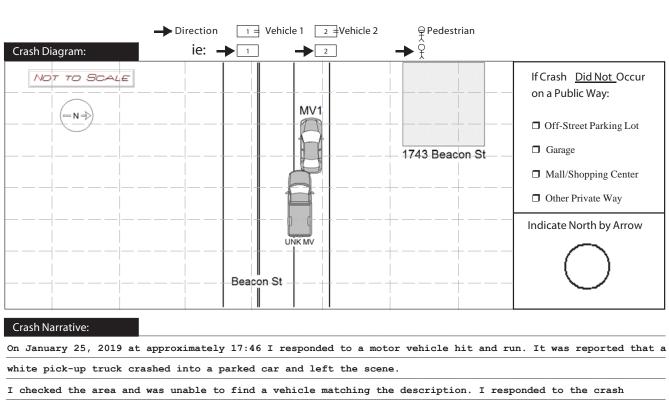
	Poli	ce Use Only		Common	wealth	of Mass	achı	isetts	;		RMV	Docum	ent Number	
	Date of Crash 01/25/2019	Time of Crash	h City/Tov	vn Mo		hicle Cra	ash	Number Vehicles		r Spee Latit	d Limit		State Police Local Police MBTA Police	Xi
	04=01=013	24HI				Report		1	0		gitude_		Other:	
L		AT INTE	RSECTION:	<	LOC	ATION	>		NO	AT	INTE	CRSEC	TION:	┽
						WEST	174	43	BEACC	N ST				F
	Route# Direct	tion		Roadway/Street		Route# Direct	ion A	idress #		Nar	me of R	oadway/S	Street	
At					Feet NSEW of or							_		
ŀ	Route# Direc	tion	Name of Intersecting	g Roadway/Street					Mile N	1arker			Exit Number	_
ľ			Also at Inters	ection with		Feet	N S E	W of	Route#		ntersect	ing Roady	way/Street	-
]						Feet	N S E	W of						
4	Route# Direct	tion	Name of Intersec	ting Roadway/Street	ī						Lan	dmark		
	XVehicle1	#Occupant	ts Hit/Run	Moped	Case Numbe	er	1	900000108						1
Ī	License#		St	DOB/Age	Reg	# 1VV279			Reg Ty	pe PAN	V	Reg S	tate MA	
- 1	Sex Lic. (18		19		Year 2014				-		_	20	
↲			First	Endorsm	ent		ast						8.	-
- 11				Middle		ress 15 PROSPE	R ST		First			Middle		- -
П				teZip		MALDEN					State	MA Z	in 02148	
П						cle Action Prior	to Crash						ircle Up to Thre	ee)
\dashv				onding to Emergency		nt Sequence 1	22 22		22 2		3	,	4	
╝	Citation # (If Is	_				t Harmful Event	23	3			M,	A)	10 Undercarr	iage
				2: ChSec		er Contributing (1 24	24 1	←	9		5 11 Totaled	
1				4: ChSec		erride/Override	25		8`		7		0	
t	Please fill out for operator and all occupants involved					26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.								
ŀ	Name (Last Fire	st Middle)		Address See Abov		Age/DOB	Sex	Pos. System	Status Swit	ch Code	Code S	tatus Cod	e Medical Facili	ity
ŀ	орегиног						+							
F							+							
L														
	Please Select C of the Followi	Vehic	le# Occupant	Non-Motoris	st A Type	14 Action	15 Loc	ation	16 Cond	ition	17	Hit/	⁄Run Mop	ed
ľ					eg# Reg Type Reg S					-				
ı	License # St DOB/Age					eh Year Veh Make Veh Config.						20	-	
4		Class	Lic. Restriction	Endorsm	ent			п маке				ven Con	ng.	
	Operator	Last	First	Middle		er	ıst		First			Middle		-
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1						11 D 14 C 1 (C 1 H 4 T)							- ee)	
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ı	Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued)				•	Most Hampful Front 23 10 Undercarriage							iage	
١	, , , , , , , , , , , , , , , , , , ,					Driver Contributing Code 24 24 5 11 Totaled								
١	Violation 3: Ch Sec Violation 4: Ch Sec					Underride/Override 25 Towed 8 7 6								
L	Please fill out for operator and all occupants involved					erride/Override		Towed 26 27 Seat Safety		9 _ 30	31 Trap I		33	\dashv
F	Name (Last Fi	rst Middle)		Addres	SS	Age/DOB	Sex	Pos. System	Airbag Airb n Status Sw	ag Eject tch Code	Trap I e Code	njury Tran Status Co	sp.	lity
L	Operator/	Non-Motorist		See Abov	/e						+			\dashv
L							$\perp \perp \downarrow$							
ŀ							1 1							



I checked the area and was unable to find a vehicle matching the description. I responded to the crash location and spoke with the owner of MV1, who was not with his vehicle when it was struck. MV1 was parked legally on the shoulder of by 1743 Beacon St. The vehicle that struck MV1 left the travel lane and struck MV1 in the driver's side rear, causing damage.

I spoke with the reporting party, Tim Leary, who heard the crash and saw a white Ford F-150 leaving the scene with damage on front passenger side. Leary did not see the license plate of the truck but thinks it was the 2006-2012 body style.

(Continued on next page)

Name (Last, First, Middle)	Address		Phone #	!	Statement						
Property Damage:											
Owner (Last, First, Middle)	Phone # 34-Type Desc			Description of Dama	cription of Damaged Property						
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code											
Address			City		St	Zip					
US DOT #: Sta	nte Number		_ Issuing State	ICC #:_		Interstate	36				
Cargo Body Type Code Gross Vehicle Weight 38											
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	iler Length						
Hazmat Information:											
Placard 40 Material 1 digit #	Material Nan	me		Material 4	ligit #	Release code	42				

	→ Direction	1 = Vehicle 1	2 = Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: →[1 -	2	₽ĝ		
		 			If Crash <u>Did Not</u> on a Public Way:	_Occur
			L L		☐ Off-Street Parking	ng Lot
					☐ Garage	
		_			☐ Mall/Shopping (Center
					Other Private W	
		_	 			
				İ	Indicate North by	Arrow
Crash Narrative:						
The owner of MV1 was going	ng to arrange f	or a private	tow at a later	r time.		
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)		
Carrier Name					Carrier Issuing Authority Co	ode 35
Address			_ City		St Zip	
US DOT#:	State Number		Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State _	Reg Year_	Tra	ailer Length 39	
Hazmat Information:			_	_		
Placard 40 Material 1 dig	it # 41 Material	Name		Material 4 d	ligit # Release code	42
CHARLES P GUARINO		3880	O2 NEV	VTON POLICE DEPARTM	01/25/	2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)