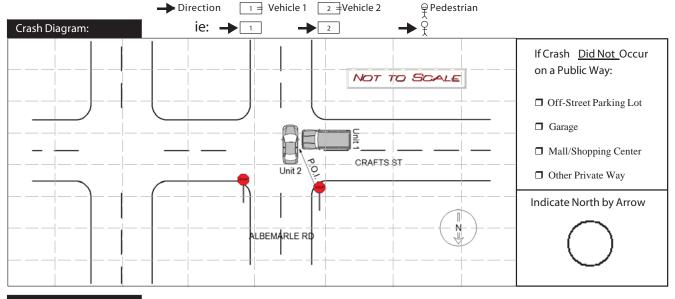
	Poli	ce Use Only		Common	nwealth	of Ma	issa	chus	etts			RM	V Docu	ment N	umber	
	Date of Crash	Time of Crash	1	own M	lotor Ve	hicle (Cras	\mathbf{h} $\begin{bmatrix} \mathbf{N} \mathbf{i} \\ \mathbf{V} \mathbf{e} \end{bmatrix}$	umber	Numb		ed Limi		State Local	Police Police A Police	<u> </u>
	03/05/2019	10:47 24HR	NEWTON		Police	Repor	t	2		0	1	ngitude_		Other	A Police	
		AT INTER	SECTION:	<	LOC	ATION	>			NO	T AT	INT	ERSE	CTIO	N:	2
	SOU	ΓΗ ALBEM	IARLE RD													2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion	Name o	f Roadway/Street		Route# D	irection	Addre	ss#		N	ame of F	Roadway	//Street		_ 2 10
	At EAST CRAFTS ST					Feet NSEW of or										
	Route# Direc			ng Roadway/Street		-					Marker				Number	
			Also at Inte	rsection with		F6	eet N	SEW	of	Route		Intersec	ting Roa	adway/St	reet	
2 1						F	eet N	S E W	of							3
	Route# Direction Name of Intersecting Roadway/Street				t	Landmark										
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Numb	er		19000	000237							
	License #		St_N	J DOB/Age	Rec	K89JJUY				Reg T	_{vne} PA	.N	Reg	State N	ī	7
	Sex_F_ Lic. 0	18 1	Lic. Restrictio	19		Year_2018									20	·
4			 JENNIFER	Endorsr	ment											- 1
2		Operator LEONARD JENNIFER Last First Middle Address 30 VISTA DRIVE				Owner (Same as operator) Last First Middle Address										
	City_FLANDE		Si	ate_NJ Zip_07836		/								7in		
		pany LIBERTY I		atcZip	·	icle Action P			2:						p to Thre	
5	1	Direction: N		ponding to Emergence		nt Sequence	22	22	22	22 ()	3		4		
1		ssued)		ponding to Emergence		st Harmful Ev		23					A	10 0	Jndercarri	age
	,			n 2: ChSec		ver Contributi			24	(I	—	9		5 11	Totaled	
⁶ 1	1					derride/Overri		25	Towed	(7		6		
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					lemde/Ovem	ue _	26 Seat		28 Airbag Air	29 3 bag Ejec	0 31 et Trap	32 Injury Ti	33 ransp.		13
	Name (Last Fir		1	Addre		Age/DO		Sex Pos.	System	Status Sw	itch Cod	Code	Status C	ode Me	dical Facilit	y 1
	Operator			See Abo	ove				1	4 9	9 0	0	5 1	1		_
																_
⁷ 2	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupar	nts Non-Motori	ist A Type	14 Action	15	Location		Con	dition	17	Пн	it/Run	Море	ed
	License # St MA DOB/Age				Reg	Reg#_4253062				Reg Type_PAN			Reg	Reg State_NH		
	Sex F Lic. Class D 18 18 Lic. Restrictions 99 CDL					Veh Year 2012 Veh Make VOLVO						Veh Config. 20				
8 1	Operator MC	FADDEN	DOROTHEA		Ow	ner _MCFAD	DEN	I	DENIS							.
1	Address 595 W	VATERTOWN S	First T	Middle	Ad	dress _1294 M	Last AIN ST	,		First			Middl	e		
	City NEWTON State MA Zip 02460				O Cit	City SUGAR HILL State NH Zip 03586										
	Insurance Company PROGRESSIVE				Vel	Vehicle Action Prior to Crash One Damaged Area Code: (Circle Up to Three)								e)		
						Event Sequence 1 22 22 22 22 2 Q 4										
	T1072240				Мо	Most Harmful Event 1 23							age			
	Violation 1: Ch 89/9 Sec Violation 2: Ch Sec					Driver Contributing Code 4 24 24 5 11 Totaled										
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 8 7 6										
	Pl	Please fill out for operator and all occupants involved					26 Seat Sa			5 27 28 29 30 3 Safety Airbag Airbag Eject Trap				31 32 33 ap Injury Transp.		
	Name (Last Fi	rst Middle) Non-Motorist		Addr See Abo	000	Age/D		Sex Pos.	System	Status S	witch Co	de Code		Code M	edical Facili	ty
	Орегиюн			500 7100			+		1	- 9	- 0	0				\dashv
							+				+					\dashv
											\perp					



Crash Narrative:

On 3/5/19, I responded to Crafts St at Albemarle Rd for a motor vehicle accident. The operator of MV1 (NJ Reg: K89JJU) stated that she was travelling eastbound on Crafts St when MV2 suddenly attempted to drive across the street in front of her. MV1 stated that she attempted to brake but could not do so in time.

The operator of MV2 (NH Reg: 4253062) stated that she was stopped at the stop sign on Albemarle Rd when she looking right and saw MV1 driving down Crafts St. MV1 stated that she thought she had enough time to make it across the street, but did not, resulting in the accident.

Both parties declined medical attention. MV1 sustained moderate front end damage. MV2 sustained moderate passengers side damage. Neither vehicle required a tow. MV2 was issues MA Uniform Citation T1272249, c89/9.

Witnesses:									
Name (Last, First, Middle)	Address			Phone #	Statement				
Property Damage:									
Owner (Last, First, Middle)	Phone # 34-Type De:				scription of Damaged Property				
Truck and Bus Information:	Registration #		(From Vehic	cle Section)					
Carrier Name						Carrier Issui	ing Authority Coo	35 le	
Address	City				St	Zip			
US DOT #:	Issuing State ICC #:					Interstate	36		
Cargo Body Type Code 37 Gross Vehicle Weight 38									
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39			
Hazmat Information:									
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit#		Release code	42	

ANDREW SCOTT VELLO

Police Officer Name (Please Print)

Signature

ID/Badge # Department

Precinct/Barracks

Date

CDP1 11:2400