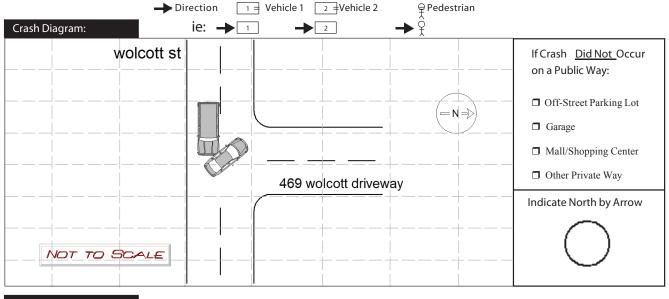
	Poli	ice Use Only		Commonwea	alth o	of Mass	achu	setts			RM	V Docui	ment Nur	nber	
	Date of Crash 06/09/2022	Time of Crash 15:53	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		ed Lati	ed Limi itude _ igitude_		State Po Local F MBTA Other:	olice Dolice Nolice Police	
			RSECTION:		LOCAT		>	_					CTION	:	2
						EAST	461		WOL	COTT S	Т				Г
${f 1}$	Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Street									2
						Feet NSEW of orExit Number									
	Route# Direc	etion	Name of Intersectin	· ·	<u>-</u>	Feet	N S E	W of							
1						Feet	N S E	W of	Rout	e#	Intersec	ting Roa	idway/Stre	et	3
	Route# Direc	tion	Name of Intersec	cting Roadway/Street	Landmark										
3	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		220	000507							
	License#		St MA	A DOB/Age	Reg#	2DGY89			Reg	Type PA	N	Reg	State MA		
	Sex_M Lic.	18		s 19 CDL		ear 2015								20	
4	Operator GO	MES	ALEXANDRI	Endorsment	Owner	(Same as ope	rator)		First			Middle			1
1	Address 145 L	EXINGTON ST	Γ (apt. 32)	Middle	Owner Game as operator)  Last First Middle  Address										F
	City_NEWTO	City NEWTON State MA Zip 02466													
	Insurance Com	pany FOREMO	OST		Vehicle	e Action Prior to	o Crash	1	21	Damage	ed Area	Code: (	Circle Up	to Three)	
5	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency?_N	Event S	Sequence 1	22 22	22	22	2	3	$\overline{}$	4		
	Citation # (If I	ssued)			Most F	Harmful Event	1 23	24	24	1	9		5 11 To	ndercarriage otaled	
	]			2: ChSec	Driver	Contributing C	ode 1		ш,	<b>9</b>	$\frac{\sqrt{1}}{7}$		6		
1	Violation 3: ChSecViolation 4: ChSec  Please fill out for operator and all occupants involved					Underride/Override Towed N								L	
	Name (Last Fir		rator and all occu	pants involved Address		Age/DOB	Sex S	26 Safety os. System	28 Airbag A Status S	29 Sirbag Ejec witch Code	0 31 Trap e Code	32 Injury Tr Status C	33 ansp. ode Medie	cal Facility	1
	Operator			See Above				1	4 4	1 0	0	10 1	L		
7 <b>1</b>	Please Select C of the Followi	IX Vahici	e2 <u>1</u> #Occupant	s Non-Motorist A Ty	pe 1	4 Action	Loca	tion	16 Co	ndition	17	Жн	it/Run	Moped	
	License#St MA DOB/Age				Reg # 225LZ2 Reg Type PAN Reg State MA							201			
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions D 19 CDL				Veh Year 2016         Veh Make INFINITI         Veh Config.         1										
2	Operator GOLDBERG KENNETH  Last First Middle				Owner (Same as operator)  Last First Middle										
	Address 469 WOLCOTT ST					Address									
	City AUBURNDALE State MA Zip 02466					CityStateZip									
	Insurance Company SAFETY					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NXEW Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 2 3 4 10 Undercarriage										
	, , , , , , , , , , , , , , , , , , ,					Most Harmful Event 1 24 5 11 Totaled									
		Violation 1: ChSecViolation 2: ChSec				Driver Contributing Code 19									
			Sec Violatio	n 4: ChSec occupants involved	Underr	ride/Override		Towed	<u>N</u>		) 31	] 32	33		
	Name (Last Fi	rst Middle)	i operator and all	Address		Age/DOB		Pos. System	Airbag A n Status S	29 Switch Coo	) 31 Trap de Code	Injury I'r	ansp.	ical Facility	
	Operator/	Non-Motorist		See Above			-	1	4	1 0	0	10 1	L		
															i



## Crash Narrative:

ON 6-9-22 AT APPROX. 1553HRS. WHILE WORKING N497 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT HIT AND RUN. UPON ARRIVAL AT 469 WOLCOTT ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING E-BOUND ON WOLCOTT ST. HE STATES VEHICLE #2 WAS BACKING OUT OF 469 WOLCOTT AT A HIGH RATE OF SPEED. HE STATES HE BEEPED TO MAKE HIS PRESENCE KNOWN BUT WAS STILL HIT IN THE LEFT FRONT QTR. PANEL BY VEHICLE #2. HE STATES AFTER THE CRASH VEHICLE #2 SPED OFF TOWARD LEXINGTON AT A HIGH RATE OF SPEED. DRIVER OF VEHICLE #1 STATES HE GOT THE PLATE NUMBER OF VEHICLE #2 ( MA REG : 225LZ2 ). AS OF THE WRITING OF THIS REPORT I HAVE BEEN UNABLE TO MAKE CONTACT WITH THE OWNER OF VEHICLE #2. VEHICLE #1 HAD MINOR LEFT FRONT END QTR PANEL DAMAGE. HE REPORTED NO INJURIES AND WAS ADVISED TO CONTACT HIS INSURANCE COMPANY. CLEARED WITHOUT FURTHER INCIDENT.

Witnesses:											
Name (Last, First, Middle)	Address			Phone #	Statement						
Property Damage:											
Owner (Last, First, Middle)	Owner (Last, First, Middle) Address			Phone # 34-Type Des							
Truck and Bus Information: Registration # (From Vehicle Section)											
Carrier Name Carrier Issuing Authority Code											
Address		City			St	Zip					
US DOT #: Issuing State ICC #: Interstate 36							36				
Cargo Body Type Code 37 Gross Vehicle Weight 38 39											
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length											
Hazmat Information:											
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 4.						42					

THOMAS P WALSH		NEWTON POLICE DEPARTM	06/09/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date