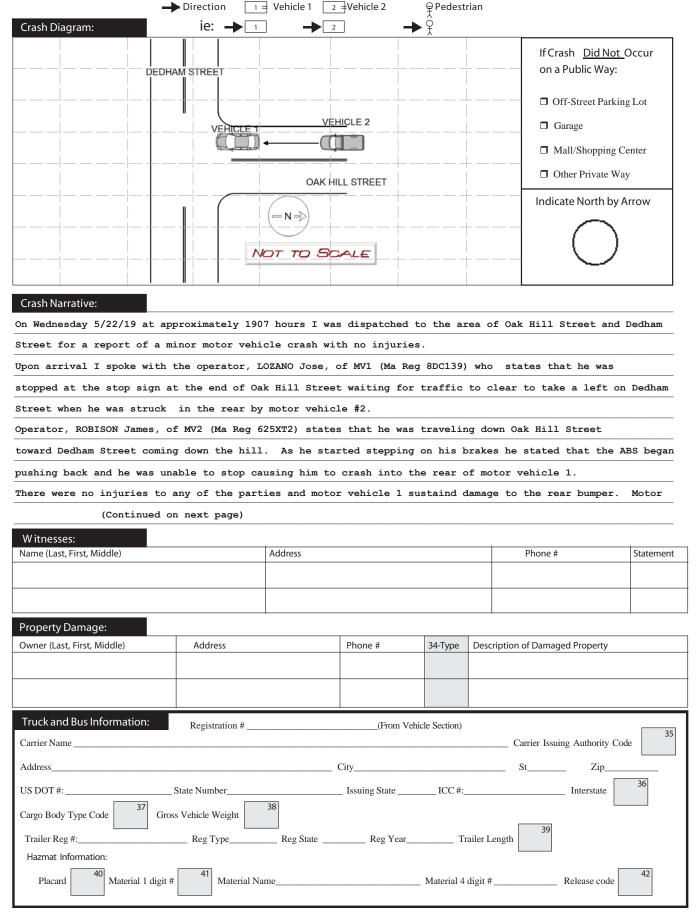
	Poli	ce Use Only		Comm	onweal	th o	of Mass	ach	use	etts			RM	V Doc	umen	t Number	
	Date of Crash		1	own]	Motor `	Veh	icle Cra	ash		mber	Num	_ ^	eed Lim		St L	tate Police ocal Police IBTA Police	□ X i
	05/22/2019	19:07 24HR	NEWTON		Poli	ce I	Report		2		0		ngitude _			IBTA Police ther:	
						LOCATION > NOT AT INTERSECTION						ION:					
	WES	Г DEDH <i>I</i>	AM ST														2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion	Name o	of Roadway/Street			Route# Direct	ion A	Addres	s #		N	ame of I	Roadwa	ay/Stre	eet	$ \frac{1}{2}$
	At SOUTH OAK HILL ST				Feet NSEW of or							 					
	Route# Direction					Mile Marker Exit Number							xit Number	_			
						Feet NSEW of Route# Intersecting Roadway/Street									- L		
2							Feet NSEW of										2
1	Route# Direction Name of Intersecting Roadway/Street						Landmark										
3	XVehicle1	#Occupants	Hit/Rur	Море	d Case N	umber			190000	00524							
	T		St N	IA DOD/A		D // 5	8DC139				D /	т Р/	A NI	D	G	МА	
	License #	Class D 18 M	St	DOB/Age — B CD		Reg # 8DC139 Reg Type PAN Reg State MA PARCEL PARC											-
	I			ons B CD.	L orsment	Veh Year 2019 Veh Make FORD Veh Config. 1											
⁴ 2	Operator 200 F	ZANO Last RONTAGE RD	First		liddle	Owner BOSTON CITY OF Last First Middle Address 400 (apt. MVMB) FRONTAGE RD									- 1		
				MA 0	2110											-	
	City BOSTON State MA Zip 02118					City BOSTON State MA Zip 02118 Vehicle Action Prior to Creek 21 Damaged Area Code: (Circle Up to Three)										-	
5	1	Insurance Company CITY OF BOSTON						vehicle Action Filor to Clash 2 2 22 22 22 23 4									
1		Direction: N		sponding to Emerg	gency?	Event Sequence 1 10 Undercarriage									iage		
	,	ssued)					Harmful Event	1		24	24	1 👉	9			11 Totaled	.uge
⁶ 1	1			n 2: ChSec			Contributing (1			8	V 7	<u> </u>) 6		
1				n 4: ChSec		Underr	ride/Override			Towed	<u>N</u> _		20 21	22	33	I	
		Please fill out for operator and all occupants involved Name (Last First Middle) Address					Seat \$afety Airbag Airbag Eject Trap Injury Transp.						Medical Facili	1			
	Operator			See A	Above					1	4	4 0	0	10	1		
⁷ 3	Please Select C of the Followi		2 <u>1</u> # Occupa	nts Non-Mo	torist A Type	1	4 Action	15 Lo	ocation	1	16 Co	ndition	17		Hit/Ru	ın Mop	ed
	License#	License # — St MA DOB/Age — Sex_M Lic. Class D 18 M18 Lic. Restrictions 1 19 CDL				Reg # 625XT2				Reg Type PAN				Reg State MA			
						Veh Year 2003 Veh Make I									Config. 2		-
8						Ven Year Ven Conng. 2 Owner ROBISON RODERICK											
⁸ 1									Mid	idle		-					
		City NEWTON State MA Zip 02459 Insurance Company SAFETY INSURANCE													02459	-	
								City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to								- ee)	
									n 22	22		2	3	Couc	4	.e ep to 11m	
	Vehicle Travel Direction: NXEW Responding to Emergency?						Event Sequence 1 10 Undercarr								iage		
	Citation # (If I	Most Harmful Event 1 9 5 11 Totaled															
		n 1: ChSe	Driver Contributing Code 7														
ı	Violatio	Underride/Override Towed N															
	Name (Last Fi	rst Middle)	operator and a		Address		Age/DOB	Sex	Seat Pos.	Safety System	Airbag A Status S	irbag Eje Switch Co	0 31 Trap ode Code	32 Injury Status	Transp. Code	Medical Facil	lity
	Operator/	Non-Motorist		See A	Above					1	4	4 0	0	10	1		



-	Direction 1	→ Vehicle 1	2 #Vehicle 2	₹ Pedestr	ian		
Crash Diagram:	ie: 👈 🛚 1	→□	2	→ ĝ			
						Crash Did Not Con a Public Way: 1 Off-Street Parking 1 Garage 1 Mall/Shopping Ce 1 Other Private Way dicate North by A	; Lot enter
Crash Narrative:							
vehicle 2 only sustained	damage to its f	ront license	plate.				
Witnesses:							
Name (Last, First, Middle)		Address			Phon	le #	Statement
Name (East, First, Middle)		/tduic33			111011	т п	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dar	maged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)			25
Carrier Name					Carrier I	ssuing Authority Code	e 35
					_		
Address			City		St	Zip	
US DOT #:	_ State Number		Issuing State	ICC #:_		Interstate	36
37	.,,	38					
Cargo Body Type Code G	ross Vehicle Weight						
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length	9	
Hazmat Information:							
40	41						42
Placard Material 1 digit	# Material N	Vame		Material 4 o	ligit #	Release code	12
ALAN JR RICHARD SOLOMAN.			NEV	WTON POLICE DEPARTM	ı	05/22/20	119

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)