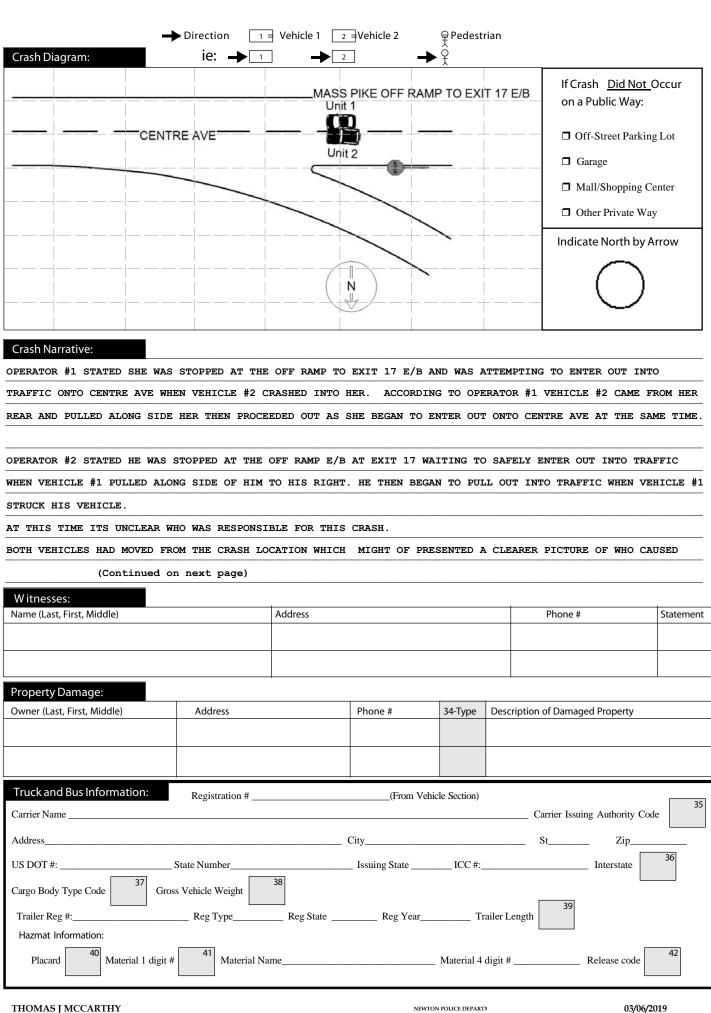
		ce Use Only		C		_		_							mber
	ate of Crash 03/06/2019	Time of Crash 14:32	City NEWTON	y/Town	M	otor Ve	hicle Cra	sh	Number Vehicles	Num Inju		ed Limi tude _		State P Local	Police Police X Police Z
	3/00/2019	24HR				Police	Report		2	0		gitude_		Other:	Police _
	AT INTERSECTION: <					LOCA	ATION	>		N(OT AT	INT	ERSE	CTION	l:
		CENTRE AVE													
	oute# Directi					Route# Direction Address #				Na	Name of Roadway/Street				
\dashv^-	At MASS PIVE OFF DAMP EVIT 17 FAST						Fact I	lelek	v] of			•			
	Route# Direction MASS PIKE OFF RAMP EXIT 17 EAST Name of Intersecting Roadway/Street						Feet NSEW of or Exit Number								
-	Also at Intersection with						Feet NSEW of								
┪						Route# Intersecting Roadway/Street Feet N S E W of									
R	Route# Direction Name of Intersecting Roadway/Street					Landmark									
	X Vehicle ¹	#Occupants	s Hit/R	un [Moped	Case Numbe	er	190	0000243						
Li	icense#		St	t MA D	OOB/Age	Reg	# 121-ZR1			_Reg	Type_PA	N	Reg	State MA	A
Se	ex_F Lic. C	Class D 18 1	Lic. Restric	ctions 1	19 _{CDL} _	Veh	Year_2012	Veh	Make_AC	URA			_ Veh Co	onfig. 1	20
- 1	perator HAY	YES	MARCIA		Endorsm	nent Own	er (Same as oper	ator)							
		Last HESTNUT ST ((apt. 2)		Middle		ress			First			Middl	e	
Ci	tity FOXBOR	О		_State_M	A Zip 02035	City									
In	City FOXBORO State MA Zip 02035 Insurance Company SAFETY						Vehicle Action Prior to Crash One Damaged Area Code: (Circle Up to Three)								
V	ehicle Travel	Direction: N	S X W	Respondin	ng to Emergenc	y? Ever	Event Sequence 1 22 22 22 2 3 4								
_ Ci	Citation # (If Issued)						Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								
	Violation	1: ChSec	ec Viola	ation 2: Cl	hSec	Driv	۱ er Contributing Co	ode 99	24	24					otaled
	Violation 3: ChSec Violation 4: ChSec Underride/Override														
		ill out for oper	rator and all o	ccupants			, pop	Se	26 27 at Safety	28 Airbag	29 30 Airbag Ejec) 31 t Trap e Code	32 Injury Tr	33 ransp.	
