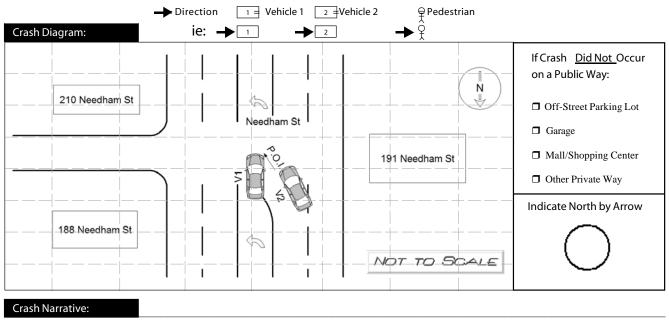
	Poli	ce Use Only		Common	wealth	of Ma	assa	ich	use	etts			RM	V Do	cumer	ıt Number	
	Date of Crash 04/27/2019	Time of Crash 15:51 24HR	NEWTON	Mo Mo	tor Vel Police			sh		mber	Nun Inju 0	red L	peed Lin atitude _ ongitude		S L N C	tate Police ocal Police IBTA Police Other:	NA NA
			RSECTION:	<		ATION		>			N		T INT		ECT	ION:	
						s	OUTH	19	91		NEE	DHAM	ST				2
1 1	Route# Direct	tion	Name of	Roadway/Street		Route# I	irectio	n A	ddress	s #]	Name of	Roadv	vay/Str	eet	_
_	At					Feet NSEW of or									$ \frac{2}{}$		
	Route# Direc	tion 1	Name of Intersectin	g Roadway/Street					_		Mi	le Marke	er		E	xit Number	
			Also at Inter	section with		F	eet N	SE	W c	of	Rou	ite#	Interse	cting I	Roadwa	ıy/Street	
2 1						F	eet N	SE	W c	of						•	3
3	Route# Direct	tion	Name of Interse	ting Roadway/Street									L	andma	rk		
3	XVehicle1	3_#Occupants	Hit/Run	Moped	Case Numbe	er		1	190000	00428							
	License#		St_NJ	DOB/Age	Reg	# Y58JMZ					_Reg	Type_P	AN	F	Reg Sta	te_NJ	
	Sex_M_ Lic. 0	Class D 18 1	Lic. Restriction	s 19 CDL	Veh	Year 2017		Ve	eh Mal	ke_LE	xus			_Veh	Config	g. 20	
4	Operator MU	DENDA	BOYD	Endorsme	nt Own	er (Same a	s oper	ator)			First				iddle		1
1	Address 22 AN		First	Middle		ress								М	iudie		<u> </u>
	City SPARTA		Sta	te_NJZip_07871_	City								Stat	e	Zip		
	Insurance Com	pany PROGRES	SSIVE		Vehi	cle Action I	rior to	Crash	ı [4 21		Dama	ged Are	a Code	e: (Circ	ele Up to Thre	e)
5 1	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency?	2 Ever	t Sequence	1 2	2 2	22	22	22	O	3	3	4		
	Citation # (If Is	ssued)			Mos	Harmful E	vent	1 2	3			1 4	. \	<u>-</u>	5	10 Undercarri	age
	Violation	1: ChSec	c Violation	2: ChSec	Driv	er Contribut	ing Co	de	99 2	4	24					11 Totaled	
⁶ 1	Violation	3: ChSec	c Violation	4: ChSec	Unde	erride/Overr	ide	2	5	Γowed	<u>Y</u>	8	7	,	6		
	Please f		ator and all occu	oants involved		Age/D	OB	Sex	26 Seat S Pos. S	27 Safety A System	28 Airbag 2 Status 5	29 Airbag E	30 31 ject Trap ode Code	32 Injury Status	33 Transp Code	Medical Facilit	1
	Operator	,		See Above	;						4	99 0		10	1		
	SOY, SAFIA			7 AMES HILL DR WKSBURY, MA 01876				F	11	99	4	99 0	0	10	1		
	MUDENDA, A	ADAM	112	7 AMES HILL DR				М	6	4	4	99 (0	10	1		
		<u> </u>	TE	WKSBURY, MA 01876										Ť			
7 1	Please Select C of the Followin		2 <u>1</u> #Occupan	s Non-Motorist	A Type	14 Action	15		cation	1	16 Co	ondition	17		Hit/Ru	un Mope	ed
	License#		St_M	A DOB/Age	Reg	Reg # <u>8BX655</u> Reg Type <u>PAN</u>						AN	Reg State_MA				
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 19 1 CDL					Veh Year 2011 Veh Make SUBARU Veh Config. 1											
⁸ 2	Operator SHA	Decrator SHAUGHNESSY MATTHEW Last First Middle			nt Own	Owner SHAUGHNESSY LINDA C									.		
_	Address 24 MCCARTHY RD First Middle					Address 24 MCCARTHY ROAD First Middle											
	City NEWTON State MA Zip 02459				City	City NEWTON State MA Zip 02459											
	Insurance Company ARBELLA					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									e)		
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$? Ever	Event Sequence 1 22 22 22 22 3 4											
	Citation # (If Issued)				Mos	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 99 24 24									age		
	Violatio	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec															
	Violation					Underride/Override 25 Towed Y 7 6											
ſ	Plo Name (Last Fir		operator and all	occupants involved		Age/I	оов	Sex	26 Seat Pos.	27 Safety 2 System	28 Airbag Status	29 Airbag Switch	30 Trap Code Code	32 Injury e Statu		Medical Facili	tv
Ī		Non-Motorist		See Above	;						4	99 0		10	1		
ļ												\neg					



Crash Narrative:			-,			
Vehicle 1 was travelling	g southbound on Ne	edham St in	the left turn	lane getti:	ng ready to turn left	into 191
Needham St, which was t	he next block away	. Vehicle 2 v	was travelling	southbound	d as well, and took a l	eft turn
into the parking lot at	188 Needham St.	At this time	vehicle 1 was	parallel	to vehicle 2. The fron	t left of
vehicle 2 hit the front	right of vehicle	1. I observe	ed moderate da	mage to the	e point of impact on bo	th
vehicles. Both vehicle	s were towed by To	dy's to their	r lot. No one	was injure	ed due to the accident.	
Witnesses:						
Name (Last, First, Middle)		Address		Phone #	Statement	
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		35
Carrier Name					Carrier Issuing Authority Co	
Address			City		St Zip	
US DOT #:	State Number		_ Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	r Length 39	
Hazmat Information:						
Placard 40 Material 1 d	igit # 41 Material Na	nme		Material 4 digi	it # Release code	42

TIMOTHY ROCHE		NEWTON POLICE DEPARTM		04/27/2019	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date