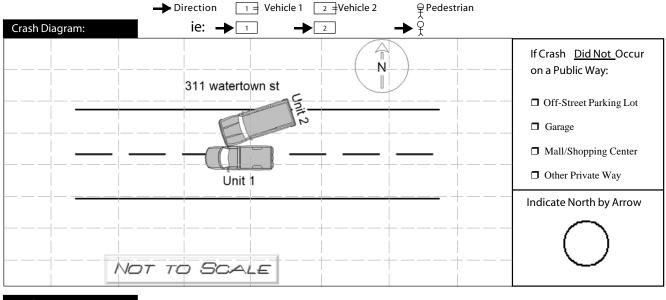
Poli	ice Use Only		Common	wealth	of Massa	achus	etts				ient Number	
Date of Crash 04/26/2019	Time of Crash 15:14	City/To NEWTON	vn Mo	otor Ve	hicle Cra	$\int_{Ve}^{Nt} \frac{Nt}{Ve}$			eed Limi		State Police Local Police MBTA Police	N Xi
042042013	24HR				Report	2	"		ongitude_		Other:	
	AT INTER	RSECTION:	<	LOC	ATION	>	N	OT A	Γ ΙΝΤΙ	ERSEC	CTION:	
					WEST	311	WA	TERTOV	WN ST			
Route# Direc	tion		Roadway/Street		Route# Direction	on Addres	ss #	N	Name of I	Roadway/S	Street	
			At		Feet 1	N S E W	of		•	or		
Route# Direc	etion N	Name of Intersectin	g Roadway/Street		-		Mi	ile Marke	r		Exit Number	_
		Also at Inter	section with		Feet [	N S E W		ute#	Intersec	ting Road	way/Street	-
Route# Direc					Feet [	N S E W				8		-
Route# Direc	tion	Name of Intersec	ting Roadway/Street						La	ndmark		_
XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Numb	er	19000	000423					
License #		St M	OOB/Age	- Reg	# M2661A		Red	Type M	IVN	Reg S	State MA	_
Sex_M Lic.	18 1		19	_	Year_2019		_			_	20	-
	EZ Last	_	O Endorsme		ner NEWTON HO						g.	ŀ
Address 82 LI	Last NCOLN STREE	First	Middle		lress 82 LINCOLN		Firs	t		Middle		-
City NEWTO			te_MA Zip_02461		, NEWTON				State	MA Z	in 02461	-
,	npany ARBELLA		.ю 2лр	-	icle Action Prior to	Crash	21				Circle Up to Thre	ee)
_	Direction: N		onding to Emergency		nt Sequence 1	22 22	22 22	<b>0</b>	•	)	4	
	ssued)		onding to Emergency		st Harmful Event	23				A)	10 Undercarri	iage
			2: ChSec		ver Contributing Co		24 24	1 4	9	$\bigcup$	5 11 Totaled	
			4: ChSec		lerride/Override	25	Towed Y	8	7		6	
		ator and all occu			lemde/Ovemde [	26 Seat		29	30 31 ect Trap ode Code	32 Injury Tran	33	$\dashv$
Name (Last Fir			Address See Abov		Age/DOB	Sex Pos.				Status Coc	Medical Facili	ty
Орегаю			See Abov				1 4	4 0	0	10 1	NONE	$\dashv$
												$\dashv$
Please Select ( of the Followi	IX Vehicle	22 <u>1</u> #Occupant	s Non-Motorist	t A Type	14 Action 1	Location Location	16 C	ondition	17	Hit	/Run Mop	ed
License#		StM	A DOB/Age DOB/Age	Reg	# 715CZ3		Reg	Type_P	AN	Reg S	State_MA	
Sex_F_ Lic.	Class D 18 1	8 Lic. Restriction	19 CDL	Veh	Year 2010	Veh Ma	аке_точот	`A		_ Veh Con	20	
Operator ME	ANEY	JENNIFER	Endorsme	ent Owr	ner (Same as ope	rator)						_
Address 101 F	IIGH ST. (apt. 3)	First	Middle	Add	Las Iress	t	Firs	t		Middle		
City WALTH	AM	Sta	te_MA Zip_02453	City	<i></i>				State	Z	Cip	
Insurance Com	npany STANDAI	RD FIRE		Veh	icle Action Prior to	Crash	6 21	Damaş	ged Area	Code: (C	Circle Up to Three	ee)
Vehicle Travel			ponding to Emergency	/? Eve	nt Sequence 1	22 22	22 22	2	3		4	
Citation # (If I	ssued)			Mos	st Harmful Event	1 23				/  )	10 Undercarri	iage
,	,		n 2: ChSec		l er Contributing Co		24 24	1	9	$\langle       \rangle$	5 11 Totaled	
			n 4: Ch Sec		lerride/Override	25	 Γowed <u>Y</u>	\ <b>O</b>	7		6	
			occupants involved			26 Seat		29 Airbag Ej	30 31 ect Trap	32 Injury Tran	33 1sp.	$\dashv$
Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex Pos.	System Status	Switch C	Code Code	Status Co	Medical Facil	lity
Орегасог	1 1011-IVIOLOIISt		Sec Augv				1 4	4 0	U	10 1	HOME	$\dashv$
												$\dashv$



## Crash Narrative:

ON 4-26-19 AT APPROX. 1514HRS. WHILE WORKING N492 I TOOK A REPORT FOR CITY VEHICLE MOTOR VEHICLE ACCIDENT.

UPON ARRIVAL AT 311 WATERTOWN ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING

W-BOUND ON WATERTOWN ST. WHEN HE WAS HIT IN THE RIGHT SIDE OF HIS VEHICLE BY VEHICLE #2. VEHICLE #2 STATES

SHE WAS ENTERING THE TRAFFIC LANE FROM A PARKED POSITION IN FRONT OF 311 WATERTOWN ST. DRIVER STATES WHEN SHE

ENTERED THE LANE SHE THOUGHT VEHICLE #1 HAD ALREADY PASSED AND WAS UNABLE TO AVOID HITTING HIS VEHICLE.

VEHICLE #1 HAD SCRAPES ALONG THE RIGHT SIDE OF HIS VEHICLE. VEHICLE #2 HAD LEFT FRONT END DAMAGE. ALL

PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CAPT. DOWLING (

N600 ) TOOK PICTURES OF THE VEHICLE DAMAGE AND FORWARDED IT TO THE NEWTON I.T. BUREAU. CLEARED WITHOUT

FURTHER INCIDENT.

Witnesses:									
Name (Last, First, Middle)	Address				Phone #	Statement			
Property Damage:									
Owner (Last, First, Middle)	Owner (Last, First, Middle) Address			Phone # 34-Type Des					
Truck and Bus Information:  Registration #(From Vehicle Section)  Carrier NameCarrier Issuing Authority Code									
Address		City	St Zip						
US DOT #:	Issuing State ICC #: Interstate					36			
Cargo Body Type Code 37 Gross Vehicle Weight 38									
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length									
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42		

THOMAS P WALSH		NEWTON POLICE DEPARTM	04/26/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date