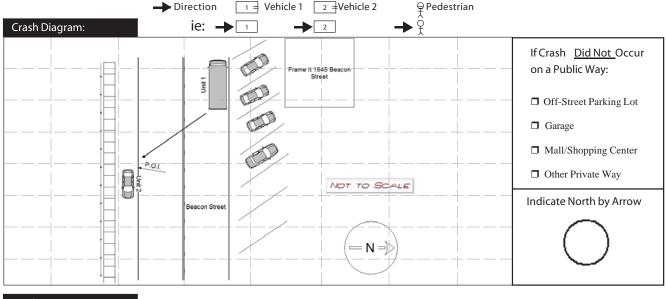
	Poli	ice Use Only		Comm	onweal	th o	of Massa	achi	uset	ts				cumen	nt Number	
	Date of Crash 03/21/2019	Time of Cra	sh City/I	Cown ]	Motor	Veh	icle Cra	sh	Num			Speed Li Latitude		SL	tate Police ocal Police /IBTA Police	N X
	03/21/2017	24F					Report		2	0		Longitud			Other:	
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							WEST	16	45	BEA	CON	ST				ŀ
	Route# Direc	tion	Name	of Roadway/Street			Route# Direction	n A	ddress #	#		Name o	f Roadv	vay/Str	eet	_
				At			Feet N	N S E	w of			_ •	- or			ŀ
	Route# Direc	etion ——	Name of Intersec	ing Roadway/Street	t	-					ile Marl				Exit Number	_
			Also at Int	ersection with		-	Feet N	SE	W of	Ro	ute#	Inters	secting F	Roadwa	ny/Street	-
						-	Feet N	SE	W of						.,,	
	Route# Direc	tion	Name of Inter	secting Roadway/St	reet							]	Landmai	k		
	XVehicle1	_1_#Occupar	nts Hit/Ru	n Moped	d Case N	umber		1	900000	305						
	License#		St <sup>1</sup>	MA DOB/Age		Reg#	S40727			Re	Type	CON	R	eg Stat	te MA	
	Sex_M Lic.	18		19		_	ear_2006	Vo	h Moko					Config	20	_
_			SSAN GUILHERN	End.	orsment		WILD FIFTY						v cn	Comi	3.	_
	Address 28 W	Last ARNER ST	First	Mi	iddle		5 MEGAN CO			Fir	t		Mi	iddle		_
	City HUDSO			State_MA Zip_01	749		MENDON					Sta	MA	7in	01756	-
			CTIVE INSURAN	-		-	e Action Prior to	Crash		21				_ ^	ele Up to Thr	ree)
	Vehicle Travel	_		sponding to Emerg	rancy?		Sequence 44 <sup>2</sup>		1.		2		3	4	-	
,	Citation # (If I	L		sponding to Emerg	gency:		Harmful Event	23	_				$\Box$		10 Undercarr	riage
	,			on 2: ChSec			Contributing Co	2	1 24	24	1	<b>-</b>	9	5	11 Totaled	
							ride/Override	25	7	owed N	8		7	6		
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	Name (Last Fir		1	Ac	ldress		Age/DOB		Pos. Sy:	stem Status	Switch		lnjury le Status	Code	Medical Facil	ity
	Operator			See F	Above					4	99	0 0	5	1		
1	Please Select C of the Followi	IX Mahi	icle2 <u>0</u> #Occupa	nts Non-Mo	torist A Type	1	4 Action 1	5 Loc	cation	16	onditio	n 1	7 0	Hit/Ru	un Mop	oed
	License#		St	DOB/Age_		Reg # 1HZ451			Reg Type PAN			Reg State_MA				
	Sex Lic.		18 Lic. Restricti	19	 L	-	ear 2015	Ve	h Make					Config	20	_
	Operator				orsment	Owner	KOPLOW		FLC	DRENCE						
	Address	Last	First	М	iddle		SS 9 BRENT RO	AD		Fir	t		Mi	iddle		
	City			State Zip			EXINGTON					Sta	ate_MA	Zip	02420	_
City State Zip  Insurance Company BANKERS STANDARD						Vehicle	e Action Prior to	Crash	11	21	Dan				ele Up to Thr	ree)
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	Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 1 24 24 1 9 (3) 11 Totaled									
				ion 4: ChSe			ride/Override	25	-1	wed Y	8		7	Q		
				ll occupants invo						27 28 fety Airbag	29 Airbag	30 3 Eject Traj	31 32 njury	33 Transp.		$\dashv$
	Name (Last Fi	rst Middle)		A	Address		Age/DOB			ystem Statu	Switch	Code Co		s Code	Medical Faci	ility
	Operator/	Non-Motoris	ot .	See A	Above								+			$\dashv$
													-			$\dashv$



## Crash Narrative:

The operator of MV1 stated that he was making a delivery at Frame It and double parked MV1 facing West bound in front of 1645 Beacon Street. The operator of MV1 then stated that we he left Frame It and went into another store MV1 was still parked out front. When he came out moments later MV1 was not where it had been parked and had rolled across the street crashing into MV2 which was parked facing east bound on Beacon Street. MV1 sustained minor damage to rear bumper while MV2 sustained major damage to the rear bumper. Neither operator was involved in the crash so medics were not notified. MV1 left the scene driven by its operator and MV2 was towed by Todys. The operator of MV2 was not on scene and unreachable at the time of this report.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement

## **Property Damage:** 34-Type Owner (Last, First, Middle) Address Phone # **Description of Damaged Property**

Truck and Bus Information:	Registration # S40727	(From Vehic	le Section)		25
Carrier Name FEDEX				Carrier Issui	ing Authority Code
Address 5 MEGAN COURT		City_MENDON		St_MA	Zip_01756
US DOT #: 270617	State Number MA	Issuing State MASS	6AC ICC #:		_ Interstate 99 36
Cargo Body Type Code 3 Gross	s Vehicle Weight 2 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trail		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 di	git #	Release code 42

HAGAI BRANDON	30619	NEWTON POLICE DEPARTM	03/21/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date