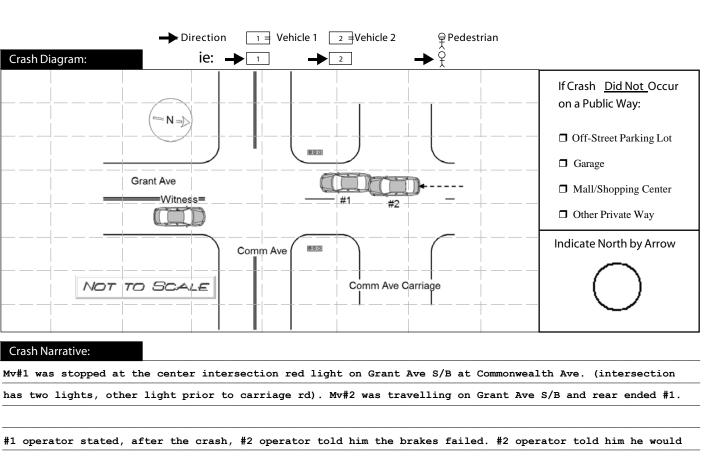
	Police Use Only	Common									Number	
	Date of Crash Time of Crash 05/02/2019 15:26 NEWTO		otor Vel	nicle Cra	$\mathbf{sh} \mid \frac{1}{\sqrt{N}}$	Number Vehicles	Number Injured	Speed I	Limit <u>25</u> e	Sta	ate Police ocal Police BTA Police	
	24HR	SIN .	Police	Report		2	0	Longitu		Ot	her:	<u> </u>
Ĺ	AT INTERSECTI	ION:	LOCA	TION	>		NOT	AT IN	NTERSI	ECTI	ON:	
	WEST COMMONWEAI	LTH AVE										
_ F		Name of Roadway/Street		Route# Direction	on Addr	ess#		Name	of Roadwa	ay/Stree	et	
\dashv	At			Foot 1	v s F Iw	7] of		•	or			
-	Route# Direction GRANT AVE			Feet NSEW of or Exit Number								
		at Intersection with		Feet [N S E W	of	Douts#	Into	manatina D	o o davior	·/Ctuaat	_
				Route# Intersecting Roadway/Street Feet N S E W of							//Sireet	
_[Route# Direction Name of	f Intersecting Roadway/Street							Landmark	k		
	Wehicle 1 1 #Occupants Hi	it/Run Moped	Case Number	f	1900	0000444						
I	License #	_St MA DOB/Age	Reg#	8TBS60			Reg Typ	_e PAN	Re	eg State	MA	_
- 1	18 18	estrictions 9 CDL		Year_2005						-	20	
- 1	Operator CHILINGERIAN JON	A Endorsme	ent	(Same as oper								
	Address 89 MONTROSE ST	First Middle					First		Mid	ldle		_
- 1	City NEWTON		Address								_	
	Insurance Company LIBERTY MUTUAL	•	Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
\dashv	Vehicle Travel Direction: NXEW	Responding to Emergency		Event Sequence 1 22 22 22 22 2 3 4								
_	Citation # (If Issued)	1 0 0 ,		Harmful Event	1 23						10 Undercarr	iage
	Violation 1: Ch Sec V	Violation 2: ChSec		l r Contributing Co		24	24	┗	9	5	11 Totaled	
	Violation 3: Ch Sec V	Violation 4: ChSec		rride/Override	25	Towed	N 8		O	์ 6		
╁	Please fill out for operator and all occupants involved				2 Sea		28 29 irbag Airbag	30 Eject Tr	31 32 rap Injury ode \$tatus	33 Transp.		
	Name (Last First Middle) Operator	Address See Abov		Age/DOB	Sex Pos	. System S	status Switch	Code C		Code 1	Medical Facili	ity
	Operator	566 11507				99	•	0 0	, 10	1		
F												
L												
	Please Select One X Vehicle 2 1 #O	Occupants Non-Motoris	t A Type	14 Action 1	Locatio	on 1	Condit	ion	17 X	Hit/Rui	n Mop	oed
	of the Following: Verificie 2 1 # Occupants License # St MA DOB/Age											
- 1	License #	_	Reg # 85VH20 Reg Type PAN Reg State MA								_	
	Sex_M Lic. Class D Lic. Res	ent	Veh Year 2003 Veh Make MAZDA Veh Config. 1									
	Operator GRAY XAVIII		Owner GRAY ZIESHA Last First Middle								_	
T A	Address 5 BRUSH HILL TER			Address 18 EASTMONT RD							-	
- 1	City HYDE PARK State MA Zip 02136			City HYDE PARK State MA Zip 02136							-	
	Insurance Company COMMERCE			Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							ee)	
- 1	Vehicle Travel Direction: $\boxed{\mathbf{N} \mathbf{X} \mathbf{E} \mathbf{W}}$ Responding to Emergency?			Event Sequence 1 22 22 22 22 22 22 10 3 4 10 Undercarriage							riser	
I		Citation # (If Issued) T1443636			Most Harmful Event 1 9 5 11 Totaled							iage
I				Harmful Event		24	24	₩	ا لبُــا	1 1		
I	Citation # (If Issued) <u>T1443636</u> Violation 1: Ch <u>90/24/C</u> Sec	Violation 2: Ch_90/10/A_Sec		r Contributing Co	ode 22	24 97	24					
I	Violation 1: ChSecViolation 3: ChSecV	Violation 4: ChSec	Drive	L	ode 22	Towed_	Y		7	6		
I	Violation 1: Ch 90/24/CSec	Violation 4: ChSec	Drive Unde	ا r Contributing Co آ	ode 22	Towed _	Y Q 28 29 irbag Airbag	30 Eject Tr	7	33 Transp.	Medical Facil	lity



