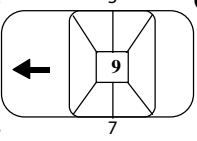
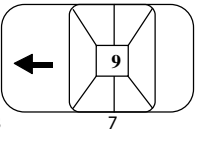


Police Use Only		Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 02/12/2019	Time of Crash 14:02 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:				
AT INTERSECTION:				<	LOCATION		>	NOT AT INTERSECTION:							
SOUTH CENTRE ST Route# Direction Name of Roadway/Street At NEWTONVILLE AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street															
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000174							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator WALSH ANN Last First Middle Address 35 SAWMILL ROAD City WALPOLE State MA Zip 02081 Insurance Company ARBELLA Vehicle Travel Direction: N X E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # TC70AV Reg Type PAS Reg State MA Veh Year 2016 Veh Make HONDA Veh Config. 2 20 Owner WALSH BRIAN Last First Middle Address 35 SAWMILL ROAD City WALPOLE State MA Zip 02081 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 											
Please fill out for operator and all occupants involved															
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility															
Operator See Above				1 4 99 0 0 5 1											
Please Select One of the Following:															
<input type="checkbox"/> Vehicle #Occupants				<input type="checkbox"/> Non-Motorist A Type		14 Action 15 Location 16 Condition 17		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped					
License # --- St DOB/Age --- Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Operator --- Last First Middle Address City --- State --- Zip --- Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # --- Reg Type --- Reg State --- Veh Year --- Veh Make --- Veh Config. 20 Owner --- Last First Middle Address City --- State --- Zip --- Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed --- 											
Please fill out for operator and all occupants involved															
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility															
Operator/Non-Motorist See Above				--- --- ---											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
ie: → 1 → 2 →

Crash Diagram:

		<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p>
		<p>Indicate North by Arrow</p>

Crash Narrative:

OPERATOR OF MV 1 STATED SHE WAS TRAVELING SOUTH ON CENTRE ST WHEN SHE STOPPED AT THE CROSSWALK AT INTERSECTION OF NEWTONVILLE AVE AND CENTRE ST FOR A PEDESTRIAN WALKING THEIR DOG. ONCE MV 1 CAME TO A COMPLETE STOP THEY WERE STRUCK IN THE REAR BY MV 2. MV 1 WAS UNABLE TO GET A LICENSE PLATE OR A DESCRIPTION DUE TO THE WEATHER (HEAVY SNOW) AND THE FACT THAT THEY JUST PULLED OVER TO THE SIDE AND ASSUMED MV 2 WOULD DO THE SAME. MV 2 NEVER PULLED OVER TO EXCHANGE INFORMATION AND CONTINUED GOING SOUTH ON CENTRE STREET. MV 1 SUSTAINED MODERATE REAR END DAMAGE AND NO INJURIES REPORTED. THERE WAS A PARTIAL PLATE GIVEN BY THE PEDESTRIAN CROSSING THE STREET OF 915.

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 Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 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 _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42