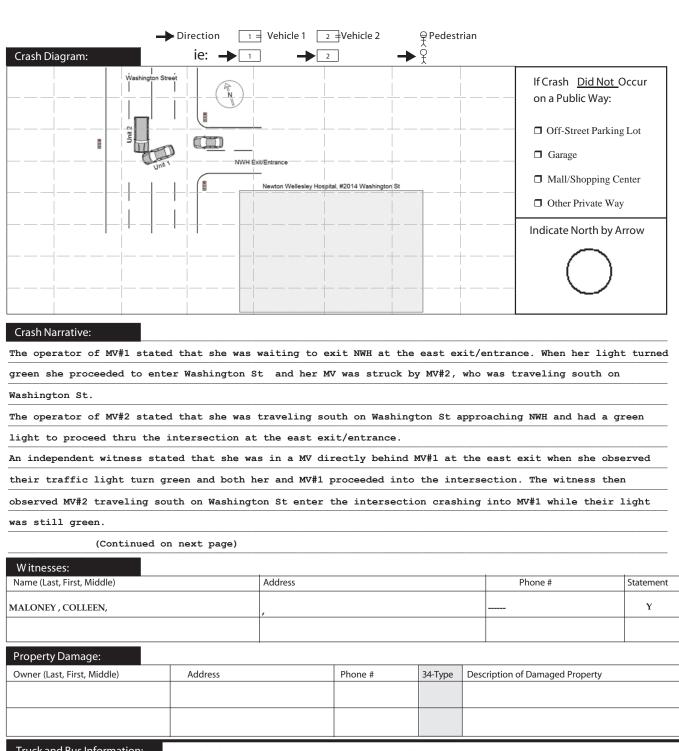
	Poli	ice Use Only		Commonwea	alth	of Massa	achus	setts			RMV	V Docun	nent Number	
	Date of Crash 01/18/2019	Time of Crash	NEWTON	MIOTOI		iicle Cra Report	sh [Number Vehicles 2	Numb Injure 0	d Latit	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	XI D
		AT INTEL	RSECTION:		LOCA		>						CTION:	\dashv
		111 11 11 11				WEST	2014			INGTO			7110111	2
1	Route# Direc	tion	Name of	Roadway/Street		Route# Direction		ress #				Roadway/	Street	
1	At					Feet NSEW of or							_ 2	
	Route# Direc	ction 1	Name of Intersectin	g Roadway/Street						Marker		O1	Exit Number	_
			Also at Inters	ection with		Feet [1	N S E V	of	Route	# — <u>I</u>	Intersec	ting Road	lway/Street	- _
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Route# Direc		Nome of Interess	ting Doodway/Ctmost		Feet [N	N S E W	of					-	3
3	Route# Direc	поп	Name of intersec	ting Roadway/Street							Lar	ndmark		_
	XVehicle1	1_#Occupants	Hit/Run	Moped Case	Number	:	190	0000065						
	License#		St MA		Reg#	99BF25			_Reg T	ype_PAl	N	Reg	State MA	
	Sex_F_ Lic.	Class D 18	Lic. Restriction		Veh Y	Year_2009		Make_TC	OYT			Veh Co	nfig. 20	
⁴ 3	Operator DU	Last	CATHERINE	A Endorsment Middle		DUFFY Las	t	FRANC	First			Middle		- 1
	Address 16 EL	MWOOD AVE			Addre	26 (apt. A) EL	MWOOI	O AVE						-
	City NATICK			te_MA Zip_01760	City NATICK State MA Zip 01760									-
	Insurance Com	pany IDS PROI	PERTY		Vehic	le Action Prior to	Crash	4 2			d Area	Code: (C	Circle Up to Thr	ee)
5 1	Vehicle Travel	Direction: X	S E W Resp	onding to Emergency?	Event	Sequence 1 2	22 22	22	22 €)	3		4	.
	Citation # (If I	ssued)			Most	Harmful Event	1 23	24	24 1	+	9	$(\mid \cdot \mid \cdot \mid$	10 Undercarr 5 11 Totaled	nage
6	1			2: ChSec	Drive	r Contributing Co	ode 1	24			\bigvee_{7}		6	
⁶ 1				4: ChSec	Unde	rride/Override		Towe	<u>Y</u>		21	22		_
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB	Sex Sex Pos		28 Airbag Air Status \$wi	29 30 bag Eject tch Code	31 Trap Code	32 Injury Tra Status Co	33 nsp. de Medical Facil	1
	Operator			See Above				- 1	4 4	0	0	5 1		
⁷ 3	Please Select C of the Followi	I A Venici	e2 1_#Occupant	s Non-Motorist A Ty	ре	14 Action 1	5 Locati		16 Cone	dition	17	Hit	:/Run Mop	ed
	License # St MA DOB/Age DOB/Age DOB/Age					Reg # 684FRG Reg Type PAN Reg State MA						State_MA		
	Sex_F Lic. Class D 18 18 Lic. Restrictions 99 CDL				Veh Y	Veh Year 2005 Veh Make NISS Veh Config. 2								
8 1	Operator BRYSON FLORENCE Endorsment Last First Middle				Owne	Owner (Same as operator)								_
-	Address 34 KENSINGTON AVE				Last First MiddleAddress								_	
	City WEST NEWTON State MA Zip 02465				City State Zip								_	
	Insurance Company QUINCY MUTUAL					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ee)
	Vehicle Travel Direction: NSEX Responding to Emergency? E					Event Sequence 1 22 22 22 2 3 4								
	Citation # (If Issued) <u>T1441344</u> Violation 1: Ch_89/9 _ Sec Violation 2: ChSec					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 4 24 24								iage
	Violatio	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 7 6							
	Pl Name (Last Fi		r operator and all	occupants involved Address		Age/DOB	Sex Po	26 27 Safety System	28 Airbag Air Status Sv	29 30 bag Eject ritch Cod	31 Trap e Code	Injury Tra	33 nsp. ode Medical Faci	ılity
		Non-Motorist		See Above					4 4	0	0	5 1		



Truck and Bus Information: Registration # ______(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address__ US DOT #: State Number __ Issuing State _____ ICC #:___ Gross Vehicle Weight Cargo Body Type Code Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information: Material Name_____ Material 4 digit #_____ Release code Placard Material 1 digit #

GEORGE M CLAFLIN		NEWTON POLICE DEPARTM	01/18/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction	_1 Vehicle	2 =Vehicle 2	₽ Pedestr	ian	
Crash Diagram:	ie: →[1	2	→ ♀		
	 					ash <u>Did Not</u> Occur Public Way:
					по	ff-Street Parking Lot
						Garage Jarang Bot
		_ 		+ 		
		_				fall/Shopping Center
						Other Private Way
					Indic	ate North by Arrow
		- <u> </u>		 		
	. — — — — —	 -		 		
			I I			
Crash Narrative:						
Operator #2 cited for a	red light viola	tion.				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ed Property
Truck and Bus Information:	D : 4 : 11			W1:1 G (;)		
Carrier Name	Registration # _		(Fron	vehicle Section)	Carrier Issui	ing Authority Code
Address			City			
US DOT #:						36
37	Г	38	issuing state	ICC #:		_ interstate
The grant of the g	Gross Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg S	tate Reg Ye	ear Tra	niler Length	
Hazmat Information:	41					42
Placard Material 1 di	git # Material	Name		Material 4 d	ligit #	Release code
GEORGE M CLAFLIN				NEWTON POLICE DEPARTM		01/18/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)