	Poli	ce Use Only		Commonw	ealth	of Mass	achu	ısetts			RMV	Docum	ent Number	
	Date of Crash 04/26/2019	Time of Crash 17:16 24HR	City/Town NEWTON			nicle Cra Report	sh	Number Vehicles 2		d Latin	ed Limit tude gitude_		State Police Local Police MBTA Police Other:	XI O
			SECTION:	<	LOCA		>		NO	ГАТ	INTE	ERSEC	TION:	
						NORTE	333	3	NAHA	NTON	ST			
1 1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street					treet			
						Feet NSEW of or Exit Number							-	
	Route# Direc	tion N	Also at Intersect			Feet	N S E	W of						
² ₃						Feet	N S E	W of	Route	# 1	Intersect	ting Roady	vay/Street	3
	Route# Direction Name of Intersecting Roadway/Street				Landmark								╣	
3	XVehicle1	_0_#Occupants	X Hit/Run	Moped	Case Number	r	19	900000424						
	License # St DOB/Age 19				Reg #	Reg # 368ES9 Reg Type PAN Reg State MA							_	
	Sex Lic. 0		Lic. Restrictions	CDL		Year_2013						Veh Con	fig. 20	
4 1	Operator	Last	First		Owne	SMELSON Las	t	DAVII	First			Middle		- 1
-						ess 65 GORDON	IST.					MA		-
	City State Zip Insurance Company USAA CASUALTY					NEWTON	. C 1	2					p rcle Up to Thre	
5		Direction: N		ling to Emergency?		Sequence 1	22 22	11	22 2	Ü	3	2	•	~)
		ssued)		ing to Emergency:_		Harmful Event	1 23				M,		10 Undercarri	iage
			Violation 2:	ChSec		r Contributing C		1 24	24	—	9	\	5 11 Totaled	
⁶ 99	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 6								
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Age/DOB Sex Pos. \$ystem Status \$witch Code Code \$tatus [Code Medical Facility]						ty 2		
Ī	Operator	st Wildie)		See Above					Status Swi	ien code	Code i	status Codi	Wedicar Facili	<u>, </u>
7 1	Please Select C of the Followin	I A Venicle	2 <u>0</u> #Occupants	Non-Motorist A	Туре	14 Action	Loca		16 Cond	dition	17	X Hit/	Run Mop	ed
	License#StDOB/Age				Reg #	Reg # Reg Type_UNK Reg State_XX						tate XX	-	
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					reh Year UNKN Veh Make UNKNOWN Veh Config. 1								
8 99	Operator				Owne	Owner Last First Middle								-
	Address					Address								-
	City State Zip Insurance Company					City State Zip Value Action Prior to Crash Damaged Area Code: (Circle Up to Three)								-
	Insurance Com			vehicle Action 1 not to clash gg								2)		
	Vehicle Travel Direction: NSEW Responding to Emergency? Citation # (If Issued)					Most Harmful Event 2 23 10 Undercarriage								iage
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 99 24 24 5 11 Totaled								
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6								
ľ			operator and all oc	*				26 27 Seat Safety	28 Airbag Air	29 30 Dag Eject	31 Trap I	njury Tran	3 sp.	
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB		Pos. System	n Status Sw	ritch Cod	le Code	Status Coo	le Medical Facil	ity
-														
-														\dashv
														_

→	Direction 1	deficie 1 2	2 ≢Vehicle 2	Pedestr	rian			
Crash Diagram:	ie: → 🔟	→ 2	□ →	> ♀				
						If Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Co	g Lot enter	
Crash Narrative:								
Owner of MV1 states his veh	icle was back	ed into a par	king spot at	the JCC,	333 Nahan	ton St. Sometime 1	oetween	
0720 to 0815 his vehicle wa	s struck on th	he drivers si	de bumper (mi	nor damag	e). There	was possibly some	.	
white paint transfer howeve	r it was clea	ned off prior	to my arriva	1.				
I contacted the JCC, they s	tated they may	y have camera	s, however the	e only pe	rson tha	t can access them	is not	
working (617 558 6552 - Bri	an Morris). Tl	here were no	witnesses to	the accid	ent and i	t was not reported	i	
until later in the day.								
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	Statement	
Property Damage:			T., .					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	of Damaged Property		
Truck and Bus Information:	Registration #		(From Veh	nicle Section)				
Carrier Name	_		(Form ver	Ca	Carrier Issuing Authority Code 35			
Address			City		S	t Zip		
			-				36	
US DOT #: S		38	Issuing State	ICC #:_		Interstate		
Cargo Body Type Code Gross	Vehicle Weight					39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length			
Hazmat Information:	41				_		42	
Placard 40 Material 1 digit #	41 Material N	Jame		Material 4	digit #		42	
	112410114111			_ Material 4	uigit #	Release code		
	- Indicate in the second of th			_ iviateriai 4 (uigit #	Release code		

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)