	Police Use Only	Common	nwealth (of Massa	chuset	tts		RMV Doo	cument Nu	mber	1
	·	y/Town M	otor Veh	icle Cras	h	nber Nu		d Limit 30	State P	Police 🗆	1
	05/25/2019 09:33 NEWTON		Police 1		Vehi	icles Inj		ude gitude	MBTA Other:	Police X	
	AT INTERSECTIO	N: <		_		-		INTERS			
			Local			1	OTAI	INTERS	ECTION	1.	2 9
1	Route# Direction Nan	ne of Roadway/Street		Route# Direction	Address	#	Nai	ne of Roadw	/av/Street		10
1	- Notice Direction 14th	At									2 ¹⁰
	MELROSE ST			Feet N	S E W of	M	ile Marker	or	Exit Nu	umber	
		ecting Roadway/Street Intersection with	<u>-</u>	Feet N	S E W of	•					
2	Aiso at	intersection with			S E W of	Ro	oute# I	ntersecting R	Roadway/Stre	eet	3 11
1	Route# Direction Name of In	tersecting Roadway/Street	·····	Feet [N]	S E W OI			Landmar	k		3
3	XVehicle1 1_#Occupants Hit/F	Run Moped	Case Number		1900000)535					ĺ
		t MA DOB/Age		3WC948			T PAN	J D	g, M/	٨	1
	License # S Sex_M Lic. Class D 18 18 Lic. Restri	19	_	ear 2002						20	
4		Endorsm	ent			e		ven	Connig.		12
3	Operator ASMUSSEN OWEN Last First Address 30 ACTON ST (apt. 2)	Middle		(Same as operat		Fir		Mi	ddle		1 ¹²
		. MA 01754		SS							
	·	State_MAZip01754_	•			21		_ State d Area Code	_		
5	Insurance Company COMMERCE			e Action Prior to C	1	22 22	2	3	4 (Cheic Op) to Timee)	
1	Vehicle Travel Direction: NSE	Responding to Emergency	y? Event	Sequence 4 22	23			$\overline{\bigcap}$		ndercarriage	
	Citation # (If Issued)		Most I	Harmful Event 4	1 23	24	, 1 🗲	9	5 11 Te	_	
6	Violation 1: ChSec Viol			Contributing Code	e 19		8) 6		
⁶ 1	Violation 3: ChSec Viol		Under	ride/Override	T	owed Y	_				12
	Please fill out for operator and all on Name (Last First Middle)	occupants involved Address	s	Age/DOB S	Seat Sa Pos. Sy	27 28 afety Airbag ystem Status	29 30 Airbag Eject Switch Code	31 32 Trap Injury Code \$tatus	Transp. Code Medi	ical Facility	4 13
	Operator	See Abov	ve		1	1 4	99 0	0 10	1		
											_
7						15					2
2	Please Select One of the Following:	upants Non-Motoris	st A Type 2	Action 2 15	Location	4	Condition 1	ı ¹⁷	Hit/Run	Moped	
	License # S	tDOB/Age	Reg#			Re	g Type	R	eg State		1
	Sex M Lic. Class Lic. Restri	19	•	ear						20	
⁸ 1	Operator DUKER ROBERT	Endorsm	ent		_				comig.		
1	Address 7A REMICK TERRACE	Middle		Last		Fir			ddle		
	City NEWTON	State MA Zin 02458							7in		
	Insurance Company_	StateZip_=====	·	e Action Prior to O		21		d Area Code			
	Vehicle Travel Direction: NSEW	Responding to Emergence		Sequence 22		22 22	2	3	4		
		Responding to Emergence	•	^	23				10 Uı	ndercarriage	
	Citation # (If Issued)	dation 2. Ch S		Harmful Event	24	24	1 -	9	5 11 To	otaled	
	Violation 1: ChSec Vio			Contributing Cod	25		8	7	<i>)</i> 6		
	Violation 3: ChSec Vio			ride/Override		27 28	29 30	31 32	33 Transp.		
