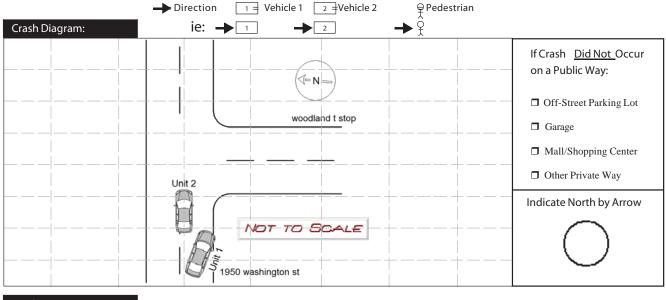
	Poli	ce Use Only		Commonwe	alth	of Mass	achu	isett	S		RM	V Docui	ment Numl	oer
	Date of Crash 03/26/2019	Time of Crash 09:50 24HR	NEWTON	MIOTO		nicle Cra Report	sh	Number Vehicle		ured La	eed Lim ntitude _ ongitude		State Poli Local Pol MBTA Po Other:	ce ice Xi
			RSECTION:	<	LOCA		>						CTION:	
						EAST	195	50	WA	SHING	TON ST			
$egin{pmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion	Name of	Roadway/Street		Route# Direction	on Ad	ldress #		N	Name of I	Roadway	/Street	
4	At					Feet NSEW of or								
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number Feet NSEW of								ber
			Also at Inters	ection with		Feet	N S E	W of	Ro	ute#	Intersec	ting Roa	ndway/Street	
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Poute# Direc		Name of Interced	ting Poadway/Street		Feet	N S E	W of						1
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								
	XVehicle1	#Occupants	X Hit/Run	Moped Cas	e Number	r	19	90000031	9					
	License#	18 1	St MA		_ Reg#	8PJX50			Re	g Type_P	AN	Reg	State MA	20
	Sex_M Lic.	Class D 18 1	Lic. Restriction	CDLEndorsment	_ Veh Y	Year_2017	Vel	n Make_	KIA			_ Veh Co	onfig. 1	20
4 1	Operator MA		JONATHAN First	Middle	_ Owne	HYUNDAI L	EASE T	I] TRUS	Firs	t		Middle	e	— [3
	Address 33 GO				Address 3161 MICHELSON DR									
	City W. ROXE	BURY	Sta	te MA Zip 02132										
	Insurance Com	pany GENERAI	L		Vehic	ele Action Prior to	Crash	1	21	_	ged Area	Code: (Circle Up to	Three)
5	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency?	Event	Sequence 20			22	O	3		4	
	Citation # (If I	ssued)			Most	Harmful Event	20 23		24	1 4	. 9		10 Unde 5 11 Total	ercarriage led
6	Violation	1: ChSec	c Violation	2: ChSec	Drive	r Contributing C		1 24	24	8	$\sqrt{1}$	\sum	6	
⁶ 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed Y								
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex I	26 2 Seat Safet Pos. Syste	7 28 y Airbag m Status	29 Airbag Ej Switch Co	30 31 ect Trap ode Code	32 Injury Tr Status C	33 ansp. ode Medical	Facility
	Operator			See Above				1	4	4 0	0	5 1	L	
7 1	Please Select C of the Followi		2 <u>1</u> #Occupant	s Non-Motorist A T	ype	14 Action	Loca	ation	16 C	ondition	17	Пн	it/Run	Moped
	License#		St_MA	DOB/Age	DOB/Age Reg #		eg # 76439			Reg Type_PAR			Reg State_MA	
	Sex F Lic. Class D 18 18 Lic. Restrictions 19 1 CDL				_ Veh Y	Veh Year 2018 Veh Make HONDA Veh Config. 1						20		
⁸ 2	Operator <u>TEN</u>	ИPLE	MARJORIE	Endorsment	_ Owne	Owner (Same as operator)								
	Last First Middle					Last First Middle Address								
	MEDITED					CityStateZip								
						Vehicle Action Prior to Crash One Damaged Area Code: (Circle Up to Three)							Three)	
	Vehicle Travel Direction: NSWW Responding to Emergency? Ex					Event Sequence 99 22 22 22 2 3 4								
	Citation # (If Issued) Mo					Most Harmful Event 99 23 10 Undercarriage 5 11 Totaled						~		
	Violatio	n 1: ChS	ec Violation	Drive	Driver Contributing Code 19 24 24									
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 8 7 6								
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB		26 27 Seat Safet Pos. Syst	7 28 y Airbag em Statu	29 Airbag Ej	30 31 ect Trap Code Code	32 Injury Tr	33 ansp. Code Medica	l Facility
		Non-Motorist		See Above		Age/DOB		1	4	4 0		5 1		1 1 acility
-												$\dagger \dagger$		
												++		



