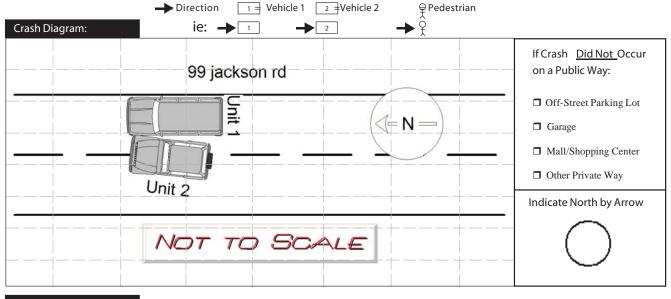
	Poli	ice Use Only		Commonweal	lth o	of Massa	achı	isetts	5		RMV	/ Docum	ent Number	
	Date of Crash 01/14/2019	Time of Crash 15:13	City/Town	Motor	Veh	icle Cra	sh	Number Vehicles			ed Limi itude		State Police Local Police MBTA Police	N N
	01/11/2019	24HR				Report		2	0		ngitude_		Other:	
		AT INTER	RSECTION:	< I	OCA	ΓΙΟΝ	>		N(	T AT	INTI	ERSEC	TION:	2
						NORTH	99		JACE	SON R	D			2
1 1	Route# Direc	tion	Name of R	oadway/Street		Route# Direction	on Ac	ldress #		N	ame of R	loadway/S	treet	_ 2 10
	At					Feet NSEW of or								
	Route# Direc	ction N	Name of Intersecting	Roadway/Street			- 1 - 1			e Marker			Exit Number	_
			Also at Intersec	ction with		Feet [1	N S E	W of	Rou	re#	Intersec	ting Roads	way/Street	- 📙
2 <b>1</b>					.	Feet	N S E	W of	Rou	ion	intersee	ting Roud	way/Bucct	<b>4</b> 11
	Route# Direc	tion	Name of Intersecti	ng Roadway/Street							Lar	ndmark		
3	XVehicle 1	_0_#Occupants	X Hit/Run	Moped Case N	Number		19	900000051	l					
	J : #		St	DOB/Age	D#	7BF614			D	т РА	N	Reg S	MA	-
	License#	18 1	8	19	_	ear_2016							20	-
4	Sex Lic.		Lic. Restrictions	CDL Endorsment				AYEN				, ven Con	ing	12
<sup>4</sup> 1	1	Last		Middle		Las 220 CALIFOI	RNIA S	T	First			Middle		- <b>1</b>
				7:		SS <u>220 CHERTOR</u> NEWTON					G. :	MA Zi	02460	-
			State	Zip			G 1		21				ircle Up to Thre	- ee)
5	Insurance Com					e Action Prior to	22 22	11		2	3		4	~)
	]	Direction: N	^	iding to Emergency?		Sequence 2	23				$\bigcap$		10 Undercarr	iage
	,	ssued)				Harmful Event	2	24	24	1 🗲	9		5 11 Totaled	
<sup>6</sup> 1	1			ChSec		Contributing Co	ode	1		<b>1</b>	7		5	
1		3: ChSec	Underride/Override  Towed Y  26 27 28 29 30 31 32 33  Seat Safety Airbag Airbag Eject Trap Injury Transp.							13				
	Name (Last Fir		ator and all occupa	Address		Age/DOB	Sex	26 27 Seat Safety Pos. Systen	Airbag A Status S	irbag Ejec witch Cod	0 31 Trap Code	32 Injury Tran Status Cod	sp. e Medical Facili	1 2
	Operator			See Above										
7	Please Select (	One M		D	1		5		16		17	<b>D</b>		_
1	of the Followi	I X Vehicle	2 <u>0</u> #Occupants	Non-Motorist A Type	e	Action	Loc	ation	Co	ndition		X Hit/	Run Mop	ed
	License#		St	DOB/Age	Reg#	9VK588 Reg Type PAN Reg State M					tate MA	_		
	Sex Lic.	Class 18 18	Lic. Restrictions	19 CDL	Veh Ye	ear_2018	Vel	h Make_Jl	EEP			Veh Con	fig. 20	
<sup>8</sup> <b>2</b>	Operator	Last	First	Endorsment	Owner	GUEDES		ANAF	AULA			Middle		_
	Address	Last	1 1131	Middle	Addres	SS 11 (apt. 3) CA	RLETC	ON ST	First Middle T					-
	CityStateZip					City NEWTON State MA Zip 02460						ip <u>02460</u>	_	
	Insurance Company PROGRESSIVE					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)							ee)	
						Event Sequence 2 22 22 22 22 3 4								
	Citation # (If Issued)				Most Harmful Event 2 23							iage		
	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec					Driver Contributing Code 19 24 24 5 11 Totaled								
						Underride/Override 25 Towed Y 8 7 6								
			operator and all o	*				26 27 Seat Safety	28 Airbag	29 30 irbag Ejec	31 Trap	Injury [Fran	33 sp.	$\neg$
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB		Pos. Syste	m Status	Switch Co	de Code	Status Co		ity
	2 - 374031/						$\vdash$			+				$\dashv$
							$\vdash$			+				$\dashv$



