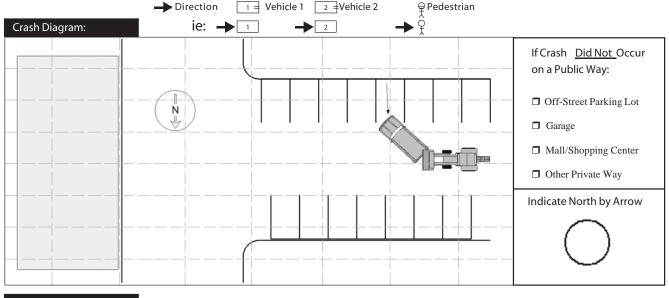
	Poli	ice Use Only		Commonweal	lth o	f Massa	achu	setts	}		RMV	/ Docum	ent Number	
	Date of Crash 01/25/2019	Time of Crash 09:09 24HR	NEWTON	1410101		icle Cra Report	sh	Number Vehicles 1		d Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	N N
			RSECTION:		OCAT		>		NO	T AT	INTI	ERSEC	TION:	2
						NORTH	204	0	COM	MONW	EALTH	AVE		2
1 1	Route# Direc	tion	Name of Ro	padway/Street	F	Route# Directio	n Ado	dress #		Na	me of R	loadway/S	Street	2
	At					Feet NSEW of or Exit Number								-
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of								
2		Route# Intersecting Roadway/Street Feet N S E W of								3				
2 1	Route# Direc	tion	ng Roadway/Street	Landmark										
3	XVehicle1	#Occupants	Moped Case N	lumber		19	00000106							
	License#		St MA	DOR/A ga == ================================	Pag#	974RV3				vne PA	N	Peg	State MA	-
		18 18 19 19 ON						Make H					20	-
4		LD Last		Endorsment		(Same as oper								- 7
1	Address 1282	Last BEACON ST (a)	pt. 919)	Middle		Last						Middle		_ /
	City BOSTON	N	MA Zip 02215								Z	ip	_	
	Insurance Company STANDARD FIRE				City State Zip Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three)									ee)
5	Vehicle Travel	Direction:	S E W Respon	ding to Emergency?	Event S	Sequence 1 2	2 22		22 2		3		4	
	Citation # (If I	ssued)			Most H	Iarmful Event	1 23		1	+	9	$ \cdot $	10 Undercarr 11 Totaled	iage
6	Violation	1: ChSec	c Violation 2:	ChSec	Driver	Contributing Co		9 24	24		VŢ			
⁶ 2	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed Y 8 7 6								
	Please : Name (Last Fir		ator and all occupa	nts involved Address		Age/DOB	Sex S	26 27 leat Safety los. System	28 Airbag Air Status \$w	29 30 bag Ejec itch Code) 31 t Trap e Code	32 Injury Tran Status Coo	33 lsp. le Medical Facili	ty 1
	Operator			See Above				1	4 4	0	0	5 1		
7 1	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	2	4 Action 1	5 Loca		16 Con	dition	17	Hit	/Run Mop	ed
	License#StDOB/Age					leg#Reg TypeReg State							_	
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					ch Year Veh Make Veh Config.								
8 1	Operator	Operator				Owner Last First Middle								-
	Address					s								-
	City		Zip	City State Zip								-		
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)
	Vehicle Travel Direction: NSEW Responding to Emergency? I					Event Sequence 22 22 22 22 2 3 4 10 Undercarriage							iage	
	, , , , , , , , , , , , , , , , , , ,					Most Harmful Event 9 5 11 Totaled							lage	
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 8 7 6								
				: ChSec	Underr	ide/Override		Towed	l) \ 31		33	_
	Name (Last Fi	irst Middle)	operator and all oc	Address		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag Air n Status S	bag Ejec	t Trap de Code	Injury [Fran	nsp. de Medical Faci	lity
	Operator/	Non-Motorist		See Above										
											-			



Crash Narrative:

The operator of MV#1 stated that she was backing out of a parking spot in the Star Market Parking lot, #2040

Commonwealth Ave when she was involved in a MV crash.

Operator #1 stated that she and the other operator both exited their MV's and even though there was obvious damage to MV#1, the operator of MV#2 refused to provide any information, got back into his MV and left the area.

Operator #1 describes MV#2 as a large yellow backhoe that did not display a MV plate and she didn't observe a company name anywhere on the MV. The operator id described as W/M, approx. 40 YOA with brown hair.

There is a backhoe type MV presently in the Star Market parking lot and operator #1 stated that is not the other MV involved. I also spoke with a Star Market manager who will view their exterior video footage of the

(Continued on next page)									
W itnesses:									
Name (Last, First, Middle)	Address				Phone #	ŧ	Statement		
Property Damage:	,								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descript	tion of Damag	ged Property		
Truck and Bus Information: Carrier Name			(From Vehic	,		_ Carrier Issu	ning Authority Co	ode 35	
						_			
Carrier Name			City			St	Zip	ode	
Carrier NameAddressUS DOT #:37	State Number		City			St	Zip	ode	
Carrier NameAddressUS DOT #:37	State Numberss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	ode	
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	ode	
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tr	railer Leng	St	Zip _ Interstate	ode	

•	Direction 1	ı	2 #Vehicle 2	₹Pedestr	ian		
Crash Diagram:	ie: → 🗆	→	2				
Crash Diagram:					If or	Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Conther Private Way dicate North by A	g Lot enter
Crash Narrative:							
parking area and notify m	me if it provide	s any informa	ation.				
Witnesses:		1			1		1 -
Name (Last, First, Middle)		Address			Phone	2 #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)			25
Carrier Name					Carrier Is	suing Authority Cod	e 35
Address			City		St	Zip	
			•				36
US DOT #:	State Number	38	Issuing State	ICC #:_		Interstate	
Cargo Body Type Code G	ross Vehicle Weight	30			,		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length		
Hazmat Information:							
40	41	T		36.	** ** #		42
Placard Material 1 digi	Material N	name		Material 4 c	ligit #	Kelease code	
GEORGE M CLAFLIN			NEV	WTON POLICE DEPARTM		01/25/20	019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)