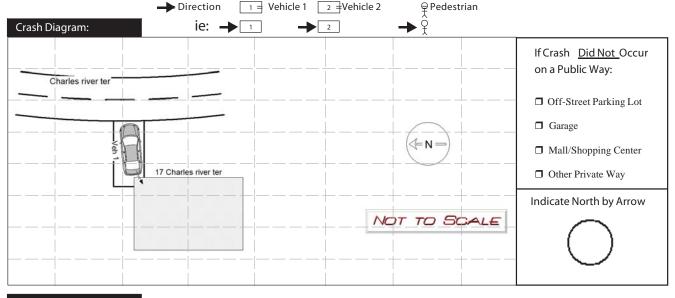
	Poli	ce Use Only		Commonwea	lth (of Mass	ach	uset	ts		RM	V Docun	nent Number	
	Date of Crash 01/21/2019	Time of Crash 03:05 24HR	NEWTON	1410101		icle Cra Report	ash	Num Vehic	- 1	ured La	eed Limititude _		State Police Local Police MBTA Police Other:	N Xi
			RSECTION:		LOCA'		>		N				CTION:	
						WEST	17	7	CH	ARLES R	IVER T	ER		
¹ 6	Route# Direction Name of Roadway/Street At				Route# Direction Address# Name of Roadway/Street							Street		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of orExit Number								-	
													_	
² 2						Route# Intersecting Roadway/Street Feet N S E W of								1
3	Route# Direc	tion	Name of Intersecti	ng Roadway/Street	Landmark									4
2	XVehicle1	2_#Occupants	Hit/Run	Moped Case I	Number		:	1900000	087					╛
	License#	10 1	St MA		Reg#	TA747D			Reg	g Type_TA	AN	Reg	State MA 20	-
		Class M 18 D 1		CDL	Veh Y	ear_2014			TOYT			Veh Co	nfig. 1	
4 1	Operator JIG	Last	PEMA First	Middle		CAB	ast A DIA/A	PHO	OTO	t		Middle	:	- 7
	Address 84 Al	EXANDER AV		MA Zip 02155		SOUTH BOST						MA ,	Zip 02127	-
		pany PROTECT		Zip <u>02133</u>		e Action Prior			21				Circle Up to Thre	ee)
5	1	Direction: N		nding to Emergency?		Sequence 10		1 10	-	2	3		4	
		ssued)				Harmful Event	2	3			9	$\langle $	10 Undercarr 5 11 Totaled	iage
	Violation	1: ChSec	c Violation 2	: ChSec	Driver	Contributing (1 24	24		Vį			
⁶ 3				: ChSec	Underride/Override									
	Please		ator and all occupa	ints involved Address		Age/DOB	Sex	Seat Sat Pos. Sys	27 28 fety Airbag stem Status	29 Airbag Eje Switch Co	30 31 For Trap de Code	32 Injury Tra Status Co	33 ansp. ode Medical Facili	ty 1
	Operator		17 C	See Above HARLES RIVER TR				1	4	4 0	0	5 1		
	JOST, MIRIA	M		TON, MA 02459			F	6 1	4	4 0	0	5 1	NONE	
7						14	15		16		17			
9	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist A Typ	pe	Action	15 Lo	cation	16	ondition	17	Hi	t/Run Mop	ed
	License#		St	DOB/Age						State	-			
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					Veh Year Veh Make Veh Config.								
8 1	Operator	Last	First	Middle	Owner Last First Middle							-		
	Address					Address							-	
	City State Zip Insurance Company				City State Zip Vehicle Action Prior to Crash							ee)		
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 3 4								
	Citation # (If Issued)				Most Harmful Event 23 10 Undercarriage 5 11 Totaled						iage			
	Violation 1: ChSec Violation 2: ChSec				Driver Contributing Code 24 24									
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed 8 7 6								
	Pl Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB	Sex	26 Seat Sat Pos. Sy	27 28 fety Airbag ystem Statu	29 Airbag Eje Switch C	30 31 Frap ode Code		33 ansp. Code Medical Facil	lity
	Operator/	Non-Motorist		See Above										



Crash Narrative:

On 1/21/19 I was working N498 when I responded to 17 Charles River Ter for a report of a Cab that had struck a wall. Upon arrival I met with Pema Jigmey and Miriam Jost. Jost stated that Pema who was driving for Metro Cab (or Photo Cab) picked her up at the airport and brought her home. Once at her home 17 Charles River Ter, she asked him to back into the driveway due to the snow and ice conditions. While backing up in the driveway of 17 Charles River Ter the vehicle struck the residencet causing damage.

Pema stated the same thing but believed Jost was half to blame due to the fact she asked him to be dropped in the driveway. I informed Pema that he drove the vehicle into the house and so was at fault. The house only appeared to suffer minor cosmetic damages but could not be accurately examined. Pema and Jost exchanged information in the hopes of settling the damages without insurance. Both parties were satisfied and provided

(Continued on next page)

Witnesses:						
Name (Last, First, Middle)	Address			Phone :	#	Statement
Property Damage:						
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Dama	ged Property	
MIRIAM, JOST,	17 CHARLES RIVER TER NEWTON,MASSACHUSETTS	6176962891	97	17 CHARLES RIVER	TER PRI RESIDE	NCE
Truck and Bus Information: Carrier Name	Registration #	(From Veh	,	Carrier Issu	uing Authority Cod	e 35
Address		City		St	Zip	
US DOT #:	_ State Number	Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gre	oss Vehicle Weight 38			39		
Trailer Reg #:	Reg Type Reg State	Reg Year	Tr	railer Length		
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material Name		_ Material 4	digit #	_ Release code	42

BRIAN F CONLEY		NEWTON POLICE DEPARTM		01/21/2019	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Crash Diagram:	-	Direction 1	∃ Vehicle 1 2	y ≠Vehicle 2	₽Pedestri	an		
	Crash Diagram:	ie: 🕕 🛚 1	2	_	Ŷ			
Witnesses: Name (Last, First, Middle) Nover (Last, First, Middle) Address Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name Carrier Stating Authority Code 35 Carry Placard Material 1 digit # 41 Material Name Material 4 digit # Release Code 42 BBIAN FCONLEY NNONONOUS MEANS (01/21/2019)	Crash Diagram:	ie: -> 1				on a	Public Way: ff-Street Parking arage fall/Shopping Ce ther Private Way	g Lot
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	BRIAN F CONLEY			3.7774	TON POLICE DEBARTS		01/21/20	119
		Signature	:			Precinct/Barra		

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