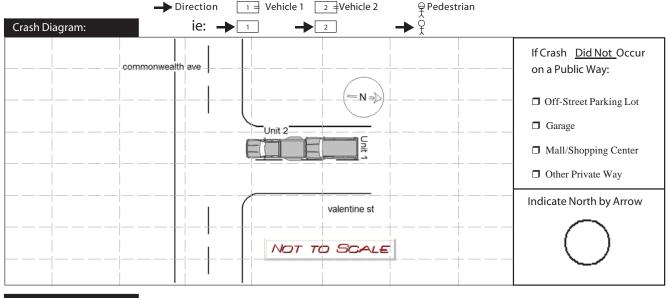
	Poli	ce Use Only		Common	wealth	of Mass	achus	setts			RM	V Docun	nent Number	
	Date of Crash 01/20/2019	Time of Crash	City/To NEWTON	Mo Mo	tor Vel	hicle Cra	sh [Number /ehicles		1 ^	ed Limi		State Police Local Police MBTA Police	□ Xi
	01/20/2019	13:44 24HR			Police	Report		2	0		gitude_		Other:	
		AT INTER	RSECTION:	<	LOCA	TION	>		NO	T AT	INT	ERSE	CTION:	2 9
	EAST	г сомм	ONWEALTH A	VE										2
1 1	Route# Direc	tion	Name o	f Roadway/Street		Route# Direction	on Addr	ess #		Na	me of F	Roadway/	Street	2 ¹⁰
_	At SOUTH VALENTINE ST					Feet NSEW of or						_ 4		
	Route# Direc			ng Roadway/Street						Marker			Exit Number	_
			Also at Inte	rsection with		Feet NSEW of Route# Intersecting Roadway/Street						lwav/Street	-	
5						Feet	N S E W	of						6 11
	Route# Direc	tion	Name of Interse	ecting Roadway/Street		Landmark								
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	r	1900	0000078						
	License#		St M	A DOB/Age	Reg	2PKP40			Reg T	vne PA	N	Reg	State MA	
	Sex_M Lic.	18 1		19	_	Year 2011							20	_
4	Operator DO		DANIEL	Endorsmer	nt	er (Same as ope								- 1 ¹²
2			First	Middle								Middle		- 1
		Address 464 POND ST. Address ty BOSTON State MA Zip 02130 City State Zip								_				
		pany COMMER		atcZip		cle Action Prior to		2					Circle Up to Thr	_
5	1	Direction: N				t Sequence 1	22 22	22	22 ()	3	·	4	
				ponding to Emergency?			23				\prod	\overline{A}	10 Undercarr	riage
	,	ssued)		n 2: ChSec		Harmful Event	1 1	24	24	—	9	\bigcup	5 11 Totaled	
⁶ 3	1				_	er Contributing C	ode 1 25				7		6	
3										13				
	Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Address Age/DOB Ag							1 1						
	Operator			See Above				1	4 4	0	0	5 1		
										_				
⁷ 3	Please Select C of the Followi		2 <u>1</u> #Occupar	Non-Motorist	A Type	14 Action	Location		16 Con	dition	17	Hit	:/Run Mop	oed
	License#	License#St_MADOB/Age					Reg # <u>P59452</u> Reg Type <u>CON</u> Reg State_						State_MA	_
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Y					Veh Year 2017 Veh Make FORD Veh Config. 2							nfig. 20	0
⁸ 2						Owner COSCO LANDSCAPI								_
Address 100 LINDON ST Last First Middle Last First Middle Address 16 COTTAGE ST. Address 16 COTTAGE ST.									_					
	City ALLSTON State MA Zip 02134 City WATERTOWN State MA Zip 02473							Zip_02472						
Insurance Company TRAVELERS Vehicle Action Prior to Crash Vehicle Travel Direction: X S E W Responding to Emergency? Event Sequence 1 22 22 22 22 22 22 22								Circle Up to Thr	ee)					
	Citation # (If I	ssued)			Most	Harmful Event	1 23					/	10 Undercarr	riage
		Violation 1: ChSec Violation 2: ChSec Underride/Override												
	Pl	ease fill out for		l occupants involved			2 Sea			29 30 bag Ejec	31 Trap	32 Injury Tra	33 nsp.	
	Name (Last Fi	rst Middle) Non-Motorist	<u> </u>	Address See Above		Age/DOB	Sex Po	s. System	Status S	witch Co	de Code		ode Medical Faci	lity
	Орегатог	TOTE INTOLUTISE		See Audve	•			1	4 4	U	U	3 1		
					·									



Crash Narrative:

ON 1-20-19 AT APPROX. 1344HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF COMM AVE AND VALENTINE ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING S-BOUND ON VALENTINE AND STOPPED BEHIND VEHICLE #2. HE STATES WHILE STOPPED, VEHICLE #2 BEGAN BACKING UP. DRIVER OF VEHICLE #1 STATES HE BEEPED AND DESPITE HIS BEEPING VEHICLE #2 BACKED INTO VEHICLE #1 CAUSING EXTENSIVE FRONT END DAMAGE. I SPOKE TO THE OPERATOR OF VEHICLE #2. DRIVER STATES HE WAS STOPPED AT THE STOP SIGN AT VALENTINE AND COMM. AND BEGAN BACKING TO PLOW SOME SNOW. HE STATES HE DID NOT SEE VEHICLE #1 AND WAS NOT AWARE OF HIS PRESENCE UNTIL HE HAD BACKED INTO HIM. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE AND WAS TOWED BY TODYS. VEHICLE #2 HAD NO DAMAGE TO HIS VEHICLE AND REPORTED NO INJURIES. VEHICLE #2 WAS PARKED ON THE CARRIAGE LANE WHILE DOMENIC (A COSCO LANDSCAPE REPRESENTATIVE) CAME TO RETRIEVE IT.

(Continued or	n next page)						
W itnesses:							
Name (Last, First, Middle)	Address			Phone	Phone #		
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Carrier Name					Carrier Is	suing Authority Co	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38			39	i	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı	railer Length		
Hazmat Information:						J	
Placard 40 Material 1 digit #	Material Nat	me		Material 4	digit #	Release code	42

-	Direction 1	∃ Vehicle 1 2	2_≢Vehicle 2	₹ Pedestri	an		
Crash Diagram:	ie: 🕕 🛚 1	→ 2	2	₽Ŝ			
Crash Diagram:	ie: -> 1				on a	ash Did Not O Public Way: off-Street Parking Garage fall/Shopping Ce other Private Way ate North by A	t Lot
Crash Narrative:					,		
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:	0.44		Dis acces #	24 7	Description of Democra	and Donate and a	
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	jea Property	
Truck and Bus Information:	Registration #		(From Ve	chicle Section)			
Carrier Name					Carrier Issui	ing Authority Code	e 35
Address			City		St	Zip	
US DOT #:			•				36
37		38		100 "			
	oss Vehicle Weight				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	iler Length		
Hazmat Information: 40	41						42
Placard Material 1 digit	# Material Na	ame		Material 4 d	igit #	Release code	
THOMAS P WALSH				TON POLICE DEPARTM		01/20/20)19
Police Officer Name (Please Print)	Signature		ID/Badge # De	epartment	Precinct/Barra	cks Date	

CDP1 11 ·24·00