
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direct	tion		doadway/Street		Route# Direction	on A	ddress #		N	ame of F	Roadway	/Street	2 ¹⁰
	EAST	QUIRK	A CT	t		Feet [N S E	W of			•	or		. -
	Route# Direc	tion N	Name of Intersecting		<u> </u>	Feet 1	ulele	lw .c	Mile	Marker			Exit Number	_
			Also at Interse	ection with					Rout	e#	Intersec	ting Roa	dway/Street	- 11
2 1	Route# Direct	tion	Name of Intersect	ing Roadway/Street	l-	Feet [N S E	W of						4
3	_		<u> </u>								Laı	ndmark		\dashv
	XVehicle1	1_#Occupants	Hit/Run	Moped Case 1	Number		2	22000411						┙
	License#		St MA		Reg#	W80521			Reg	Гуре_С	ON	Reg	State MA	_
	Sex_M Lic. 0	Class D 18 1	Lic. Restrictions		Veh Ye	ear_2015	Ve	h Make_I	NTL			Veh Co	nfig. 6 20	
4	Operator ARI	AS LARA	RAFAEL	Endorsment		LOGISTIC	t	AGA	MEMNO	N		Middle		- 1 ¹²
1		APLE ST (apt. 3)	-		Addres	16 TREMON	T ST		- 1150					_
	City BOSTON	1	Stat	e MA Zip 02121	City_N	ORWOOD					State	MA	Zip <u>02062</u>	_
	Insurance Com	pany_SAFETY			Vehicle	e Action Prior to	Crash	1	21	Damag	ed Area	Code: (0	Circle Up to Thre	ee)
5 2	Vehicle Travel	Direction:	S E W Respo	nding to Emergency?N	Event	Sequence 2	22 2	22 22	22		3		4	
	Citation # (If Is	ssued)			Most I	Harmful Event	2	3				$\langle \rangle$	10 Undercarr 5 11 Totaled	riage
	Violation	1: ChSec	Violation 2	2: ChSec	Driver	Contributing Co	ode	19 24	24		VÍ		o 11 Totaled	
⁶ 1	Violation	3: ChSec	Violation 4	l: ChSec	Underr	ride/Override	2:	5 Tow	ed_N_	3	7		6	
			ator and all occup			A/DOD	Sex	26 27 Seat Safety	28 Airbag A	29 3 rbag Eje	0 31 ct Trap	32 Injury Tra	33 ansp.	13 13
	Name (Last Fire	st Middle)		Address See Above		Age/DOB		Pos. \$yster		vitch Coo	le Code 0	\$tatus Co 10 1	ode Medical Facili	ity 1
									\perp					
7														
3	Please Select C of the Followi	I A Venicle	2 <u>0</u> #Occupants	Non-Motorist A Typ	ne 1	4 Action 1	Loc	cation	16 Con	ndition	17	Hi	t/Run Mop	ed
		J	C4	DOD/A	D # 2	283DLV			D == '	Type PC	,	Dan	State_ND	
	License#	Class 18 1	StSt Lic. Restrictions	DOB/Age		ear 2014	17-	eh Make			-		20	-
8	Sex Lic. (Lic. Restrictions	CDL Endorsment		SIIRA	ve		THAN			_Veh Co	niig. 2	
⁸ 2	Operator	Last	First	Middle		Las	OUR A		First			Middle		-
	Address		C4-4	e Zip	Address 1005 W CAVOUR AVE							z: 56537	-	
	City	pany AMERICA		eZip	Damaged Area Code: (Circle Lin to T								ee)	
	Vehicle Travel			onding to Emergency? N		Sequence 1		11 22 22		2	3		4	
			, [-	2.				Λ	$ \nearrow $	10 Undercarr	riage			
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	Violation													
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	Name (Last Fi	rst Middle)		Address		Age/DOB	Sex	Pos. System	Airbag A m Status S	witch Co	ct Trap ode Code	Injury Tra	ansp. Code Medical Faci	lity
	Operator/	Non-Motorist		See Above						_				
											-			

