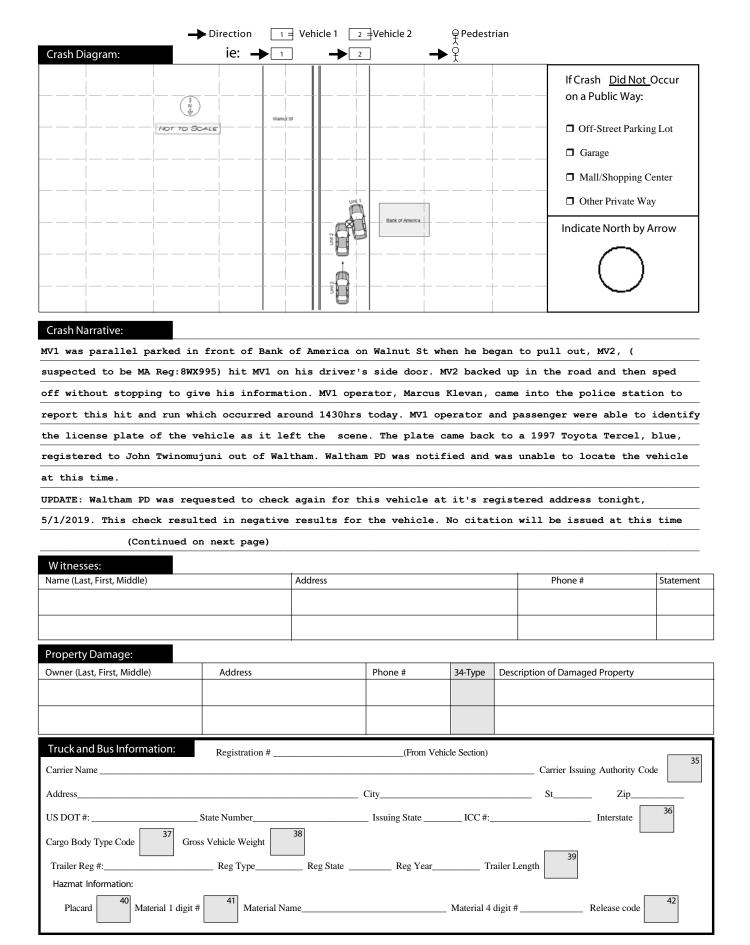
	Poli	ice Use Only		Common	wealth	of Ma	issac	chuse	etts			RM	V Doc	umen	t Number	
	Date of Crash 04/26/2019	Time of Crash 16:15 24HR	NEWTON	M(otor Ve Police	hicle (Repor		h $\begin{bmatrix} N\iota \\ Ve \\ 2 \end{bmatrix}$	ımber hicles	Num Injur 0	ed Lat	ed Lim itude _ ngitude_			tate Police ocal Police IBTA Police other:	N N
	AT INTERSECTION:											AT INTERSECTION:				┪
	-					SOUTH 303 WALNUT ST								2		
1 1	Route# Direc	ute# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/St					ay/Stre	eet	$ \frac{1}{2}$			
-	At					Feet NSEW of or										
	Route# Direction Name of Intersecting Roadway/Street					1					Mile Marker			Exit Number		_
	Also at Intersection with					Route# Intersecting Roadway/Street							- -			
² 2	Route# Direction Name of Intersecting Roadway/Street					Feet NSEX of BANK OF AMERICA								4		
3						Landmark							\dashv			
	XVehicle1	2_#Occupants	X Hit/Run	Moped	Case Numb	er		19000	00420							
	License#St MA DOB/Age					7HR466				_Reg	Гуре_РА	N	Re	eg Stat		-
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions I 19 CDL					2012										
4	Operator KLI		MARCUS	Endorsme	Ow	Owner KLEVAN ALAN Last First Middle										- 1
1	Address 7 BRI	ddress 7 BRIDGES AVE				dress 6 TALL	Y HO L	N								.
	City NEWTON State MA Zip 02460				City	FRAMING	HAM					State	MA	_Zip_	01701	-
	Insurance Com	pany GOVT EM	IPLOYEE		Vel	nicle Action P	rior to C	Crash	6 21	1	Damag	ed Area	Code:	(Circ	le Up to Thre	e)
5	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency	? Eve	nt Sequence	1 22	22	22	22		3		4		
	Citation # (If I	ssued)			Mo	st Harmful Ev	ent 1	23			-	9	$\left(\cdot \right)$		10 Undercarri 11 Totaled	age
(Violation	1: ChSec	c Violation	2: ChSec	Dri	ver Contributi	ng Code	: _1	24	24		VŢ	\sum	ر		
⁶ 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed \underline{Y} 8 O 6										
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/D0	OB S	26 Seat Pos.	27 Safety System	28 Airbag A Status Sv	29 3 irbag Eje vitch Coo	0 31 ct Trap le Code	32 Injury Status	33 Fransp. Code	Medical Facilit	ıy 1
	Operator				See Above			1					10 1			
	KLEVAN, ANDREW			7 BRIDGES AVE NEWTON, MA 02460			M						10 1			
1	Please Select One of the Following: Vehicle 2 1_#Occupants Non-Motorist A			t A Type	14 Action					ın Mope	ed					
	License #St MA DOB/Age DOB/Age					Reg # 8WX995 Reg Type_PAN Reg State_M						e_MA	_			
	Sex_M Lic. Class D 18 18 Lic. Restrictions 19 CDL				Vel	Veh Year 1997 Veh Make TOYOTA Veh Config. 1										
8 1	Operator TWINOMUJUNI JOHN W Last First Middle				ent Ow	Owner (Same as operator) Last First Middle									-	
_	Address 6 GARDEN LN					Last First Middle Address										
	City WALTHAM State MA Zip 02452													-		
	Insurance Company QUINCY FIRE					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								æ)		
	Vehicle Travel Direction: NXEW Responding to Emergency?					Event Sequence 1 22 22 22 22 3 4										
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								age		
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 99 24 24										
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 8 7 6										
ſ	Pl Name (Last Fi		fill out for operator and all occupants involved			Age/DOB		Sex Pos. Syste		7 28 29 ty Airbag Airbag tem Status Switch		30 31 Eject Trap Code Code		33 Transp. Code	sp.	itv
Ī		Non-Motorist		See Above					Г		9 0	0	Status 99	1	curcur racil	
ļ																\neg
																_



	Direction 1	☐ Vehicle 1 ☐ 2	+Vehicle 2	Pedestri	ian		
Crash Diagram:	ie: → 🗆	→ 2	-				
Crash Diagram: Crash Narrative: until there is verificat	ie: ion that this ve			n this ac		Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way licate North by Al	Lot
Witnesses:							
Name (Last, First, Middle)		Address		Phone	#	Statement	
Property Damage:	Address			T			
Owner (Last, First, Middle)		Phone #	34-Type	Description of Damaged Property			
Truck and Bus Information:			1				
			(From Vehi	Coming In	in Adhid Cd	35	
Carrier Name					Carrier Is	suing Authority Code	e
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 C	Gross Vehicle Weight	38					
 Trailer Reg #:	Reg Type	Reg State	Reg Vear	Tra	ailer Length		
Hazmat Information:	Nog 1 ypc	Ne ₅ State	Neg 1 cai	110	or Longin		
40	41	Ť		36	1' '. "	. I	42
Placard Material 1 dig	nt # Material N	name		Material 4 d	11g1t #	_ Release code	
ALEX N KANE		38800) NEWTO	N POLICE DEPARTA		04/26/20	119

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)