## Crash Narrative:

ON 1-14-19 AT APPROX. 15123HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 99 JACKSON RD. SPOKE TO THE OWNER OF VEHICLE #1. DRIVER STATES SHE WAS PARKED IN FRONT OF 99 JACKSON RD. GETTING HER DAUGHTER FROM LINCOLN ELIOT SCHOOL. SHE STATES WHEN SHE RETURNED TO HER CA SHE WAS INFORMED BY A PASSERBY ( WHO REFUSED INVOLVEMENT ) THAT A VEHICLE SIDESWIPED HER VEHICLE CAUSING LEFT FRONT BUMPER SCRAPES. SHE GAVE THE OWNER OF VEHICLE #1. I RAN THE PLATE AND IT CAME BACK TO A BLACK JEEP OWNED BY ( ANAPAULA GUERES ). ATTEMPTS TO CONTACT VEHICLE #2 WAS UNSUCCESSFUL. VEHICLE #1 STATES SHE HAD NO INJURIES. ADVISED TO CONTACT HER INSURANCE COMPANY.

ON 1-24-19 AT APPROX. 0930HRS. WHILE WORKING N492 I WAS INFORMED BY CIVILIAN EMPLOYEE ( STACY ANNESE )

THAT THE OWNER OF VEHICLE #1 ( AYENG FONG ) HAD COME TO THE STATION TO INFORM ME THAT THE ORIGINAL LATE

					(		·
THAT THE OWNER OF VEHICLE #	1 ( AYENG FONG	) HAD COME	TO THE STATION	TO INFO	ORM ME THAT THE	ORIGINAL LA	ГЕ 
(Continued or	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 Vehic	ele Section)			35
Carrier Name					Carrier Issu	uing Authority Cod	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38					
					39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Length		
Hazmat Information:						_	
Placard 40 Material 1 digit #	Material Na	ne		Material 4	digit #	Release code	42

THOMAS P WALSH			NEWTON POLICE DEPARTM		01/14/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: → 1	<b>→</b> [	2	<b>₽</b> Ŷ		
					I	h <u>Did Not</u> Occur ublic Way:
			<u> </u>		off-	-Street Parking Lot
					☐ Gar	age
					□ Mal	ll/Shopping Center
		<u> </u>	<del> </del>			er Private Way
		 	 <del> </del>			e North by Arrow
					marcac	
			<u> </u>		- — —	
Crash Narrative:						
NUMBER SHE HAD GIVEN ME ( MA REG: 9TK518 ). A RE						
MITCHELL OF 169 ADAMS ST						
SHIFT.						
Traffic Bureau update (O	fficer Gaudet):	I attempted	l to contact th	e owner o	f MV2, Anapaula (	Guedes
(S28004541) with a negat	ive result. A H	it and Run i	nquiry was ma	iled to t	he Guedes.	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damageo	l Property
Truck and Bus Information:	D ::		- T - W			
Carrier Name			(From Ve	,	Carrier Issuing	Authority Code 35
					St	
US DOT #:						36
37	Gross Vehicle Weight	38	15541119 54410	100		
		Pag State	Dog Voor	Ter	silar Lanath	
Trailer Reg #:  Hazmat Information:	Keg Type	reg state _	Keg Year_	173	and Length	
Placard 40 Material 1 dig	rit # 41 Material N	Vame		_ Material 4 o	ligit # R	telease code 42
THOMAS P WALSH			NEW	TON POLICE DEPARTM		01/14/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)