	Poli	ice Use Only		Commonwea	ılth (	of Mass	ach	use	etts			RM	V Doo	cumen	nt Number	
	Date of Crash 04/27/2019	Time of Crash 17:16	NEWTON	MIOTOI		nicle Cra	ash	Vel	mber	Inju	red La	eed Lim		$ \frac{1}{N}$	tate Police ocal Police IBTA Police	N N
		24HR	RSECTION:		LOCA	Report	>	2		0 N/	OT A	ngitude			other:	
		ATIMIE	ASECTION.		LOCA		<u> </u>						LING	ECI	1014.	<b>-</b> 2
1	D		NI	S.D 1 /S		WEST		349	- 41	WAS	SHINGT		D 1	/C4		$-\Box$
1	Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Street										
						Feet NSEW of or Exit Number								-		
	Route# Direc	ction 1		ng Roadway/Street		Feet	N S	E W	of							
2			7 HSO de Inter	section with		Feet	N S	EW a	of.	Rou	ite#	Interse	cting R	Roadwa	ny/Street	_
<sup>2</sup> <b>2</b>	Route# Direc	tion —	Name of Interse	ecting Roadway/Street			-1101	91	<i>,</i>			La	ndmar	·k		_ 2
3	[Y]Vobislo1	2_#Occupants	☐ Hit/Run	Moped Case								130	nama	K		
ш	Z venicie i	#Occupants		- 1 Case	Number	•		190000	00430							_
	License #	18 1	St	A DOB/Age	_	396FJ3				_	Type_P	AN	R	eg Stat	te MA	-
	Sex_M_ Lic. 0	Class D 10	Lic. Restriction	ns 1 CDL	Veh Y	Year_2015	V	eh Ma	ke_CF	IEVR	OLET		_Veh	Config		
4 1	Operator CIC		ALLAN First	Endorsment LOUIS Middle	Owne	FERGUSON L	ıst		NDRI	First			Mi	ddle		- 3
	Address 1321 WASHIGNTON ST				Address 1321 WASHINGTON STREET									-		
	City NEWTO	N	St	ate_MAZip_02465	City_	NEWTON						State	MA_	Zip	02460	-
	Insurance Com	pany ALLSTAT	E		Vehic	le Action Prior	to Cras	h [	11 2	1	Damag	ged Area	Code	: (Circ	le Up to Thre	ee)
5	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency?	Event	Sequence 1	22 99	22	22	22	<b>e</b>	3		4		
	Citation # (If I	ssued)			Most	Harmful Event	1	23			<b>⊕</b>	9	$f \mid$	5	10 Undercarri 11 Totaled	iage
	Violation	1: ChSec	c Violation	n 2: ChSec	Drive	r Contributing C	Code	1 2	24	24			<u>\</u>			
6 Violation 3: ChSec Violation 4: ChSec Underride/Override								6								
	Please t		ator and all occu	pants involved  Address		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Eje Switch Co	30 31 ect Trap de Code	32 Injury Status	33 Transp. Code	Medical Facili	<sub>ty</sub> 2
	Operator	or initiatic)		See Above					ľ	99	99 0	0	10	1	Wedlear Facility	
	FERGUSON,	ANDREA		21 WASHINGTON STREET EWTON, MA 02460			F	1	99	4	99 0	0	10	1		
				2101,1111 02100												
7				_			<u> </u>									
1	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupan	nts Non-Motorist A Typ	pe	Action Action	15 Lo	cation		16 C	ondition	17		Hit/Ru	un Mop	ed
	MA				Dog#	Reg # YM44 Reg Type PAN Reg State M					to MA	_				
	License #   St   MA   DOB/Age				_	Veh Year 2005 Veh Make HONDA Veh Config. 1						20	-			
8	ı	•	PETER	Endorsment				CII IVIA	KC				_ v cm	Comi	3	
<sup>8</sup> 1	Operator         CASLER         PETER         Endosment           Last         First         Middle           Address         19 FENNO RD					Owner (Same as operator)  Last First Middle  Address									-	
	City NEWTO			ate MA Zip 02459	City_							State		Zip		-
									2		Damas				ele Up to Thre	ee)
	Insurance Company COMMERCE  Vahicla Traval Direction: NSF W Perponding to Emergency?					venicle Action Filot to Clash 10 10 22 23 2										
	Vehicle Travel Direction: N S E X Responding to Emergency?					Event Sequence 99 10 Undercarriage								iage		
	· · · · · · · · · · · · · · · · · · ·					Most Harmful Event 2 1 5 11 Totaled										
	Violation 1: ChSecViolation 2: ChSec Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed N 8 7										
ſ				l occupants involved	Under	inde/Override					29 S Airbag Eje	30 31 Trap	.32	33		_
	Name (Last Fi	rst Middle)	- Perator and an	Address		Age/DOB	Sex	Seat Pos.	System	Status	Switch C	ode Code	Injury Status	Transp. Code		ity
	Operator/	Non-Motorist		See Above					99	4	99 0	0	10	1		
													-			
ľ													+			

