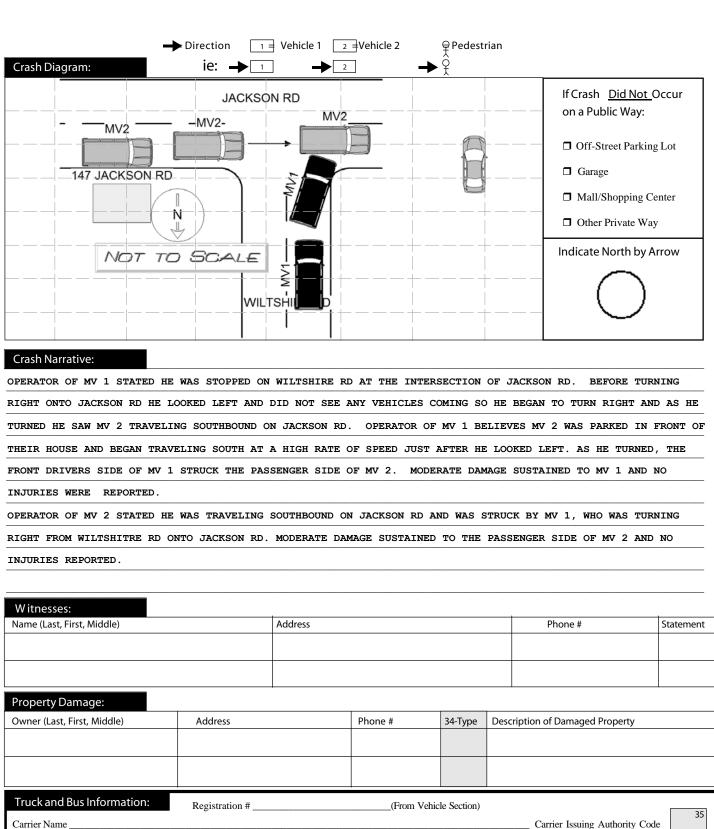
, j	Police Use Only	Commo							ment Number							
	Date of Crash Time of Crash Ci 03/14/2019 07:18 NEWTON		Motor Vel	nicle Cra	sh Nur Veh			d Limit <u>25</u> ude	State Police Local Police MBTA Police							
	03/14/2019 07:18 NEW TON 24HR		Police	Report	2	0		gitude	Other:							
	AT INTERSECTIO	N:	< LOCA	TION :	>	N	OT AT	INTERSE	CTION:							
	SOUTH JACKSON RD															
1		me of Roadway/Street		Route# Direction	n Address	#	Nar	ne of Roadway	//Street							
4	At WEST WILTSHIRE RD			Foot N	C F W	c .	•									
	Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of or or Mile Marker Exit Number												
		t Intersection with		Feet N	S E W o		uto# L	ntersecting Roa	dvyov/Ctmoot	_						
				Feet N	S E W o		ute# I	mersecung Ko	idway/Sifeet							
4	Route# Direction Name of Intersecting Roadway/Street			Landmark												
	Vehicle 1 1 #Occupants Hit/	Run Moped	Case Number	•	190000	0282										
4		St MA DOB/Age					_ DAG	· _	- MA							
	18 18	_	Reg # 2SP532 Reg Type PAS Reg State MA Veh Year 2004 Veh Make CHEVY Veh Config. 2													
	Sex_W Lic. Class Lic. Restr		rsment			ke_CIIEVI		Veh Co	onfig. 2							
	Last First	t Mid		(Same as oper		Firs		Middl	e	_						
	Address 1321 WASHINGTON STREET		Address													
	City NEWTON State MA Zip 02465			CityStateZip												
_	Insurance Company COMMERCE			Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Figure Segregary 1 22 22 22 22 2 3 4												
	Vehicle Travel Direction: N X E W	ency? Event	Event Sequence 1 10 Undercarriage													
	Citation # (If Issued)			Harmful Event	1 23	1 24	1 🗲	9	5 11 Totaled	iiage						
_	Violation 1: ChSec Viol	lation 2: ChSec_	Drive	r Contributing Co	ue 99	99	0		6							
	Violation 3: ChSec Viol	Unde	rride/Override	7	Towed N	-										
	Please fill out for operator and all Name (Last First Middle)	-	dress	Age/DOB	Sex Pos. S	27 28 Safety Airbag System Status	29 30 Airbag Eject Switch Code	31 32 Trap Injury Tr Code Status C	ransp. ode Medical Facil	lity						
	Operator	See Al	bove			1 4	99 0	0 5 1	ı							
ı	Planca Calact One			14 1:	1	16		17								
4	Please Select One of the Following: Vehicle 2 1_#Occ	cupants Non-Moto	orist A Type	Action	Location		ondition	- ′′ □н	it/Run Mor	oed						
	License #	St MA DOB/Age DOB	Reg#	4RM351		Res	Type_PAS	Reg	State MA							
	Sex_M Lic. Class D 18 18 Lic. Restr	_	Veh Year 2013 Veh Make HONDA Veh Config. 20													
