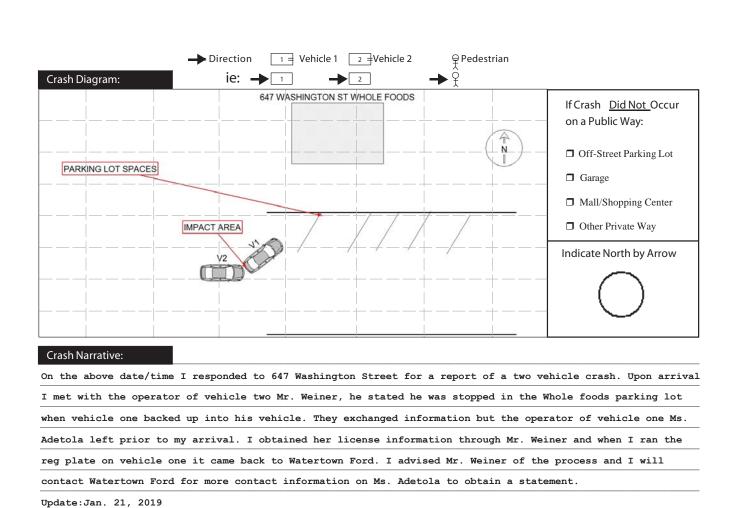
	Poli	ce Use Only		Commonwea	alth (	of Massa	achus	setts	,		RM	V Docui	ment Numbe	er
	Date of Crash 01/20/2019	Time of Crash 11:51 24HR	NEWTON	MIOTOI		iicle Cra Report	sh [	Number Vehicles 2		red La	eed Lim titude _ ngitude		State Police Local Polic MBTA Poli Other:	te XI
l			RSECTION:		LOCA		>						CTION:	
						SOUTH	647		WAS	SHINGT	ON ST			2
1 1	Route# Direc	tion	Name of	Roadway/Street		Route# Direction		ress #				Roadway	/Street	
	At				Feet NSEWof or							$ $ <sup>2</sup>		
	Route# Direc	etion 1	Name of Intersectin	g Roadway/Street						le Markeı			Exit Numbe	er
			Also at Inters	section with		Feet N	N S E V	of	Rou	ıte#	Intersec	ting Roa	ndway/Street	— L
$\begin{bmatrix} 2 \\ 4 \end{bmatrix}$						Feet [1	N S E V	v of					<b>y</b>	2
3	Route# Direc	tion	Name of Intersec	ting Roadway/Street	Landmark									
<sup>3</sup> 5	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		190	0000084						
	License#		St_RI	DOB/Age	Reg#	6AL682			Reg	Type_PA	AN	Reg	State_MA	
	Sex_F_ Lic.	Class D 18 1	Lic. Restriction		Veh Y	ear_2016	Veh !	Make_F0	ORD			_ Veh Co	onfig. 2	20
4	Operator ADI	ETOLA	BANKOLE	Endorsment	Owne	WATERTOW	N FORD		First			Middle		_   7
1	Address 503 U		First	Middle		ess 625 PLEASA			First			Middle		_
	City PROVID	ENCE	Sta	te_RI Zip_02909	City_	WATERTOWN					State	MA	Zip <u>02472</u>	
	Insurance Com	pany EMPIRE F	TIRE		Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)									Γhree)
5	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency?	22 22 22 2									
	Citation # (If I	ssued)			Most	Harmful Event	1 23					$\langle     \rangle$	10 Underc	~
	Violation	1: ChSec	c Violation	2: ChSec	Drive	r Contributing Co	ode 99	24	24				) -	
<sup>6</sup> <b>4</b>	Violation	3: ChSec	c Violation	4: ChSec	Under	rride/Override	25	Towe	d_N_	. 8	7		0	
	Please t		ator and all occu	oants involved Address		Age/DOB	Sex Po	26 27 at Safety s. System	28 Airbag Status	29 Airbag Eje Switch Co	30 31 Ect Trap de Code	32 Injury Tr Status C	33 ansp. ode Medical Fa	acility 1
	Operator	,		See Above				99	4	99 0	0	5 1		
7	DI C.I.			_		14 1	5		16		17			
1	Please Select C of the Followi	IX Vehicle	2 1_#Occupant	s Non-Motorist A Ty	ре	Action	Locati		Co	ondition	17	Пн	it/Run M	loped
	License#		StM	A DOB/Age	Reg#	Reg # 6EJX90 Reg Type PAN					Reg State MA			
	Sex M Lic. Class D 18 18 Lic. Restrictions 99 CDL				Veh Y	Veh Year 2005 Veh Make VOLVO Veh Config. 1						0		
<sup>8</sup> <b>2</b>	Endorement				Owner (Same as operator)									
Address 44 DALBY ST Address Address						Last First Middle								
	City NEWTON State MA Zip 02458				City State Zip								_	
	Insurance Company_COMMERCE INS					Vehicle Action Prior to Crash  2  Damaged Area Code: (Circle Up to Three)								Γhree)
	Vehicle Travel Direction: X E W Responding to Emergency? E					Event Sequence 1 22 22 22 23 4								
Citation # (If Issued)  Violation 1: ChSec Violation 2: ChSec						Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 1 24 24								~
	Violatio	Underride/Override 25 Towed N 8 7 6												
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB	Sex Po	26 27 Safety os. System	28 Airbag n Status	29 Airbag Eje Switch C	30 31 Frap ode Code	32 Injury Tr Status C	33 ansp. Code Medical F	Facility
		Non-Motorist		See Above		Age/DOB		99	4	99 0	0	5 1		
l								+						



On Jan. 21, 2019 I contacted Watertown Ford advised them of the crash and obtained a phone number for the operator of vehicle one. I spoke to her on the phone she stated the parking lot roadway was covered in

(Continued of	on next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			35
Carrier Name					Carrier Iss	uing Authority Co	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC#:		Interstate	36
US DOT #: State Number Issuing State ICC #: Interstate Interstate ISSUING STATE INTERSTATE							
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı	railer Length		
Hazmat Information:							
Placard 40 Material 1 digit	# 41 Material Nar	ne		Material 4	digit #	_ Release code	42

ROCCO D MARINI		13963	NEWTON POLICE DEPARTM		01/20/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestri	ian	
Crash Diagram:	ie: →□	1 -	2	<b>→</b> §		
					If Crash <u>Did No</u> on a Public Way	I .
			_		☐ Off-Street Park	ring Lot
					☐ Garage	ing Lot
		-  		+	☐ Mall/Shopping	Contor
					Other Private V	
		 -	_			
				į	Indicate North by	Arrow
						)
		-				'
Crash Narrative:						
snow/ice, she was backing	g out of the par	rking spot	and vehicle tw	o continued	traveling and struck he	r vehicle.
I advised her of the pro						
advised her or the pro	cess.					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Nume (Eust, 1 iist, Middle)		Nauress			THORE #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Owner (East, 1113t, Middle)	Address		THORE #	эт турс	Description of Dumaged Froperty	
Truck and Bus Information:	Registration # _		(From	Vehicle Section)		35
Carrier Name			G'.		Carrier Issuing Authority (	Lode
Address			-			36
US DOT #:		38	Issuing State _	ICC#:	Interstate	
	Gross Vehicle Weight			_	39	
Trailer Reg #:  Hazmat Information:	Reg Type	Reg Sta	te Reg Ye	ar Tra	uler Length	
Placard 40 Material 1 dig	it # 41 Material	Name		Material 4 d	ligit # Release code	42
	<del></del>					
ROCCO D MARINI			13963	NEWTON POLICE DEPARTA	01/2	0/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)