	Poli	ice Use Only		Commonwea	alth	of Massa	achu	setts	5		RM	V Docun	nent Number		
	Date of Crash 05/09/2019	Time of Crash 08:53	City/To	MIOTOI		nicle Cra	sh	Number	Injur	ed Lat	ed Limi tude _		State Police Local Police MBTA Police	XI	
		24HR				Report		2	0		gitude_		Other:	_	
		AT INTER	RSECTION:	<	LOCA	TION	>		NC	T AT	INT	ERSE	CTION:		
-	1	PEARL	ST												
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direction Name of Roadway/Street At THORNTON ST				Route# Direction Address # Name of Roadway/Strope					Street	$ 2^1$				
										Exit Number	-				
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of									
2	Also at intersection with					Route# Intersecting Roadway/Street							$\begin{bmatrix} 1 \\ 3 \end{bmatrix}$		
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	XVehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case													7	
	Venicie	#Occupants		_ r case	Number		19	000000473	3					_	
	License # St MA DOB/Age 18 18 19 19					Reg # J83902 Reg Type CON Reg State MA 20								-	
		Sex_M_ Lic. Class A Lic. Restrictions 1 CDL					Veh Year 2003 Veh Make INTL Veh Config. 7								
4 1	Operator DIA	Last	FELIPE First	Middle		AUGUST A I			First			Middle		$ 1^1$	
		Address 40 HOLLYHILL LN				ess 440 RIVERS	IDE AV	E				244		_	
	'	ty MARLBORO State MA Zip 01752													
5	Insurance Company ACE				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three Code) Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three Code) Security Se								ee)		
3	Vehicle Travel	Direction: N	S E X Resp	onding to Emergency?	Event	Sequence 21	22 22 23		22		$\overline{\bigcap}$	$\overline{\mathcal{I}}$	10 Undercari	inga	
	,	ssued)			Most	Harmful Event	21	24	24	—	9		5 11 Totaled	lage	
⁶ 1	1			2: ChSec		r Contributing Co	ode 25	19		3	7		6		
1		Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N							1	
	Name (Last Fir		ator and an occup	Address		Age/DOB	Sex E	26 27 Seat Safety Pos. System	Airbag A Status Sv	rbag Ejec	31 t Trap e Code	32 Injury Tra Status Co	nsp. de Medical Facil	21	
	Operator			See Above				1	4 9	9 0	0	10 1			
⁷ 2	Please Select C of the Followi	IX Vehicle	22 <u>1</u> #Occupant	S Non-Motorist A Ty	ре	14 Action	15 Loca	ation	16 Cor	dition	17	Hit	t/Run Mop	oed	
	License#St_MADOB/Age				Reg # 3JK932 Reg Type PAN Reg State MA					State_MA	_				
	Sex_F_ Lic.	Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL				Veh Year 2013 Veh Make TOY Veh Config. 2									
8 1	Operator <u>CA</u>	Operator CATERINO NOELLE Endorsment Last First Middle				Owner (Same as operator) Last First Middle								_	
_	Address 2 PEF	Address 2 PERKINS VIEW					Last First Middle Address								
	City NEWBURY State MA Zip 01951				City State Zip								_		
	Insurance Company COMMERCE					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ee)	
	Vehicle Travel Direction: NSWW Responding to Emergency?					Event Sequence 21 22 22 22 2 3 4									
	Citation # (If I	Citation # (If Issued)					Most Harmful Event 21 23 10 Undercarriage 5 11 Totaled								
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24								_						
	Violation 3: ChSec Violation 4: ChSec Underride/Override Towed_N_									6					
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB		26 27 Seat Safety Pos. Syste	28 Airbag A m Status S	29 Signal) 31 t Trap de Code	Injury Tra	33 nsp. ode Medical Faci	lity	
		Non-Motorist		See Above				1		9 0	0	10 1			

		Vehicle 1 2	_≠Vehicle 2	Pedestr	rıan				
Crash Diagram:	ie: → ¹	2		}					
Crash Diagram: Crash Narrative: M/V 1 TRUCK TRAVELING WE S	pearl st	ton st			RIKE M	If Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	Lot		
	INCOL A LOW HAIN	CING INEE DR			TIME IN	.,			
W itnesses: Name (Last, First, Middle)		Address				Phone #	Statement		
Nume (East, 1 mst, Middle)		Address				THORE #	Statement		
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	ption of Damaged Property			
Truck and Bus Information:									
Carrier Name		(From Vehicle Section) Carrier Issuing Authority Code							
			G':			-			
Address			•			_	36		
US DOT #:	State Number	38	_ Issuing State	ICC #:_		Interstate			
Cargo Body Type Code Gros	ss Vehicle Weight					20			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Lei	ngth 39			
Hazmat Information:									
Placard 40 Material 1 digit #	# 41 Material Na	me		Material 4	digit#_	Release code	42		
ROBERT F PAGLIA			NEWTO	N POLICE DEPART	'N	05/09/20	119		

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)