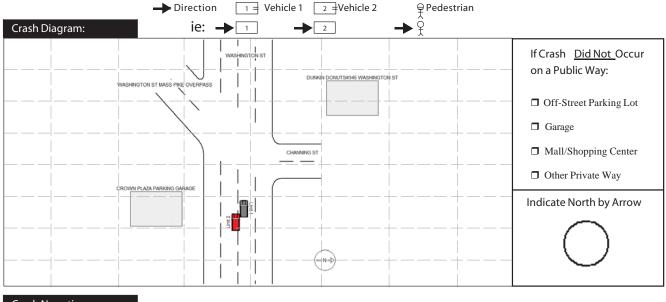
	Poli	ice Use Only		Commonwe	ealth	of Mass	achu	isett	S		RM	V Docur	ment Number		
	Date of Crash 01/03/2019	Time of Crash 08:40	City/To	Moto Moto	r Vel	nicle Cra	sh	Numbe Vehicle			eed Limi		State Police Local Police MBTA Police	N X	
	01/03/2019	08:40 24HR		P	olice	Report		2	0		ongitude_		MBTA Police Other:		
		AT INTER	RSECTION:	<	LOCA	TION	>		N	OT A	ΓINT	ERSE	CTION:	2	
	WES	T WASHI	INGTON ST											2	
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direct	tion	Name of	Roadway/Street		Route# Direction	on Ad	ldress #		N	Name of I	Roadway	/Street	2 ¹⁰	
	At CHANNING ST					Feet NSEW of or							2		
	Route# Direc		Mile Marker Exit Number							_					
				rsection with		Feet NSEW of Route# Intersecting Roadway/Str						dway/Street	- L		
² 2						Feet	N S E	W of	Kot	ite#	intersec	ting Koa	dway/Street	3	
	Route# Direct	tion	Name of Interse	cting Roadway/Street		Landmark									
3	XVehicle1	#Occupants	Hit/Run	Moped Car	se Numbe	2 Number 190000007									
	T : //		St_M	A DOD/A	D /	4JS251			D	т Р	AN	D	State_MA	-	
	License#	18 1	8	19	_	Year 2017							20	-	
4	l	Class D	_	ns 1 CDL Endorsment								_ Veh Co	onfig. 2		
$\begin{bmatrix} 4 \\ 1 \end{bmatrix}$	Operator 121	I Last CRAMENTO PL	First	Middle		(Same as ope						Middle		- 1	
	City CAMBRI			ate MA Zip 02138		ess								-	
	,			•	_	1 4 .: D: .			21				•	_	
5		pany LM GENE				vehicle Action Filor to Clash 1 1 22 22 22 23 4									
		Direction: N		ponding to Emergency?		t Sequence 1	23				\bigcap	\overline{A}	10 Undercar	riage	
	,	ssued)				Harmful Event	1	24	24	1	9		5 11 Totaled	inage	
⁶ 2				1 2: ChSec		r Contributing C	ode 25	1		8	1		6		
2				1 4: ChSec	Unde	rride/Override		Tow	ed N	. 20	29 30 31 32 33 irbag Eject Trap Injury Transp.				
	Name (Last Fire		ator and all occu	pants involved Address		Age/DOB	Sex S	26 27 Seat Safety Pos. System	28 Airbag n Status	Airbag Ej Switch Co	30 31 ect Trap ode Code	32 Injury Tra Status Co	ansp. ode Medical Facil	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Operator			See Above				1	4	99 0	0	5 1			
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupan	ts Non-Motorist A	Гуре	14 Action	15 Loca	ation	16 Co	ondition	17	Х Ні	it/Run Mop	ped	
	License #		St M	A DOB/A 22	Dog #	Reg # 36TX70 Reg T					g Type_PAN Reg State_MA			┥	
	18 18 19					20					-				
8	Operator TEA		Lic. Restriction	ns 99 CDL Endorsment							_ ven Co	Veh Config. 2			
4		Last	First	Middle	Owner COSKIE BRIANNA C Last First Middle Address 27 (apt. C) N MAIN ST									-	
	Address 27 N MAIN ST (apt. C)												-		
	City UPTON State MA Zip 01568					City UPTON State MA Zip 01568 Vehicle Action Prior to Cresh Res 21 Damaged Area Code: (Circle Up to Three)							-		
	Insurance Company COMMERCE Vehicle Travel Direction: N S E W Responding to Emergency?					cle Action Prior to		99	21	Dama;	ged Area	Coue. (4	(1)	
	Vehicle Travel		Event Sequence 1 22 22 22 22 22 10 3 4 10 Undercarriage								riage				
	Citation # (If Is		Most	Most Harmful Event 1 5 11 Totaled Driver Contributing Code 99 24 24 1 5 11 Totaled											
	l	n 1: ChSe													
١		n 3: ChSe	Underride/Override Towed N						_						
	Plo Name (Last Fi		operator and al	l occupants involved Address		Age/DOB	Sex	26 Seat Safety Pos. Syste	Airbag .	Airbag Ej Switch C	30 31 Frap Code Code	Injury I'ra	ansp. Code Medical Faci	ility	
	Operator/	Non-Motorist		See Above				1	4	99 0	0	5 1			



Crash Narrative:

OPERATOR #1 REPORTS THAT SHE WAS DRIVING W/B ON WASHINGTON ST WHEN IN THE AREA OF THE CROWN PLAZA/ CHANNING
ST AREA, VEHICLE #2 MADE CONTACT WITH HER REAR DRIVERS SIDE QUARTER. BOTH VEHICLES CONTINUED STRAIGHT AHEAD
AND OPERATOR #1 THOUGHT VEHICLE #2 WAS GOING TO PULL OVER AT SOME POINT BUT OPERATOR SUDDENLY VEERED OFF TO
THE LEFT HEADING S/B TOWARDS THE WASHINGTON ST OVER PASS TO THE MASS PIKE.

