	Police Use Only	Common	wealth o	of Massacl	husetts		RMV	V Documen	at Number	
	02/09/2019 15:59 NEWTON			icle Crash	Vehicles	Injured	Speed Limi	IL	tate Police ocal Police	] ] ]
	24HR AT INTERSECTIO	N: <	Police 1		2	NOT	Longitude_ AT INTI		ther:	
	AT INTERSECTIO	11.	LOCA				AI IIII	EKSECT	1011.	2
1	D. C. B. C.	CD 1 (6)		NORTH	54	ASH ST	N. CF	) 1 /C+		-
1	Route# Direction Nar	ne of Roadway/Street At			Address #		Name of F	Roadway/Stre	eet	- 2 <sup>10</sup>
				Feet N S	E W of	 Mile Ma	• urker		xit Number	
		secting Roadway/Street Intersection with	<b> </b>	Feet N S	E W of					1
2	Aiso at	increction with		Feet N S		Route#	Intersec	ting Roadwa	y/Street	1
1	Route# Direction Name of In	tersecting Roadway/Street			L W OI		Lo	ndmark		- 4
3 <b>99</b>	XVehicle 1 0 #Occupants X Hit/1	Run Moped			400000046		Lai	numark		1
99	24 venicie 2 <u>u</u> noccupants	Мореи	Case Number		1900000165					4
	License # S	St DOB/Age	•	1EC474					20	
	Sex Lic. Class Lic. Restri		ent	ear_2014				_Veh Config	g. 1	
<sup>4</sup> <b>1</b>	Operator		Owner	r HOVHANNISYA		First		Middle		1
	Address			227 BOYLSTON	ST					
	City	StateZip	City _	WATERTOWN			State	MA Zip		
	Insurance Company COMMERCE		Vehicl	le Action Prior to Cra	11		_		le Up to Three)	
5 <b>2</b>	Vehicle Travel Direction: X S E W	Responding to Emergency	y? Event	Sequence 1 22 99	9 22 22	22 2	3	4		
	Citation # (If Issued)		Most 1	Harmful Event 1	23	1	<b>-</b> 9	5	10 Undercarriag 11 Totaled	е
-	Violation 1: ChSec Viol	ation 2: ChSec	Driver	Contributing Code	1 24 99					
<sup>6</sup> 99	Violation 3: ChSec Viol	ation 4: ChSec	Under	ride/Override	25 Towed	<u></u> 0	7	6		
	Please fill out for operator and all (Name (Last First Middle)	occupants involved	c	Age/DOB Sex	26 27 Seat Safety Pos. System	28 29 Airbag Airbag Status Switch	30 31 Eject Trap Code Code	32 33 Injury Transp. Status Code	Medical Facility	2
	Operator	See Abov				Status Switch	Couc Couc	Status Code	Wedicar Facinity	1
										7
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										4
7									<u> </u>	
1	Please Select One of the Following: Wehicle 2 1 # Occ	upants Non-Motoris	st A Type	Action 15 I	Location	Conditi	ion 17	X Hit/Ru	un Mopeo	1
		DOD/4	- B #	IINKN		D T	PAN	D 0	MA	4
	License # S Sex Lic. Class   99   18   Lic. Restri	19	-	UNKN ear_UNKN				-	20	
8	•	Endorsm	ent	(Same as operator		1241		_ ven Conng	ţ. <u> </u>	
4	Last First	Middle		Last		First		Middle		
	Address			ess						
	City	State Z1p			2:	_		_	le Up to Three)	
	Insurance Company UNKN			le Action Prior to Cra	4511 99	22 2	maged Area	· ·	ic op to Tilice)	
	Vehicle Travel Direction: X S E W	Responding to Emergence	•	Sequence 2 22 99	23				10 Undercarriag	e
	Citation # (If Issued)			Harmful Event 2	24	24 1	<b>←</b>   ) 9	]   5	11 Totaled	
	Violation 1: ChSec Vio			Contributing Code	25		7			
	Violation 3: ChSec Vio			ride/Override	Towed	_ <u>N</u>	30   21		I	_
	Please fill out for operator an	d all occupants involved		Age/DOB Sex	26 27 Seat Safety x Pos. System	Airbag Airbag Status Switc	30 S1 Eject Trap Code Code	32 Transp. Status Code	Medical Facility	
	Operator/Non-Motorist	See Abov	ve					5 1		_
									1	