				Owner (Same as operator)												
	Operator SULA GRISHA		Owne	er_(Same as oper	ator)				Last First Middle Address							
	Last First		idle	Last	ator)	Firs	t	Middl		_						
	Address 147 JACKSON RD		Addre Addre	ESS					Zip	_						
	Address 147 JACKSON RD City NEWTON	t Mid	Addro	Last	Court	21		_State	Zip							
	Address 147 JACKSON RD City NEWTON Insurance Company GOVT EMPLOYEE	t Mid	Addre Liss City Vehic	ess	Crash		Damageo	_State	•							
	Address 147 JACKSON RD City NEWTON	State MA Zip 024	Addre L58 City Vehic ency? Event	cle Action Prior to	Crash 2 22 22 23	1 21	Damageo	_Stated Area Code: (Circle Up to Thr 4 10 Undercare	ree)						
	Address 147 JACKSON RD City NEWTON Insurance Company GOVT EMPLOYEE Vehicle Travel Direction: N S E X Citation # (If Issued)	State MA Zip 024 Responding to Emerge	Addre Liss City Vehic ency? Event Most	cle Action Prior to	Crash 22 22 1 23 1 23	1 21 22 22 22	Damaged 2	_State	Circle Up to Thr	ree)						
	Address 147 JACKSON RD City NEWTON Insurance Company GOVT EMPLOYEE Vehicle Travel Direction: NSEX Citation # (If Issued) Violation 1: ChSec Vio	State MA Zip 024 Responding to Emerge olation 2: ChSec	Addre Liss City Vehice ency? Event Most C Drive	cle Action Prior to the Sequence 1 2 Harmful Event 1 The Contributing Co	Crash 2 22 1 23 1 23 de 99 2	1 21 22 22 22 24 24	Damaged 2	_Stated Area Code: (Circle Up to Thr 4 10 Undercare	ree)						
	Address 147 JACKSON RD City NEWTON Insurance Company GOVT EMPLOYEE Vehicle Travel Direction: N S E X Citation # (If Issued)	State MA Zip 024 Responding to Emerge olation 2: ChSecondation 4: ChSecondation 4: ChSecondation 5: ChSeconda	Addre	cle Action Prior to	Crash 2 22 1 23 1 23 de 99 2 25 To	1 21 22 22 22 22 24 24 24 24 24 24 24 24 24	Damaged 2	Stated Area Code: (Circle Up to Thr 4 10 Undercar 5 11 Totaled	ree)						
	Address 147 JACKSON RD City NEWTON Insurance Company GOVT EMPLOYEE Vehicle Travel Direction: NSEX Citation # (If Issued) Violation 1: ChSec Violation 3: ChSec Violation 4: ChSe	State MA Zip 024 Responding to Emerge olation 2: ChSecond all occupants invol	Addre Liss City Vehic ency? Event Most Drive c Unde ved ldress	cle Action Prior to the Sequence 1 2 Harmful Event 1 The Contributing Co	Crash 2 22 1 23 de 99 2 25 To Seat Seat Pos.	1 21 22 22 22 24 24	Damageo	Stated Area Code: (Circle Up to Thr 4 10 Undercard 5 11 Totaled 6 33 ansp. Code Medical Faci	riage						



MATTHEW W COLELLA

NEWTON POLICE DEPARTS

03/14/2019