1	Name (Last First Operator	t Middle)			Addres See Abor		Age/DOB		s. \$ystem		99 0	0	\$tatus C		ical Facility
- 1															
										I I					
	lease Select O		e2 <u>1</u> #Occu	pants	Non-Motoris	st A Type	14 Action 1	5 Locat	ion	16 Co	ondition	17	Пн	lit/Run	Moped
of	f the Followin			DI		**	Action	5 Locat	ion 1	Co					
of	f the Followin	venicio	St	t RI	DOB/Age	Reg	Action # ZB-998	Locat	ion	_ Reg	ondition Type PA		Reg	s State RI	20
Li Se	f the Followin icense# ex_M_ Lic. C	venición de la contraction de	St	t RI 1	DOB/Age	Reg : Veh	# ZB-998 Year 2018	Locat Veh	ion	_ Reg				s State RI	20
Li Se Or	the Followin icense # ex_ M Lic. Corporator COT	Class 99 18 1 TE Last	St	t RI 1	DOB/Age	Reg : Veh	# ZB-998 Year 2018 Her (Same as open Las	Veh	Make_JEI	_ Reg	Type_PA		Reg	g State_RI	20
Li Se Op Ac	f the Followin cicense # ex_M Lic. Corporator COT address 36 AN	re Class 99 18 1 Class NN ST	St Lic. Restrice ANTHON First	t RI ctions 1	DOB/Age 19 19 CDL Endorsm	Reg : Veh nent Own Addi	# ZB-998 Year 2018 Test (Same as open Lastress	Locat Veh	Make_JEI	_ Reg	Type_PA	N	Reg_ _Veh Co	g State_RI onfig. 2	20
Li See Or Ac	f the Followin icense # ex_ M _ Lic. Coperator COT address 36 AN city WESTERI	Class 99 18 1 Class NN ST LY	StStStStSt	t RI ctions 1	DOB/Age	Reg : Veh nent Own Addr	# ZB-998 Year 2018 Year (Same as oper Las ress	Locat Veh	Make_JEI	Reg First	Type_PA	N State	Reg_Veh Co	g State RI config. 2	20
of Li Se Op Ac Ci In:	f the Followin cicense # ex_M_ Lic. Corperator COT address 36 AN City WESTERI Insurance Comp	Class 99 18 1 Class NN ST LY pany ALL STAT	StStStSt	t RI 1 ctions 1 NY State RI	DOB/Age	Reg : Veh nent Own Addu City Vehi	# ZB-998 Year 2018 Her (Same as open Las ress La	Locat Veh	Make_JEI	Reg First	Type_PA	N State	Reg_Veh Co	g State RI config. 2	20
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in Officer Name (Place Print) Signature ID/Dador # Department President/Demarks Date

	→ Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestri	ian		
Crash Diagram:	ie: → 1	→ [2	₽Ŷ			
						If Crash <u>Did Not</u> on a Public Way:	Occur
						☐ Off-Street Parking	g Lot
						☐ Garage	
						☐ Mall/Shopping C	antar
ii			· — — — — -	<u>_</u>			
						☐ Other Private Way	y
						Indicate North by A	rrow
			++				
	_						
Crash Narrative:				-			
THIS CRASH.							
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:	Trogistration ::		(From Ve				35
Carrier Name					Ca	arrier Issuing Authority Cod	le
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	niler Length	39	
Hazmat Information:					L		
Placard 40 Material 1 o	digit # 41 Material Na	nme		Material 4 d	ligit #	Release code	42
THOMAS J MCCARTHY			NEW	TON POLICE DEPARTM		03/06/2	019