Crash Diagram:	ie: →	1 -	2	$\cap$			
Jasii Jiagiaiii	ic. —			¥			
			_ N→)	··   	I	ash <u>Did Not</u> C Public Way:	Occur
					<b>_ _</b>	ff-Street Parking	Lot
	Unit 2				□ G	arage	
	P.O.I.	_			- — — — — — I	[all/Shopping Ce	enter
	I M. M					ther Private Way	′
	- Unit 1	1349 Washington St	<u> </u>	+	Indic	ate North by A	rrow
	<u> </u>						
		_	 				
Crash Narrative:		•			•		
		-1- H1 (363	20CDT2) ÷- 4		1240	- Otb	
Operator #1 states he was p	-						
vehicle #2 (MA reg 61YM44)							
and "may or may not have" m	made contact	with vehicle	#1 while doing	so. Oper	ator #2 was not	sure if he	hit
vehicle #1 however Opertaon	r #1 and the	witness/vehic	le owner in the	e passeng	er seat state t	hey distinct	tly felt
vehicle #1 shake when vehic	cle #2 backed	l into them. T	here are minor	scratche	s on both cars	that appear	
consistent with Operator #1	l and the wit	ness' stateme	nts.				
All parties declined medica	al attention	and no tows w	ere needed.				
Witnesses:		1					1-
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ed Property	
Owner (Lust, First, Middle)	Address		THORE #	эт турс	Description of Damag	curroperty	
Truck and Bus Information:	D : ( )			:1.0.6.			
Truck and Bus Information:	-		(From Veh	icle Section)	Comion Issui	na Authority Cod	35
Truck and Bus Information:  Carrier Name	-		(From Veh	,	Carrier Issui	ng Authority Code	
							e
Carrier Name			_ City			_ Zip	
Carrier Name Address US DOT #: \$	State Number		_ City		St	_ Zip	e
Carrier Name Address US DOT #: S Cargo Body Type Code 37 Gross	State Numbers Vehicle Weight	38	_ City Issuing State	ICC#:_	St	_ Zip	e
Carrier Name Address US DOT #: STATE Cargo Body Type Code 37 Gross Trailer Reg #:	State Numbers Vehicle Weight	38	_ City Issuing State	ICC#:_	St	_ Zip	e
Carrier Name	State Numbers Vehicle Weight Reg Type	38 Reg State	_ City Issuing State Reg Year	ICC #:Tr	St	_ Zip _ Interstate	36
Carrier Name Address US DOT #: STATE Cargo Body Type Code 37 Gross Trailer Reg #:	State Numbers Vehicle Weight Reg Type	38 Reg State	_ City Issuing State Reg Year	ICC #:Tr	St	_ Zip _ Interstate	e
Carrier Name	State Numbers Vehicle Weight Reg Type	38 Reg State	_ City Issuing State Reg Year	ICC #:Tr	St	_ Zip _ Interstate	36

ID/Badge #

Department

Precinct/Barracks

Date

Signature

CDP1 11 ·24·00

Police Officer Name (Please Print)