1	т т					chuset				ument Num		
Date of Crasl 04/06/2019	h Time of Crash	City/I NEWTON	Гоwп	Motor Vel	hicle Cras	h Num			d Limit <u>30</u> ude	State Pol Local Po MBTA P	ice 🗖	
0400/2019	24HR	NEWTON			Report	2	0		itude	Other:	olice 🔲	
	AT INTER	SECTION	•	< LOCA	ATION >		N	OT AT	INTERSI	ECTION:		
					EAST	334	WA	TERTOWN	I ST			
Route# Direction Name of Roadway/Stre					_	Name of Roadway/Street						
_			At		Foot N	C F W of		•	or			
Route# Dir	N	Ioma of Intersec	ting Roadway/Street		Feet N	S E W of		le Marker	or	Exit Num	ber	
Koute# Dil	ection 14		tersection with	<u> </u>	Feet N	S E W of						
1					Feet N	S E W of	Ro	ute# I	ntersecting Ro	oadway/Street		
Route# Dire	ection	Name of Inter	secting Roadway/Sta	reet					Landmark	 [
X Vehicle	1 0_#Occupants	Hit/Ru	n Moped	d Case Numbe	r	1900000	344					
License #		St	DOB/Age	Regi	# 2VK376		Red	Type PAN	I Re	og State MA		
Sex Lic	18 18	Lic. Restricti	19		Year 2010						20	
		_	Endo	orsment	er CHALMUS	_	NISHA		venc	Johng		
	Last			idale	ress 18 BARTON R		Firs	t	Mide	dle		
									G. MA	z: 02481		
1	DDOCDES		_	•	City WELLESLEU State MA Zip 02481 Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Thre							
┪	ompany PROGRESS				cle Action Prior to C		2 22	e	3	4	, rince,	
_	rel Direction: N S		esponding to Emerg	•	Event Sequence 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
`	f Issued)				Harmful Event	24	24	1 🗲	9	5 11 Tota	_	
1	on 1: ChSec_				er Contributing Cod	25		8		6		
	on 3: ChSec_			Unde	erride/Override	To	owed <u>Y</u>	- 20 20	31 32	33		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB S	Seat \$a	27 28 fety Airbag stem Status	29 30 Airbag Eject Switch Code	Trap Injury Code Status	Γransp.	l Facility	
Operato	or		See A	Above								
						+						
									17			
					14 15				1/			
Please Select of the Follov		2 <u>1</u> # Occupa	ants Non-Mot	torist A Type	14 Action 15	Location	16 C	ondition		Hit/Run	Moped	
of the Follov	wing: Venicle		<u> </u>		Action	Location	C				Moped	
of the Follov License #	ving: Venicle 2	StSt	MA DOB/Age 19	Reg #	Action 2TYG90		C Reg	Type_PAN	Re	eg State_MA	Moped 20	
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Crash Diagram:	Direction 1 =	Vehicle 1	₹Vehicle 2	₽ Pedesti	rian
	334	watertown	st		If Crash Did Not Occur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center
				- — —	Other Private Way
NOT TO) Scal	E	N		Indicate North by Arrow
Crash Narrative:					
					YEHICLE ACCIDENT. UPON ARRIVAL AT IN 334 WATERTOWN ST (METRO
					OUTSIDE AND SAW HER CAR SHAKE
AGAIN. SHE CONFRONTED THE	OPERATOR OF VEH	ICLE #2 AND A	ADVISED HER TH	AT HE H	IIT HER VEHICLE. VEHICLE #2 YELLED
AT HER DENYING HITTING HER	CAR AND LEFT T	HE AREA. VEHI	CLE #1 HAD MI	NOR FRON	T END SCRAPES. VEHICLE #1 REPORTED
NO INJURIES AND WAS ADVISE	D TO CONTACT HE	R INSURANCE C	COMPANY. ATTEM	PTS TO C	CONTACT VEHICLE #2 WERE
UNSUCCESSFUL. VOICE MAIL L	EFT. WILL ATTEM	PT TO MAKE CO	NTACT ON NEXT	SHIFT.	
ON 4-8-19 AT APPROX. 1035H	RS. WHILE WORKI	NG N492 I ATT	EMPTED TO CON	TACT THE	OWNER OF VEHICLE #2. I LEFT
ANOTHER VOICE MAIL. AS OF	4-9-19 1100HRS.	AS I WRITE T	HIS REPORT I	HAVE NOT	RECEIVED A CALL BACK. VOICE MAIL
(Continued or	n next page)				
Witnesses:		Address			Dhana #
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:					
Owner (Last, First, Middle)				34-Type	Description of Damaged Property
Truck and Bus Information: Carrier Name	Registration #		,		Carrier Issuing Authority Code
Address		(City		St Zip
US DOT #:			•		36
37	s Vehicle Weight	38			39
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	
Hazmat Information: Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit # Release code 42

THOMAS P WALSH

Relico Officer Name (Place Print)

Signature 1D/Redge # Description President Pr

	→ Direction	1 =	Vehicle 1	2 =Vehicle 2		₽Pedestr	ian		
Crash Diagram:	ie: →□	1	→ [2	→	ĝ			
								If Crash <u>Did Not</u> on a Public Way:	
		_						☐ Garage	
	į	į				į		☐ Mall/Shopping C	enter
		_ _				. — — 🕂		☐ Other Private Wa	
		 _ _		 	_				
		İ		į į		İ		Indicate North by A	rrow
		_ _			_				
		- -		 	_				
Crash Narrative:									
W itnesses:									
Name (Last, First, Middle)		P	Address					Phone #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address			Phone #		34-Type	Description of Damaged Property		
Truck and Bus Information:	(From Vehicle Section) Carrier Issuing Authority Code35								
Address				_ City				St Zip	
US DOT #:	State Number			Issuing State _		ICC #:_		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	3	8						
Trailer Reg #:	Reg Type		□ _ Reg State _	Reg Yea	r	Tra	ailer Leng	gth 39	
Hazmat Information:									
Placard 40 Material 1	digit # 41 Material	Name	e			Material 4 o	ligit#	Release code	42
THOMAS P WALSH					NEWTON	N POLICE DEPART!		04/06/2	019