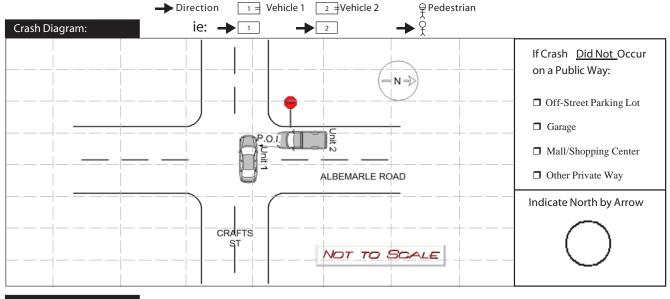
	Poli	ce Use Only		Commonwe	alth	of Mass	ach	use	etts]	RMV	Docume	ent Number	
	Date of Crash 03/29/2019	Time of Crash	1	wn Motor	r Vel	nicle Cra	ash			Number Injured	Speed Latitud		30	State Police Local Police MBTA Police	□ Xi
	03/29/2019	17:00 24HR	NEWTON	Po	olice	Report		2	neies	0	Longit			MBTA Police Other:	
		AT INTER	RSECTION:	<	LOCA	TION	>			NOT	AT I	NTE	RSEC	ΓΙΟΝ:	2 9
	SOUT	ΓΗ ALBEM	IARLE RD												2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direct	tion	Name of	Roadway/Street		Route# Direct	ion A	ddress	s #		Name	e of Ro	adway/St	reet	2 ¹⁰
	WEST	г CRAFT:		At		Feet	N S I	E W o	of		_ • _	— o:	r		
	Route# Direc		Name of Intersectin	g Roadway/Street				_		Mile Ma				Exit Number	
			Also at Inters	ection with		Feet	N S I	E W o	_	Route#	———Int	ersecti	ng Roadw	/ay/Street	-
² ₃						Feet	N S I	E W 0						,	4
	Route# Direct	tion	Name of Intersec	ting Roadway/Street								Lanc	lmark		
3	XVehicle1	#Occupants	Hit/Run	☐ Moped Cas	e Numbe	r		190000	00330						
	License#		St MA	DOB/Age	Reg #	_‡ 28Z390			j	Reg Type	PAN		Reg St	ate MA	
	Sex_F_ Lic. (Class D 18 19		19	_	Year 2019	V	eh Mal						20	
4	Operator WIL		DANISHA	Endorsment	_	er PV HOLDIN								-8.	- 1 ¹²
2	Address 27 DA		First	Middle		ess 375 MCCLU			AY	First			Middle		- 1
	City DORCHI		Sta	te_MA Zip_02125		E BOSTON						State ¹	MA Ziı	02128	
		pany TRAVELE				cle Action Prior	to Crash	ı [1 21					cle Up to Thre	ee)
5		Direction: N		onding to Emergency?		t Sequence 1				2 0		0	4		
1		ssued)				Harmful Event	1 2	23				\coprod	4)	10 Undercarri	iage
	,			2: ChSec		er Contributing (1 2	4	24		9	5	11 Totaled	
⁶ 2				4: ChSec		rride/Override		5	 Γowed _	N 8		7	6		
			ator and all occup	pants involved						28 29 bag Airbag	30 Eject	31 Frap Ir	32 3 njury Trans	3	13
	Name (Last First Operator	st Middle)		Address See Above		Age/DOB	Sex	Pos. S	System Sta	stus Switch	Code	Code \$	tatus Code	NONE	1 1
	- P								1 1				, 1		
3	Please Select C of the Followin	IX Vehicle	2 <u>1</u> #Occupant	Non-Motorist A T	`ype	Action Action	15 Lo	cation	16	Conditi	on	17	Hit/F	Run Mop	ed
	License#		St M		_ Reg#	7HA817			1	Reg Type	PAN		Reg St	ate MA	-
	Sex_M_ Lic. (Class D 18 19	Lic. Restriction		Veh Year 2008 Veh Make CHEVY Veh Config. 2						ig. 20				
⁸ 2	8 Operator TARTAGLIA SALVATORE Endorsment Last First Middle					Owner (Same as operator) Last First Middle								-	
_	Address 115 F	_ Addr	Address												
	City NEWTO	N	Sta	te_MAZip_02465	_ City_	City State Zip									
	Insurance Com	pany ARBELLA			_ Vehic	cle Action Prior	to Crasl	ı [3 21	Da	maged .	Area C	Code: (Ci	cle Up to Thre	ee)
	Vehicle Travel	_ Even	Event Sequence 1 22 22 22 22 2 3 4 10 Undercarriage Most Harmful Event 1 23 5 11 Totaled												
	Citation # (If Is	Most									iage				
						ver Contributing Code 99 24 24									
Violation 3: ChSec Violation 4: ChSec Underride/Override							25 T	owed _			0	6			
	Ple Name (Last Fir		operator and all	occupants involved		A /DOD	6	26 Seat Pos.	27 Safety Air System S	28 29 bag Airbag	30 Eject 1 Code	31 Frap Ir	32 33 njury Trans	p.	i+
		Non-Motorist		See Above		Age/DOB	Sex		1 4	99			Status Cod	NONE	ity
															\dashv



