Date of Crash	Police Use Only  Date of Crash Time of Crash City/Town			TA #F	. 4 <b>T</b> 7	1.1.1. 0	1.	NT1		Number	Spand	Limit		State Police	се 🗖
03/09/2019	Time of Crash 01:17	NEWTON	Town	M		ehicle Cr	ash	Numb Vehic		Number Injured	Latitue			Local Poli	ice 🛣
	24HR				Police Report			2 1			Longitude Other:		лисе 🗖		
	AT INTER	SECTION	<b>:</b>	<	LO	CATION	>			NOT	AT I	NTE	RSE	CTION:	
EAST WASHINGTON ST.															
Route# Direc	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street					/Street				
1	CHURC	TH ST	At			Feet	N S E	w of			•	O	r		
Route# Direc			rsecting Roadway/Street							Mile Marker				Exit Number	
	Also at Intersection with				Feet N S F			E W of Route# Intersecting Roadway/Street							
						Feet	N S E	w of		Routen	1111	icisceti	ng Roa	away/Bucci	
Route# Direc	tion	Name of Inter	rsecting Roa	adway/Street		Landmark									
XVehicle1	#Occupants	Hit/Ru	ın 🔲	Moped	Case Num	ıber	1	19000002	54						
License#		St _	MA DOE	B/Age	Re	eg # 827SD4				Reg Type	PAN		Reg	State MA	
Sex_M Lic. 0	Class D 18 18	Lic. Restrict	ions 1	19 CDL	V	eh Year_2013	Ve	eh Make	HON	NDA		v	Veh Co	nfig. 1	20
Operator ROI	DRIGUEZ	WALTER		Endorsme	ent O	wner _(Same as op	erator)			First			Middle		
II .	ERNAL ST (apt. 1	FIISL		iviludie		ddress							windule		
City EVERET	Т		State_MA	_Zip_02149	Ci	ity						State_	:	Zip	
Insurance Com	pany GOVT EM	PLOYEE INS			V	ehicle Action Prior	to Crash	1	21	Da	maged	Area C	Code: (	Circle Up to	Three)
Vehicle Travel	Direction: N	S X W R	esponding t	to Emergency	y? Ev	vent Sequence 1	22 2	22 22		22 0		3	<del></del>	4	
Citation # (If Is	ssued)				М	ost Harmful Event	1 2	3		_ 0	_  `	9		10 Under	
Violation	1: ChSec_	Violat										7		i e i i i i totale	ea
			ion 2: Ch	Sec	D:	river Contributing	Code	19 24		24	•	丌			
Violation	3: ChSec_					river Contributing onderride/Override	Code 2	19	wed_	24		7		6	
Please i	fill out for opera	Violat	ion 4: Ch	Sec	U:	nderride/Override	2	5 To	wed _	N 28 29 rbag Airbag	30 Eject	7 31 Frap In		6 33 unsp.	
	fill out for opera	Violat	ion 4: Ch	Sec	U	C	2 Sex	5 To	27 ety Air em St	N 28 29 Airbag atus Switch	30 Eject Code	Code \$	32 Tratatus Co	6  33 unsp. de Medical	
Please 1	fill out for opera	Violat	ion 4: Ch	SecSecNolved	U	nderride/Override  Age/DOB	2 Sex	5 To  26 Seat Safe Pos. Sys	27 ety Air em St	N 28 29 Airbag atus Switch	30 Eject Code	couc s	tatus Co	6  33 unsp. de Medical	
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Please for Name (Last Fire Operator)  Please Select Coof the Following License #	One ng:  Vehicle  Class  D  18  18  SADO  Last  HAYER RD  NT  pany  METROPO  Direction:  N	Violation and all ocupation an	pants MA DC State MA	Sec		Age/DOB Age/DOB Age/DOB Age/DOB Age/DOB Age/DOB Action Age/DOB Action Age/DOB Action Age/DOB Action Age/DOB Action Action Age/DOB Action Actio	Sex Vecrator) ast	To 26 Seat Saffer Sys 999	27 Airy Airy Airy Airy Airy Airy Airy Airy	N 28 29 rbag Airbag attus Switch 4 Conditi Reg Typo	on PAN	0 E	Reg Middle	t/Run Medical NON  State MA  Infig. 1  Lip	Moped  20  Three)
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Please for Name (Last Fire Operator)  Please Select Conference of the Following License #	Class D 18 18  Class D 18 18  Class D 18 18  SADO  Last HAYER RD  Direction: N 18  ssued)  n 1: Ch See ease fill out for orst Middle)	Violation and all occurs and all occ	pants DC  Coupants in  MA DC  Coions 2  State MA  P  Responding  ation 2: Ch_  ation 4: Ch_	Sec		Age/DOB  Age/DOB  Age/DOB  Age/DOB  Age/DOB  Age/DOB  Age/DOB  Action  Age/DOB  Action  Age/DOB  Action  Actio	Sex  Venerator)  to Crash  22 2  1 2  Code 2	26 Seat Safe Pos. Sys 99  cation  21  11  22  23  11  24  5  Tow	27 Ain Ain Air	N  28 29 rbag Airbag atribag atribag  Conditi  Reg Typo  NDA  First  Da  22 2  1 4  Y 8  28 29 rbag Airbag airbag atribag atribag status Switch	on PAN  maged  30 Eject Code  0	O E State_Area C 3 7 7 31 Irrap Inrap Code 5	Reg Weh Co	t/Run Medical NON  NON  State MA  Infig. 1  Totale  10 Under  11 Totale  133  115  10 Under  11 Totale  Medical Medica	Moped  20  Three)
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Crash Diagram:	<b>→</b> Direction 1  ie: → 1	yehicle 1 2	vehicle 2	우 Pedestriar	n	
Crash Narrative:  On 03/09/2019, at 0117 hrs observed both vehicles fac moderate damage to the from the was approaching MV2 he of MV1 stated that moments passenger in MV2 sustained Tody's towed MV2.	s, I responded to the same distributed to safter the transfer to the safter the saf	to Washington irection in thad heavy dallow down but affic light to	St. at Church the outer easth mage to the re the vehicle ac	cound lane ar end. The coelerated,	of Washington St. MV1 have operator of MV1 stated rear ending MV2. The operator of MV2 rear ended her. The	org Lot  Center  ay  Arrow  val, I  ad  d that as  perator
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	1		T			
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)		
Carrier Name			·		Carrier Issuing Authority Co	ode 35
Address			•			36
US DOT #:	_ State Number	38	Issuing State	ICC #:	Interstate	
Cargo Body Type Code Gro	ss Vehicle Weight	30			39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	
Hazmat Information:	<b>A1</b>					42
Placard Material 1 digit	# Material N	ame		_ Material 4 dig	it # Release code	42