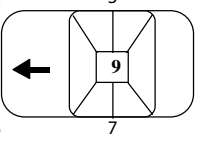
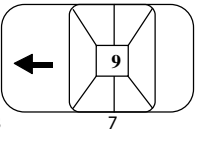
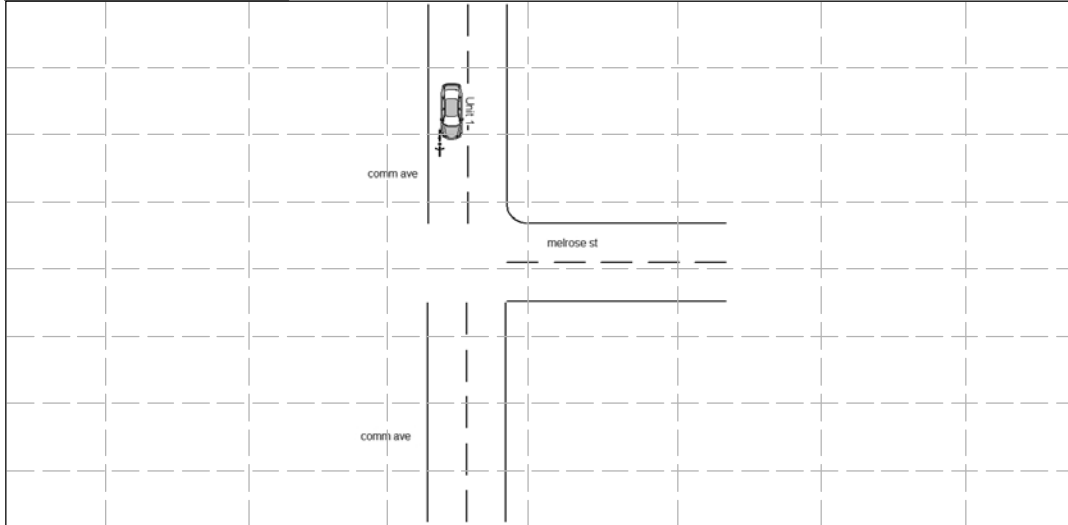


Police Use Only						Commonwealth of Massachusetts								RMV Document Number			
Date of Crash 05/25/2019	Time of Crash 09:33 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:						
AT INTERSECTION:				<	LOCATION		>	NOT AT INTERSECTION:									
COMMONWEALTH AVE Route# Direction Name of Roadway/Street At MELROSE ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street												2 9					
												2 10					
												3 11					
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000535									
License # --- St MA DOB/Age --- CDL --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 Endorsment Operator ASMUSSEN OWEN Address 30 ACTON ST (apt. 2) City MAYNARD State MA Zip 01754 Insurance Company COMMERCE Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 3WC948 Reg Type PAN Reg State MA Veh Year 2002 Veh Make SAAB Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 4 22 22 22 22 2 Most Harmful Event 4 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y 								1 12					
Please fill out for operator and all occupants involved												13 4					
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																	
Operator See Above																	
Please Select One of the Following:																	
<input type="checkbox"/> Vehicle #Occupants				<input checked="" type="checkbox"/> Non-Motorist A Type		2 14 Action 2 15 Location 4 16 Condition 1 17		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped							
License # --- St --- DOB/Age --- CDL --- Sex M Lic. Class 18 18 Lic. Restrictions --- Endorsment Operator DUKER ROBERT Address 7A REMICK TERRACE City NEWTON State MA Zip 02458 Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # --- Reg Type --- Reg State --- Veh Year --- Veh Make --- Veh Config. 20 Owner Address City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed 													
Please fill out for operator and all occupants involved																	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																	
Operator/Non-Motorist See Above																	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

M/V 1 was traveling west on Comm. Ave when his right front bumper came in to contact with the rear tire of a bicycle which was also traveling westbound. There were no injuries or damage.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
WYLIE, MELISSA, G	24 SHARON AVE NEWTON, MA 02466	-----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

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:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

ROBERT F PAGLIA

NEWTON POLICE DEPART

05/25/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date