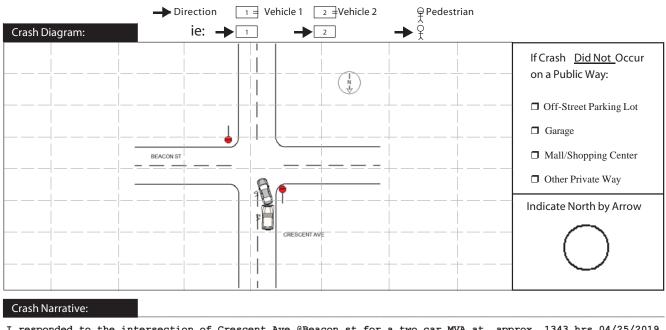
	Poli	ce Use Only		Common	wealth	of Mas	sach	uset	tts		RM	V Docur	ment Number	
	Date of Crash	Time of Crash	1	own M o	otor Ve	hicle Cr	ash	Num			peed Lim		State Police Local Police MBTA Police	□ Xì
	04/25/2019	13:43 24HR	NEWTON		Police	Report		2	0		ongitude_		MBTA Police Other:	
		AT INTER	RSECTION:	<	LOCA	ATION	>		N	OT A	T INT	ERSE	CTION:	2
	EAST	T BEACO	N ST											2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion	Name o	f Roadway/Street		Route# Dire	ction A	ddress	#		Name of I	Roadway	/Street	2 ¹
_	SOUTH CRESCENT AVE Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or							2	
						Mile					e Marker Exit Number			
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street							dway/Street	-
2 1]					Feet NSEW of								3
	Route# Direction Name of Intersecting Roadway/Street					Landmark								
3	XVehicle1	1_#Occupants	Case Numbe	er	1	1900000	0417							
	License#		St M	A DOB/Age	Reg	# 8738ES			Re	Tyne I	AN	Reg	State_MA	
	Sex_M Lic.	18 1		19	_	Year_2010							20	
4		LLER	ROBERT	A Endorsm	ent	er (Same as o								$ 1^1$
2		Last OND ST (apt. 7)	First	Middle					Fir			Middle	•	_ 1
		City WALTHAM State MA Zip 02431					Address City State Zip							
	Insurance Company AMICA								21				Circle Up to Th	_
5	1	Direction: X		ponding to Emergency		vehicle Action Prior to Clash 10 10 22 22 22 23 3 4								
1		ssued)		ponding to Emergency		t Harmful Even	2	3				A	10 Undercar	riage
	,			n 2: ChSec		er Contributing		20 24	. 24	1 -	- 9	$\left\{ \right\}$	5 11 Totaled	
⁶ 1	1			n 4: ChSec		erride/Override		=	owed N	8	7		6	
				pants involved		erride/Override				29 Airbag E	30 31 Eject Trap	32 Injury Tra	33	1
	Name (Last Fir	Name (Last First Middle) Address				Age/DOB Sex 10s. System Status Switch Code Code Status Code							lity 1	
	Operator See Above				/e			1	5	99 (0	10 1		
⁷ 2	Please Select C of the Followi	IX Vahicla	2 1_#Occupar	Non-Motoris	at A Type	14 Action	15 Loo	cation	16	Condition	17	Ні	it/Run Mo	ped
	License#		St		- Reg	Reg # 6PA747 Reg Type PAN						Reg	Reg State MA	
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2017 Veh Make JEEP						Veh Config. 20		
8 1	Operator ALVARADO MESEN CARLOS A Endorsment Last First Middle				ent Own	Owner HERTZ VEHICLES LI							_	
1	Address 364 R	IVERWY (apt. 9	Add	Address 450 MCCLELLAN HWY										
	City BOSTON State MA Zip 02113					City_BOSTON State_MA Zip_02128								_
Insurance Company WESTCHESTER FIRE					Vehi	cle Action Prior	to Crash	2	21	Dama	aged Area	Code: (Circle Up to The	ree)
	Vehicle Travel	Direction: N	X E W Re	esponding to Emergenc	y? Ever	22 2	22 22 22 2				3 4			
	Citation # (If Issued)					Most Harmful Event 1 23								riage
		n 1: ChSe		Driver Contributing Code 1 24 24 5 11 Totaled										
		n 3: ChSe		Underride/Override 25 Towed N 8 7 6										
	Pl	Please fill out for operator and all occupants involved					26 27 28 29 30 31 32 Seat Safety Airbag Airbag Eject Trap Injury					33 ansp.		
	Name (Last Fi	rst Middle) Non-Motorist		Addres See Abov		Age/DOB		Pos. S	System Statu	Switch 99 (Code Code		Code Medical Fac	cility
	Sportator/			20071007	-			- 1	7	,,,	.	10 1		
								+		\vdash		++		



I responded to the intersection of Crescent Ave.@Beacon st for a two car MVA at approx. 1343 hrs 04/25/2019. V1; MA reg 8738ES, 2010 toyt/Camry color gray operated by Kuller, Robert A. MA OLN S40421474. V1 operator was attempting to turn left onto Beacon St from Crescent Ave. There was on coming traffic on Beacon St. V1 operator who had been trying to make the turn was sticking out onto Beacon st. V1 operator put his vehicle in reverse and proceeded to back up for the oncoming traffic. V1 collided into V2 which was directly behind when he backed up.

V2; MA Reg 6PA747, 2017 Jeep/Util. color white operated by Mesen, Alvarado MA OLN S31551122. V2 Operate's account of the collision was consistent with V1 operator without dispute.

There was minor damage t	to both vehicles. Nei	ther ope	rator was injur	red as a	result of the	collision. No		
(Continued	l on next page)							
Witnesses:								
Name (Last, First, Middle)	Ad	dress			Phone #	# Stat	tement	
Property Damage:	,							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	on of Damaged Property		
Truck and Bus Information:	Registration #					Г	35	
Carrier Name					Carrier Issu	uing Authority Code		
Address			_ City		St	Zip	_	
US DOT #:	State Number	Issuing State	ICC #:_		Interstate 36			
Cargo Body Type Code 37	Gross Vehicle Weight 38						l	
Trailer Reg #:		D C4-4-	D V	T	39			
Hazmat Information:	Reg Type	Reg State	Reg 1 ear	11	raner Length			
40	41					4:	2	
Placard Material 1 dig		_ Material 4	digit #	Release code				
DANIFI SSULLIVAN			NIETATIV	ON POLICE DEPART		04/25/2019		

-	Direction	1 = Vehicle 1	2 =Vehicle 2	¥ Pedestr	ian		
Crash Diagram:	ie: →	1	2	₽Ŷ			
Crash Diagram: Crash Narrative:					If (on	Crash Did Not Coa Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way icate North by Ai	Lot
airbag deployment. Neithe	r vehicle requi	ired towing :	service.				
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
				71	·	· /	
Truck and Bus Information:							
			(From V				35
Carrier Name					Carrier Is	suing Authority Code	e
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC#:		Interstate	36
37		38					
Cargo Body Type Code G	ross Vehicle Weight				39	1	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length		
Hazmat Information:						I	
Placard 40 Material 1 digit	# 41 Material I	Name		Material 4	ligit #	Release code	42
i iacaid Iviateriai i digit	Waterial	1 141110		1414151141 4 (.1151l π	_ Release code	
DANIEL S SULLIVAN			NEV	VTON POLICE DEPARTM		04/25/20)19

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)