	Direction 1 =	Vehicle 1	₂ =Vehicle 2	₽Pedest	rian			
Crash Diagram:	ie: → ¹	<b>→</b>	2 -	<b>₽</b> Ŷ		1		
		<u> </u> 		- (-N-)		If Crash <u>Did Not</u> on a Public Way:	_Occur	
						☐ Off-Street Parki	ng Lot	
	54 Ash st					☐ Garage		
_		-   -   -	<del> </del>			☐ Other Private W	ay	
-		-+- -}	<del>.</del>			Indicate North by	Arrow	
		+						
	• — —	- P.O.)	<del></del>			( )		
		nit 1						
Crash Narrative:		· · · · · · · · · · · · · · · · · · ·				•		
On 2/9/19 I responded to	54 Ash St and me	t with Ms. 2	ardar Hovhann	isyan in	regards	to a past hit & r	un to he	
vehicle. Hovhannisyan pa	rked MA reg 1EC47	4 on Ash St	(a northbound	public o	one way s	treet) just prior	to	
Commonwealth Ave around	0800 hrs this morn	ning. When s	he returned a	round 100	00 hrs, s	he noticed modera	te damag	
to the front left area o	of the vehicle. The	ere was mind	or debris on t	he ground	l consist	ent with the dama	ge I	
riewed.								
It should be noted that	there are parking	stalls para	llel to where	the vehi	.cle was	parked, with seve	ral	
residents of Norumbega G	ardens coming and	going quite	frequently.	It is not	believe	d that there are	cameras	
facing the specific area	where the collis	ion occurred	l. Hovhannisya	n was adv	rised to	contact her insur	ance	
company.								
(Continued	l on next page)							
Witnesses:						DI #	15	
Name (Last, First, Middle)		Address				Phone #	Statemen	
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type Description of Damaged Property				
Truck and Bus Information:	Registration #		(From Ve	hicle Section)				
Carrier Name					(	Carrier Issuing Authority C	ode 3	
Address			City			St Zip		
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36	
37	Gross Vehicle Weight	38				L		
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Тт	ailer Length	39		
Hazmat Information:	· · · · · · · · · · · · · · · · · · ·		- 3 -		J			
Placard 40 Material 1 dig	git # 41 Material Na	me		Material 4	digit #	Release code	42	

KELEIGH N DONAHUE NEWTON POLICE DEPARTS 02/09/2019

Palica Officiar Name (Place Print) Signature Double to Department Province (Place Print) Date (Place Print) Date

Crash Diagranc   Ie:   Image:   Image		→ Direction 1	Vehicle 1	2 =Vehicle 2	Pedestrian	
If Crash Did Not Occur on a Public Way:	Crash Diagram:	ie: → 1	¬ <b>→</b> г	2	ρŶ	
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: Carrier Name  Carrier Name  Carrier Name  Carrier Name  Carrier Name  Carrier State Mumber  Issuing State ICC #: Interstate  Cargo Body Type Code  Trailer Reg #: Reg Type Reg State Reg Year  Trailer Length  Reg Type  Reg Type  Reg State  Reg Year  Trailer Length  Trailer Length  Trailer Reg #: Reg Type  Reg State  Reg Year  Trailer Length  Trailer Length  Trailer Reg #: Reg Type  Reg State  Reg Year  Trailer Length  Trailer Length  Trailer Length  Trailer Reg #: Trailer Length  Trailer Reg #: Reg Type  Reg Type  Reg State  Reg Year  Trailer Length						on a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way
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: Carrier Name  Carrier Name  Carrier Name  Carrier Name  Carrier Name  Carrier State Mumber  Issuing State ICC #: Interstate  Cargo Body Type Code  Trailer Reg #: Reg Type Reg State Reg Year  Trailer Length  Reg Type  Reg Type  Reg State  Reg Year  Trailer Length  Trailer Length  Trailer Reg #: Reg Type  Reg State  Reg Year  Trailer Length  Trailer Length  Trailer Reg #: Reg Type  Reg State  Reg Year  Trailer Length  Trailer Length  Trailer Length  Trailer Reg #: Trailer Length  Trailer Reg #: Reg Type  Reg Type  Reg State  Reg Year  Trailer Length						
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Cargo Body Type Code Gross Vehicle Weight Reg Type Reg State Reg Year Trailer Length Hazmat Information:		State Number		Issuing State	ICC #:	Interstate
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:	Cargo Body Type Code 37	Gross Vehicle Weight	38			30
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