Poli Date of Crash	ce Use Only Time of Crash		Commonwea				lumber	Number		RMV Do Limit <u>25</u>		tate Police
05/16/2022	18:35	NEWTON			cle Cra	l v	ehicles	Injured	Latitud	de		tate Police Cocal Police MBTA Police
	24HR	RSECTION:		LOCAT	Report	>	3	0 NOT		NTERS		Other:
	ATIME	ASECTION.		LOCAT	1011			NOI	ALL	VILIN	SEC I	1011.
		N, CD	1 (0)						> 7	CD 1	/0.	
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					Feet N	N S E W	of	Route#	Int	ersecting l	Roadwa	ny/Street
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XVehicle 3	0 #Occupants	Hit/Run	Moped Case	Number		2200	0411					
_					00001	2200			CON			264
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			Zip		EWTON	G 1	21					ele Up to Three
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			ing to Emergency? N		requence 1	23						10 Undercarrias
`	ssued)		ok g		armful Event	1	24	24 1	←	9	5	11 Totaled
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Operator			See Above				-					
Please Select C of the Followir	Vehicle	e# Occupants	Non-Motorist A Typ	pe 14	Action 1	5 Locatio	on 1	6 Condit	ion	17	Hit/R	un Mope
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Address	Last	First	Middle		Las	t		First		M	liddle	
		State	Zip							State	Zip	
Insurance Com				Damaged Area Code: (Circle Un to Three)								
Vehicle Travel Direction: NSEW Responding to Emergency?					- <u> </u>							
Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec				Most Harmful Event 23 10 Undercarriage 5 11 Totaled 5 11 Totaled								
												Violation
Ple	ease fill out for	r operator and all occ	cupants involved		L	20 Seat	5 27 Safety A	28 29 Airbag Airbag	g 30 Eject 1	31 32 Frap Injury	/ Transp	.
Name (Last Fin	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex Pos	s. System	Status Switch	ch Code	Code Statu		
1											+	
1												



Crash Narrative:

A witness stated she observed MV1 strike MV2 which was parked & unoccupied. The witness further stated that MV1 attempted to flee the area. MV2 sustained damage to the drivers side however did not require a tow.

While speaking with MV2, the owner of MV3 which was parked 2 spots up reported damage to his drivers side.

MV3 stated he did not witness the incident but knows his vehicle was not like that when he parked moments earlier.

The operator of MV1 stated he was parked and on the phone speaking to a client when an "elderly woman ran up to me filming saying I hit someone's car and I don't believe I did". MV1 further stated he did not have any damage to his vehicle. I asked MV1 if he struck a black truck (MV3) to which he stated "no, I didn't hit anyone". I asked MV1 why he did not stick around to which he stated "that lady was filming me and I know (Continued on next page)

W itnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	74 BARBARA RD		
SORENSEN , NANCY, A	WALTHAM,MA 02453		Y

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration # _____(From Vehicle Section) 35 Carrier Name _ Carrier Issuing Authority Code Address__ US DOT #: ____ State Number _____ Issuing State _____ ICC #:____ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #: Hazmat Information:

GREGORY P HELMS		:	NEWTON POLICE DEPARTM		05/16/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Material Name_____ Material 4 digit # _____ Release code

Placard

Material 1 digit #

	→ Direction	1 = Vehicle 1	2 = Vehicle 2	₽ Pedestria	an	
Crash Diagram:	ie: →□	1	2	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	ig Lot
		_ _ 			Garage	
į	į			į	☐ Mall/Shopping C	Center
					Other Private Wa	ıy
		_			Indicate North by	Arrow
	- — — — — —	 -		+		
	- — — — — — — —	 - +			()	
Crash Narrative:						
I didn't hit anything".						
				results. G	iven the size of MV1, it	is
possible that the operation						
Photos from the witness	were turned over	r to the IT B	ureau			
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (Last, First, Middle)		Address			PHONE #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type I	Description of Damaged Property	
			111111111111111111111111111111111111111	,		
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)		
Carrier Name					Carrier Issuing Authority Co	de 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_	Trai	ler Length 39	
Hazmat Information:	41	N				42
Placard Material 1 di	git # Material	Name		Material 4 di	git # Release code	
GREGORY P HELMS			NEW	TON POLICE DEPARTM	05/16/2	2022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)