Crash Narrative:

ON 3-26-19 AT APPROX. 0950HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 1540 WASHINGTON ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING E-BOUND ON WASHINGTON. HE STATES VEHICLE #2 WAS DRIVEN BY AN ELDERLY FEMALE WHO SUDDENLY VEERED RIGHT AND CUT HIM OFF OF HIS LANE FORCING HIM TO GO UP ON THE CURB IN FRONT OF 1940WASHINGTON ST. DRIVER STATES HE HAS SCRAPES ALONG HIS FRONT RIGHT RIM AND TIRE FROM WHERE HIS VEHICLE WAS FORCED TO HIT THE CURB. DRIVER STATES VEHICLE #2 PULLED OVER IN THE WOODLAND T STOP LOT. VEHICLE #1 STOPPED BEHIND HER AND AS HE GOT OUT OF HIS VEHICLE, VEHICLE #2 LEFT THE AREA. VEHICLE #1 WAS ABLE TO TAKE A PICTURE OF VEHICLE #2 PLATE (MA REG: 76439) AS THEY LEFT THE AREA. ATTEMPTS TO CONTACT VEHICLE #2 WERE UNSUCCESSFUL. WILL TRY AGAIN ON NEXT SHIFT. VEHICLE #1 ADVISED TO CONTACT HIS INSURANCE COMPANY.

(Continued of	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	#	Statement
Property Damage:	,							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	iption of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				
Carrier Name	_					Carrier Issu	uing Authority Coo	35 le
Carrier Name	-		·					le
AddressUS DOT #:	State Number		City			St	Zip	le
AddressUS DOT #: Cargo Body Type Code 37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	de
AddressUS DOT #: Cargo Body Type Code37 Gros Trailer Reg #:	State Numberss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	de
AddressUS DOT #:	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State Reg Year	ICC #:_ Tr	ailer Le	st	Zip Interstate	36
Address US DOT #: Cargo Body Type Code37 Gros Trailer Reg #:	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tr	ailer Le	st	Zip Interstate	de

THOMAS P WALSH		:	NEWTON POLICE DEPARTM		03/26/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction	1 = Vehicle 1	≥ ≢Vehicle 2	Pedestriar	1	
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 Ce	enter
					Other Private Way	y
		<u> </u>			Indicate North by A	rrow
		<u> </u>			()	
Crash Narrative:						
ON 4-3-19 AT APPROX 1400HR	S. I WAS ABLE	TO MAKE CONTA	CT WITH THE	OPERATOR OF	VEHICLE #2 (MARJORIE TE	MPLE
). OPERATOR EXPLAINED TO M	E THAT SHE WAS	S TRYING TO G	ET IN THE R	IGHT LANE FOR	THE WOODLAND PARKING GAL	RAGE
AND DID NOT SEE VEHICLE #1	BECAUSE HE WA	AS IN HER BLIN	D SPOT. SHE	STATED SHE P	ULLED OVER AND CHECKED HI	ER
VEHICLE AND SAW NO DAMAGE.						
VEHICLE ANGRY I WASN'T GOI				TO USE GREATE	R CAUTION WHILE DRIVING	IN THE
FUTURE. PARTY ALSO ADVISED	TO CONTACT HE	ER INSURANCE C	COMPANY.			
-						
Witnesses:		1				1.
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From '	Vehicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	le
Address			City		St Zip	36
US DOT #:	State Number	38	Issuing State	ICC #:	Interstate	30
Cargo Body Type Code Gros	ss Vehicle Weight	36			39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	r Traile	er Length	
Hazmat Information:	41					42
Placard Material 1 digit #	Material I	Name		Material 4 dig	it # Release code	
THOMAS P WALSH				EWTON POLICE DEPARTN	03/26/20	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)