VEHICLE #2 WAS DESCRIBED AS A RED KIA SUV, MA REG 36TX70. THE OPERATOR APPEARED TO BE A MALE WITH DARK HAIR.

A REGISTRATION QUERY SHOWED THE OWNER TO BE A BRIANNA COSKIE, 27 N MAIN ST UPTON MA. UPTON POLICE LATER

MADE CONTACT WITH THE OWNERS SISTER WHO RELAYED THE MESSAGE TO BRIANNA TO CONTACT NEWTON POLICE.

A SHORT TIME LATER I RECEIVED A CALL FROM BRIANNA COSKIE SHE REPORTED THAT HER BOYFRIEND WAS OPERATING HER
VEHICLE THIS MORNING. SHE HAD ALREADY CONTACTED HIM PRIOR TO CALLING POLICE. HE TOLD BRIANNA THAT SOMEONE

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address		Phone	Phone #					
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property			
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code									
Address		(City		St	Zip			
US DOT #:							36		
	s Vehicle Weight	38			39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length				
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	_ Release code	42		

→	Direction 1 Vehicle 1	2 =Vehicle 2	₽Pedestrian	
Crash Diagram:	ie: → 1	2	₽Ŷ	
				If Crash <u>Did Not</u> Occur on a Public Way:
	-	_		☐ Off-Street Parking Lot
		_		☐ Garage
i i	i i	i i	İ	☐ Mall/Shopping Center
	-	-		☐ Other Private Way
				Indicate North by Arrow
		_		
		++-	-	
Crash Narrative:				
CUT HIM OFF THIS MORNING B	UT WASN'T INVOLVED IN ANY	ACCIDENT. I	TOLD BRIANNA WHERE	THE DAMAGE WAS ACCORDING
TO THE OTHER DRIVER/ PASSE	NGER SIDE FRONT QUARTER.	BRIANNA STATED	SHE WOULD CHECK H	HER VEHICLE WHEN HER
BOYFRIEND BRINGS IT BACK L	ATER TODAY, THEN CALL BAC	CK.		
I LATER RECEIVED A CALL FR	OM THE DRIVER OF VEHICLE	#2, IDENTIFIED	AS ROBERT TEACHOUT	2, 27 N MAIN ST , UPTON
	IN NEWTON THIS MORNING A			
MR TEACHOUT WHO WAS STILL	IN THE AREA/ WATERTOWN W	VAS WILLING TO C	OME TO THE POLICE	STATION AND HAVE POLICE
LOOK AT HIS VEHICLE. HE L	ATER ARRIVED AT THE POLIC	CE STATION AND I	WAS UNABLE TO OBS	SERVE ANY VISIBLE DAMAGE
TO THE AREA IN QUESTION/FR	ONT PASSENGER SIDE QUARTE	ER. I HAD HIM	E/MAIL PICTURES OF	F HIS CAR TO POLICE
DISPATCH AND FROM THERE WA	S GOING TO FORWARD THEM T	O THE OTHER OPE	RATOR.	
(Continued or	n next page)			
Witnesses:				DI "
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:	D : (' "	Œ W.	. 1 0 (,)	
Carrier Name	Registration #			arrier Issuing Authority Code 35
Address		City	:	St Zip
US DOT #:	State Number	Issuing State	ICC #:	Interstate 36
Cargo Body Type Code 37 Gros	ss Vehicle Weight 38			
Trailer Reg #:	Reg Type Reg State	Reg Year_	Trailer Length	39
Hazmat Information:			L	
Placard 40 Material 1 digit #	Material Name		Material 4 digit #	Release code 42
THOMACIAGGAPTTY				04 108 1807 0
THOMAS J MCCARTHY Police Officer Name (Please Print)	Signature		epartment Prec	01/03/2019 inct/Barracks Date

•	Direction	1 =	Vehicle 1	2 =Vehicle 2	₽ Pedest	rian		
Crash Diagram:	ie: →	1	→	2	→ ♀			
					 		If Crash <u>Did Not</u> on a Public Way:	Occur
				_	<u></u>		☐ Off-Street Parking	g Lot
							☐ Garage	
		- 			-		☐ Mall/Shopping Co	enter
		_ -			<u> </u>		Other Private Way	
		_		 - 	 			
	į	į					Indicate North by A	illow
				+				
Crash Narrative:								
I LATER UPDATED MS PEPI F								
THE PICTURES TAKEN FROM T				DAMAGE TO THE	AREA SHE SH	ECIFIED	. I TOLD HER I WOOL	
	THE OTHER VEHI	CDE .	•					
W itnesses: Name (Last, First, Middle)			Address				Phone #	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	on of Damaged Property	
Truck and Bus Information:	Registration #			(Fron	n Vehicle Section)			
Carrier Name							Carrier Issuing Authority Cod	35 le
Address				City			St Zip	
US DOT #:	State Number			Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight		38					
Trailer Reg #:	Reg Type		Reg State	Reg Ye	earTı	ailer Length	39	
Hazmat Information:								
Placard 40 Material 1 digi	t # 41 Materia	al Nar	me		Material 4	digit#	Release code	42
THOMAS J MCCARTHY					NEWTON POLICE DEPART	λ.	01/03/2	019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)