#1 operator stated, after the crash, #2 operator told him the brakes failed. #2 operator told him he would back up, pull over and get out of the way so information could be exchanged. At that time, #2 drove away on Commonwealth Ave W/B.

Witness stated he observed the crash while he was at the red light from the opposite direction on Grant Ave N/B. Witness observed #2 rear end #1 and observed #2 drive away. Witness observed and wrote down license plate of #2, MA reg 8SVH20.

(Continued on next page)

	nene page,											
Witnesses:												
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement				
BUCKLEY, JOHN,		,						N				
Property Damage:												
Owner (Last, First, Middle)	Owner (Last, First, Middle) Address			Phone # 34-Type Des				scription of Damaged Property				
Truck and Bus Information:	Registration #		(From Vehic	le Section)								
Carrier Name			,	ŕ		Carrier Issu	ning Authority Coc	le 35				
Address		(City			St	Zip					
US DOT #:	Issuing State ICC #:					Interstate	36					
Cargo Body Type Code 37 Gros	s Vehicle Weight	38				20						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer L	ength 39						
Hazmat Information:												
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4	digit#		Release code	42				

#1 sustained moderate damage to the driver's side rear that did not require a tow. #1 stated he could feel possible knee and side (oblique) pain. Medics arrived for an evaluation. #1 signed a patient refusal. #2 operator (no injury) was later located on Newtonville Ave (incident report #19017194). #2 sustained heavy front end damage with airbag deployment. Mv#2 was towed from 148 Sumner St by Tody's. #2 issued citation for 90/24 leaving the scene of property damage and 90/10 unlicensed operation. Witnesses: Name (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Froperty Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truckand Bus Information: Carrier Name Carrier Issuing Authority Code Address City State Number Issuing State ICC #: Interstate Address Reg Type Reg State Reg Year Trailer Length Address Release code 42 Placed 40 Material 1 digit # 41 Material Name Material 4 digit # 41 Material 1 digit # 41 Material Name Material 4 digit # 41 Material 1 digit # 41 Material Name Material 4 digit # 41 Material 1 digit # 41 Material Name Material 4 digit # 41 Material 1 digit # 41 Material 1 digit # 41 Material Name Material 4 digit # 41 Material 1 digit # 41 Material Name Material 4 digit # 41 Material 1 digit # 41 Material Name Material 4 digit # 41 Material 1 digit # 41 Material Name	Crash Diagram:	Direction 1	Vehicle 1 2	Vehicle 2	Pedestri	If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping C Other Private Wa	ng Lot Center
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Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name							#2
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Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name Carrier Issuing Authority Code Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate 36 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Hazmat Information:			Address			Phone #	Statement
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Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #							
Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #							
Truck and Bus Information: Carrier Name Carrier Issuing Authority Code 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 Length 39 Hazmat Information:		Address		Phone #	24 Turo	Description of Damaged Property	
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Carrier Name Carrier Issuing Authority Code 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 Length 39 Hazmat Information:							
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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 Length 39 Hazmat Information:	Carrier Name					Carrier Issuing Authority Co	de
Cargo Body Type Code 37 Gross Vehicle Weight 38 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Hazmat Information:	Address			City		St Zip	
Cargo Body Type Code Gross Vehicle Weight Reg State Reg Year Trailer Length Hazmat Information:		State Number		_ Issuing State	ICC #:	Interstate	36
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:	Cargo Body Type Code Gro					39	
	_	Reg Type	Reg State	Reg Year	Tra	iler Length	
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ADAM D GABRIEL 25117 NEWTON FOLICE DEPARTS 05/02/2019