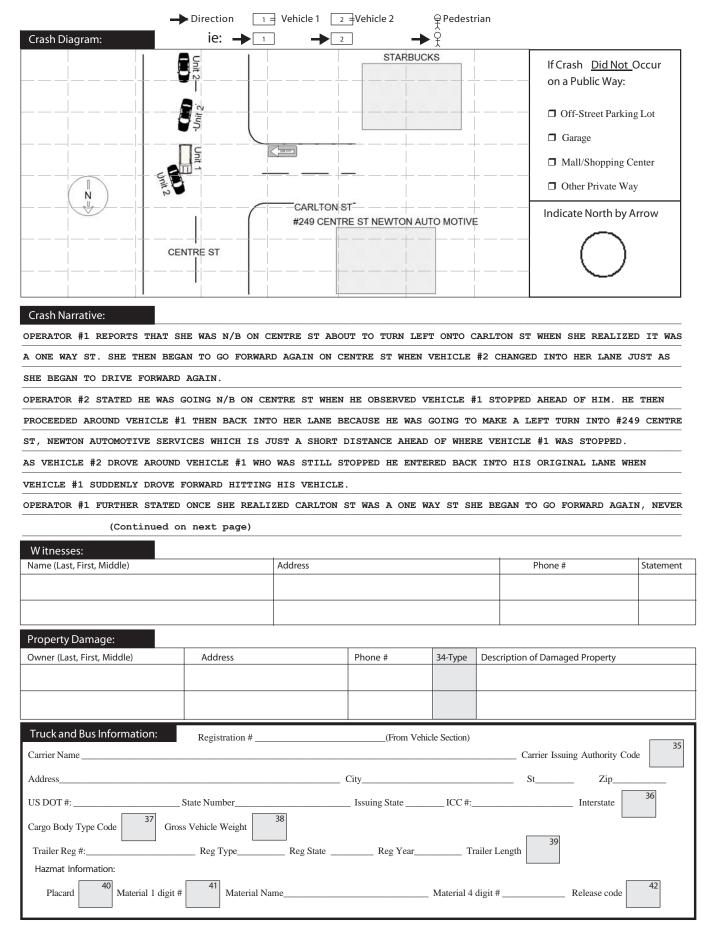
	Poli	ice Use Only		Commo	onweal	th o	of Mass	sach	use	etts			RMV	V Docu	ıment l	Number		
	Date of Crash 04/27/2019	Time of Crash 12:02	City/To NEWTON	own N			icle Cr	ash	Vel	mber hicles	Numbe Injured	Latin	ed Limi tude		Loc MB	te Police cal Police STA Police	N N	
l		24HR	SECTION:			OCAT	Report	>	2		0 NOT		gitude_ INTI		Oth		\dashv	
		ATINIER	SECTION:		< L	UCAI	HON	<i>></i>			NO	AI	INII	LKSE	CII	ON:	\dashv	2
1		CENTR	E ST			.											[
1	Route# Direction Name of Roadway/Street At					I	Route# Direction Address # Name of Roadway/Street						t	— ₂	2			
	CARLTON ST					- -	Feet NSEW of — or Exit Number							-				
	Route# Direction Name of Intersecting Roadway/Street						Feet NSEW of							\dashv				
2	Also at Intersection with						Route# Intersecting Roadway/Street							-	3			
² 2	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									_3 			
3						Landmark								ᅱ				
	XVehicle1	1_#Occupants	Hit/Run	Moped	Case N	umber			190000	00427								
	License#		St_V			Reg#	JDN6663				Reg Ty	pe_PA	N	Reg	g State_			
	Sex_F_ Lic.	Class 99 18 19	Lic. Restrictio			Veh Ye	ear_2019	\	eh Ma	ke_NIS	SAN			Veh C	onfig.	20		
4	Operator REA	ARDON	SONYA		rsment	Owner	EAN HOLE	INGS	LLC		First			Midd	10		_ [1
1	Last First Middle Address 1820 CLYDESDALE PLACE					Address 600 CORPORATE PARK DRIVE										_	_	
	City WASHINGTON DC State VA Zip 20009																	
	Insurance Company SELF INSURED					Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)												
5	Vehicle Travel	Direction:	S E W Res	ponding to Emerge	ency?	Event S	Sequence 1	22	22	22	²² O		3	\rightarrow	4			
		ssued)				Most F	Harmful Event	1	23		_ (9			0 Undercari	riage	
	Violation	1: ChSec	Violatio	n 2: ChSec_			Contributing (99 2	24	24	•	/ ') 5 11	1 Totaled		
⁶ 1	Violation	3: ChSec	Violatio	n 4: ChSec_		Underr	ride/Override		25 ,	Towed	N 8		7		6			
	Please fill out for operator and all occupants involved					26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.							1					
	Name (Last Fir Operator	st Middle)	<u> </u>	Add See A	hove		Age/DOB	Sex	Pos.	System S	Status Swit	ch Code	Code	Status C	Code N	Medical Facil	ity	1
	973333									1	.))			10	+		_	