Crash Narrative:

On Friday, March 29th 2019, at approximately 5pm, I, Officer Brooks, responded to the area of 450 Crafts street to speak with an operator who was involved in an accident. On my arrival I spoke with the operator of MV1(MA REG 28Z390), who stated approximately a half hour ago she was involved in a MVA with MV2(MA REG 7HA817), at the intersection of Crafts street and Albemarle road.

The operator of MV1 stated she had been traveling westbound on Crafts street, when MV2 pulled off of Albemarle road heading southbound and struck her vehicle. I observed damage to the passenger side front quarter panel and wheel well of MV1. The operator stated she exchanged information with the operator of MV2, and they both went their seperate ways. MVl is a rental car, and then the operator of MVl called the rental car company they requested she make a police report.

(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
	•		•				
Truck and Bus Information:	Registration #		(From Vehic	le Section)			25
Truck and Bus Information: Carrier Name	_		(From Vehic	le Section)	Carrier Issu	uing Authority Coo	35 le
			· 				le
Carrier Name			City		St	Zip	le
Carrier NameS AddressS			City		St	Zip	le
Carrier NameS AddressS	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip	le
Carrier Name	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip	le
Carrier Name	State Numbers Vehicle Weight Reg Type	38 Reg State	City Issuing State Reg Year	ICC #:_ Tr	St	Zip Interstate	le

JOSEPH J BROOKS		38339	NEWTON POLICE DEPARTM		03/29/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

•	→ Direction	1 \Rightarrow Vehicle 1 $\boxed{2}$	≥ =Vehicle 2	Pedestria	n	
Crash Diagram:	ie: → 🗆	1 - 2	□ →	> ₹		
					If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>			Off-Street Parkir	ng Lot
					☐ Garage	
					☐ Mall/Shopping (Center
		-	+ -		Other Private Wa	ay
					Indicate North by A	
		<u> </u>	-	-		
Crash Narrative:	+1	. 1070 1-1-	-1			
I was able to speak with and stopped at the stop s						
his vehicle "scraped" MV1						
to his vehicle, which cor						
No injuries were reported					_	th the
report number.				_	-	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type D	Description of Damaged Property	
				7.		
T 1 10 16 11						
Truck and Bus Information:	Registration #		(From Ve	hicle Section)	Coming Inquing Authority Co	35
Carrier Name					Carrier Issuing Authority Co	ide
Address			•			36
US DOT #:		38	Issuing State	ICC #:	Interstate	
	ross Vehicle Weight				39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year_	Trail	er Length	
Placard Material 1 digi	t # 41 Matarial N	Nama		Matarial 4 4:-	git # Release code	42
riacaid iviaterial I digi	ı # iviateriai r	Name		iviateriai 4 dig	gii # Release code	
JOSEPH J BROOKS		38339) NEW	TON POLICE DEPARTM	03/29/	2019

ID/Badge #

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

Signature