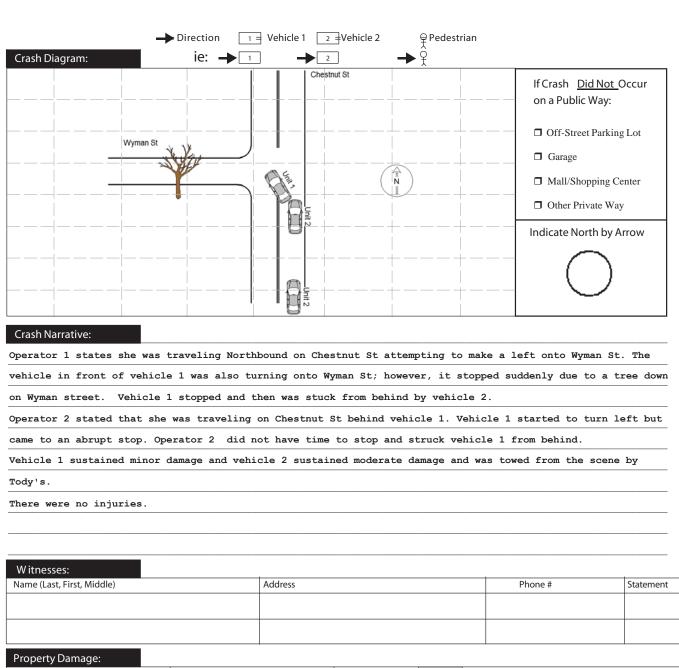
	Poli	ce Use Only		Commo	nwealth	of I	Mass	ach	use	etts			RM	V Doc	cumen	ıt Number	
	ate of Crash 2/26/2019	Time of Crash 08:04	City/I	Town N	Iotor V	ehicle	e Cra	ash		mber	Numl		eed Lim		Si L	tate Police ocal Police IBTA Police	N X
02	720/2019	24HR			Police				2		0	Lo	ngitude		<u> </u>	ther:	
		AT INTER	RSECTION:		< LO	CATIO	N	>			NC	T A	ΓΙΝΤ	ERS	ECT	ION:	
		CHEST	NUT ST														
Ro	oute# Direct	ion	Name	of Roadway/Street		Route	# Directi	ion A	ddress	s #		N	Vame of	Roadw	ay/Stre	eet	$ _1$
	At LARCHMONT AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of • or							_				
Ro						Mile Marker Exit Number Feet N S E W of											
_						Route# Intersecting Roadway/Street									- -		
Ro	Route# Direction Name of Intersecting Roadway/Street					Feet [N S E W] of								_ 2			
	Landmark						k		\dashv								
_	Vehicle1	_1_#Occupants	Hit/Ru	n Moped	Case Num	ıber		1	190000	00215							_
Lie	cense #	18 1	St	MA DOB/Age	Re	eg# <u>7FTK</u>	90				_Reg T	Type_P	AN	R	eg Stat	te MA	-
Se	x_F_ Lic. C	Class D 10 1	Lic. Restricti			eh Year <u>20</u>	16	V	eh Ma	ke_HC	ONDA			_Veh	Config	g. 1	
		ERIAN Last	ANI	Midd	ile O	wner _(Sa	ne as ope	erator)			First			Mi	ddle		- 1
Ad	ddress 5 TAN					ddress											-
Cit	ty MEDFIEL	LD	5	State MA Zip 020	52 Ci	ty							State	e	_Zip		-
Ins	surance Comp	pany_ARBELLA			Ve	ehicle Acti	on Prior to			4 21		•	_		`_	le Up to Thr	ee)
Ve	ehicle Travel	Direction:	S E W Re	sponding to Emerger	ncy? Ev	vent Seque	nce 1			22	22			<u>)</u>	$\nearrow^{oldsymbol{\Theta}}$	10.77	.
Cit	tation # (If Is	ssued)			M	ost Harmf	ul Event	1	3		241	4	9	1		10 Undercari 11 Totaled	riage
-	Violation	1: ChSec	Violatio	on 2: ChSec_	D ₁	river Cont	ibuting C		1	4	24	3		\mathcal{L}			
\perp				on 4: ChSec_	U	nderride/O	verride			Towed	<u>N</u> _		,	1 00			
N	Please f Name (Last Firs		ator and all occ	cupants involved	ress	A	Age/DOB	Sex	Seat S Pos. S	27 Safety <i>P</i> System	28 Airbag A Status Sv	rbag Ej	30 31 ect Trap ode Code	32 Injury Status	Transp. Code	Medical Facil	ity 1
	Operator			See Ab	oove					1	4 4	1 0	0	5	1		
	ease Select O the Followir		2 <u>1</u> #Occupa	nnts Non-Moto	orist A Type	14 Ac	etion	15 Lo	cation	1	Cor	ndition	17		Hit/Ru	un Mop	oed
Lie	cense#		St_ ^I		Re	Reg # 4WL697					Reg Type PAN R			R	eg State_MA		_
Se	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2004 Veh Make M					MAZDA Veh Config.				g. 20		
Op	perator WATSON MELISSA Last First Middle				O	Owner (Same as operator) Last First Middle								_			
Ad	ddress 3 PAF	RKER STAPLES	SRD			ddress											_
Cit	ty DEDHAM	М		State_MA Zip_0202	26 Ci	State Zip									-		
Ins	surance Comp	pany_COMMER	CE		Vo	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ee)			
Ve							Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled										
Cit															riage		
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 99 24 24 6 6																
Violation 3: ChSec Violation 4: ChSec Underride/Override Towed Y								6									
	Ple Name (Last Fir		operator and a	ll occupants involv	ved dress		Age/DOB	Sex	26 Seat Pos.	27 Safety <i>f</i> System	28 Airbag A Status S	29 rbag Ej witch C	30 31 ect Trap ode Code	32 Injury Status	Transp. Code	Medical Faci	lity
		Non-Motorist		See Ab	oove							0	0	5	1		



Property Damage:				
Owner (Last, First, Middle)	Phone #	Description of Damaged Property		
Truck and Bus Information:	Registration #		icle Section)	Carrier Issuing Authority Code 35
Address		City		St Zip
US DOT #:	State Number	Issuing State	ICC #:_	Interstate 36
Cargo Body Type Code Gros	ss Vehicle Weight			39
Trailer Reg #:	Reg Type Reg State _	Reg Year	Tı	railer Length
Hazmat Information:				
Placard 40 Material 1 digit #	Material Name		_ Material 4	digit # Release code 42

FRANCIS P SCALTRETO			NEWTON POLICE DEPARTM		02/26/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date