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupar	Non-Moto	orist A Type	1	4 Action	15 Lo	ocation	1	6 Cond	ition	17	□⊦	lit/Run	Мор	oed	
	License#St MA_ DOB/Age					Reg # 33FV28				Reg Type PAN			N	Reg State_MA				
	Sex M Lic. Class D 18 18 Lic. Restrictions 9 CDL					Veh Year 2007 Veh Make INFINITI Veh Config. 1							20					
8	Operator PALMERINO JOSHUA Endorsment					Owner (Same as operator)												
1	Last First Middle Address 116 TREMONT ST (apt. 4)					Last First Middle Address												
	City BRIGHTON State MA Zip 02135				135									_				
	Insurance Company AMICA MUTUAL					Damaged Area Code: (Circle IIn to Three)								ree)				
	Vehicle Travel Direction: X S E W Responding to Emergency?					venicie Action Prior to Crasii 5												
	Citation # (If Issued)					Most Hermful Fuent 1 23									riage			
	Violation 1: Ch Sec Violation 2: Ch Sec						24 24 5 11 Totaled											
			Driver Contributing Code 99 Towed N 8 7 Q Underride/Override Towed N 8 7															
[on 4: ChSec l occupants invol		Underr	-ide/Override				28 2 irbag Airb	9 30 ag Eject	31 Trap	32	33		\dashv	
	Name (Last Fi	rst Middle)	operator and ar	Ad	ldress		Age/DOB	Sex	Seat Pos.	Safety A System	Status Swi	tch Cod	le Code	Injury I	ransp.	Medical Faci	ility	
	Operator/	Non-Motorist		See Al	bove			-		1 4	4 99	0	0	10	1			
												\perp					\Box	
												+					-	



	→ Direction	1 = Vehicle 1	2 ≢Vehicle 2	Pedestri	ian		
Crash Diagram:	ie: →□	1 -	2	₽ Ŷ			
					I .	Crash <u>Did Not</u> C a Public Way:	Occur
						Off-Street Parking	Lot
						Garage	, 201
		- + 	_ — — — + -	+		Mall/Shopping Ce	enter
		<u> </u>					
		 -				Other Private Way	
					Ind	icate North by A	rrow
		+	+ -	+			
					- — —		
Crash Narrative:							
SEEING VEHICLE #2 APPROAG	CHING FROM HER F	RIGHT SIDE.					
W itnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)			
Carrier Name				,	Carrier Iss	suing Authority Code	35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:		Interstate	36
Cargo Body Type Code 37	ross Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	iler Length		
Hazmat Information:	_ 5 71	_ v _					
Placard 40 Material 1 dig	it # 41 Material I	Name		_ Material 4 d	ligit #	_ Release code	42
THOMAS J MCCARTHY			NEWI	ON POLICE DEPARTM		04/27/20)19

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)