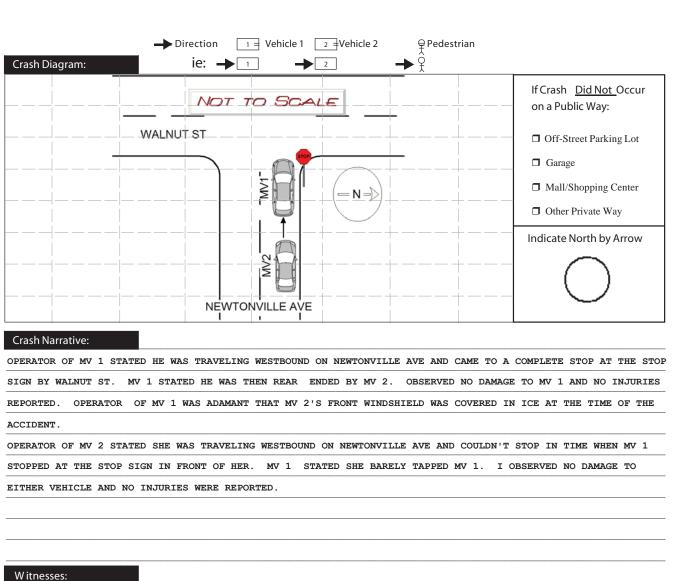
	Poli	ice Use Only		Common	wealth	of Mass	achu	setts	5		RM	V Docur	nent Number	
	Date of Crash 03/13/2019	Time of Crash 07:36	City/To	Mo Mo	tor Vel	hicle Cra	ash	Number Vehicles			ed Limi		State Police Local Police MBTA Police	□ Xi
	03/13/2019	07:36 24HR			Police	Report		2	0		itude igitude_		MBTA Police Other:	
		AT INTER	RSECTION:	<	LOCA	TION	>		NO	T AT	INTI	ERSE	CTION:	2
	WES	T NEWTO	ONVILLE AVE											2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion	Name of	Roadway/Street		Route# Direct	ion Add	dress #		Na	me of F	Roadway	/Street	2
	At EAST WALNUT ST					Feet NSEW of or							2	
	Route# Direc			ng Roadway/Street			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Marker		O1	Exit Number	_
				rsection with		Feet	N S E	W of	Route		Intercec	ting Pos	dway/Street	- L
² 1						Feet [N S E	W of	Kout	υπ	mersec	ting Koa	uway/Sireet	2
1	Route# Direc	tion	Name of Interse	cting Roadway/Street		Landmark								
3	XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Numbe	r	19	00000281						
	T		St M	A DOD/A	, D	_# 179GNG			D 7	. РА	S	D	G. MA	
	License #	18 1	8	19		Year 2011							20	-
4		Class	_	Endorsmer	nt							_ Veh Co	nfig.	1
⁴ 2	Operator 185 N	Last IEWTONVILLE	First	B Middle		er (Same as ope						Middle		- 1
	City NEWTO			ate_MA Zip_02465		ess						-	7'	-
						1 4 d Di							Zıp Circle Up to Thr	_
5	1	pany METROPO				cle Action Prior	to Crash	2 2	22 2	U	3	Couc. (4	(()
1		Direction: N		ponding to Emergency?		t Sequence 1	23					\overline{A}	10 Undercari	riage
	,	ssued)				Harmful Event	1	24	24	←	9	[]	5 11 Totaled	
⁶ 1	1			1 2: ChSec	_	er Contributing C	Code 1 25			3	7		6	
1				1 4: ChSec	Unde	erride/Override		Towe		20 20	0 21	22	33	1
	Name (Last Fir		ator and all occu	Pants involved Address		Age/DOB	Sex S	26 27 eat Safety os. System	28 Airbag Ai Status Sv	29 Signature 29 Eject vitch Cod	0 31 Trap e Code	32 Injury Tra Status Co	ansp. ode Medical Facil	1 1
	Operator			See Above	· 			3	4 9	9 0	0	5 1		
7	Please Select C)na				14	15		16		17			
3	of the Followi		2 <u>1</u> #Occupan	ts Non-Motorist	A Type	Action	Loca	tion	Cor	dition	17	Hi	t/Run Mop	ped
	License#		St_M	A DOB/Age	Reg	Reg # 669HG8 Reg Type PAS Reg						State_MA		
	Sex_F Lic. Class D 18 18 Lic. Restrictions 2 CDL				_	Veh Year 2008 Veh Make CHRYSLER Veh Config. 1								
8 1		Derator PESCOSOLIDO GENOFEVVA Last First Middle				Owner (Same as operator)								
1	Address 30 HI	 Addı	Last First Middle Address											
	City NEWTON State MA Zip 02460					City State Zip								
				r			to Crash	2	21	Damage			Circle Up to Thr	ree)
	Insurance Company COMMERCE Vehicle Travel Direction: NSEN Responding to Emergency? Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec					venicie Action Prior to Crasii 2								
														riage
						Underride/Override Towed N 8 7 6								
1		Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					26 27 28 29 30 31 32 3					33	_	
	Name (Last Fi	rst Middle)		Address		Age/DOB	Sex 1	Pos. Syster	n Status S	witch Co	de Code	Status C	ansp. Code Medical Faci	ility
	Operator/	Non-Motorist		See Above	:		-	1	4 9	9 0	0	5 1		
							\perp			\perp				



STOPPED AT THE STOP SIGN IN	N FRONT OF HER.	MV 1 S	TATED SH	E BARELY	TAPPED M	IV 1.	I OBSERVE	D NO DAMAGE	TO		
EITHER VEHICLE AND NO INJURIES WERE REPORTED.											
Witnesses:											
Name (Last, First, Middle)		Address					Phone #	:	Statement		
Property Damage:											
Owner (Last, First, Middle)	Address		Phor	ne #	34-Type	Descrip	cription of Damaged Property				
Truck and Bus Information:	Registration #			(From Veh	nicle Section)				35		
Carrier Name							_ Carrier Issu	ing Authority Co	de		
Address			City				St	Zip			
US DOT #:	State Number		Issui	ng State	ICC #:_			Interstate	36		
Cargo Body Type Code 37 Gross Vehicle Weight 38											
				D	_		. 39				
Trailer Reg #:	Reg Type	Reg State		Reg Year	Tr	ailer Leng	gth				
Placard Material 1 digit #	Material Na	me			_ Material 4	digit #		Release code			

MATTHEW W COLELLA		NEWTON POLICE DEPARTM	03/13/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date