	Name (Last First Middle)	Addres	SS	Age/DOB		afety Airbag System Statu	29 Airbag Eject s Switch Code	Trap Injury Code Status	Transp. Code Med	dical Facility	
	Operator/Non-Motorist	See Abov	ve					10	1		
							1 1	1 1			

Crash Diagram: Ic:	_	→ Direction 1	Vehicle 1	₂ ≢Vehicle 2	₽Pedestria	an	
Crash Narrative: Off-Street Parking Lot Garage MaltiShopping Center Other Private Way Indicate North by Arrow	Crash Diagram:	ie: → 1	→ □	2	₽Ŷ		
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 New (Last, First, Middle) Address NEWTON,MA 02466 Phone # Statement Y Property Damage: Owner (Last, First, Middle) Address Owner (Last, First, Middle) Address Currier Name Currier Issuing Authority Code Truck and Bus Information: Currier Name Currier Issuing Authority Code Truck and Bus Information: Currier Issuing Authority Code Truck and Bus Information: Currier Issuing Authority Code Truck and Bus Information: Truck and Bus Information: Currier Issuing Authority Code Truck and Bus Information: Truck and Bus Information: Registration #				 			
Crash Narrative: M/V I was traveling west on Comm. Ave when his right front humper came in to contact with the rear tire of a bicycle which was also traveling westbound. There were no injuries or damage. Witnesses: Name (Lst, First, Middle) Address Phone # Statement WYLE, MEISSA, G NEWTON, MA 02466 Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #						Off-Street Park	ing Lot
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 (List First Middle) Address Phone # Statement WYLLE, MELISSA, G Phone # Statement NEWTON, MA 02466 Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration # Carrier Name Carrier Name Carrier Name Carrier Name Name Name Name Name Name Name Name							
Indicate North by Arrow Indicate North by Arrow			melrose st			☐ Mall/Shopping	Center
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 New (Last, First, Middle) Address Phone # Statement NEWTON,MA 02466 Y Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name		- 		 +-	+	Other Private W	Vay
Wilnesses: Name (Last, First, Middle) Address Owner (Last, First, Middle) Address Phone # Statement NEWTON,MA 02466 Phone # Statement Truckand Bus Information: Currier Name Carrier Issuing Authority Code Address City State Number Interstate Trailer Reg #: Reg Type Reg State Reg State Reg Year Trailer Length State Address Trailer Length State Trailer Length Trailer Length State Trailer Length State Trailer Length State Trailer Length State Trailer Length Trailer Length Trailer Length State Trailer Length Trailer Length Trailer Length State Trailer Length Trailer Length Trailer Length State Trailer Length State Trailer Length Trailer Length Trailer Length State Trailer Length Tr		- - - - - - - - - - - - -				Indicate North by	/ Arrow
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 WYLIE, MELISSA, G Address WYLIE, MELISSA, G Phone # Statement Y NEWTON,MA 02466 Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name Address City St 7ip US DOT #: State Number Issuing State Reg Year Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39		commit ave)
Witnesses: Name (Last, First, Middle) Address WYLLE, MELISSA, G Address WYLLE, MELISSA, G Address Phone # Statement Y 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 #: Issuing State IICC #: Interstate Cargo Body Type Code 37 Gross Vehicle Weight Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:		on Comm. Ave whe	en his right	front bumper	came in to	contact with the rear	tire of a
Name (Last, First, Middle) Address Phone # Statement 24 SHARON AVE NEWTON,MA 02466	bicycle which was also tra	aveling westboun	d. There we:	re no injuries	s or damage	1.	
Name (Last, First, Middle) Address Phone # Statement 24 SHARON AVE NEWTON,MA 02466 Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truckand Bus Information: Carrier Name							
Name (Last, First, Middle) Address Phone # Statement 24 SHARON AVE NEWTON,MA 02466 Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truckand Bus Information: Carrier Name							
Name (Last, First, Middle) Address Phone # Statement 24 SHARON AVE NEWTON,MA 02466							
Name (Last, First, Middle) Address Phone # Statement 24 SHARON AVE NEWTON,MA 02466 Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truckand Bus Information: Carrier Name							
Name (Last, First, Middle) Address Phone # Statement 24 SHARON AVE NEWTON,MA 02466 Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truckand Bus Information: Carrier Name							
Name (Last, First, Middle) Address Phone # Statement 24 SHARON AVE NEWTON,MA 02466 Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truckand Bus Information: Carrier Name							
Name (Last, First, Middle) Address Phone # Statement 24 SHARON AVE NEWTON,MA 02466 Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truckand Bus Information: Carrier Name							
Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name			Addross			Phone #	Statement
Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name				AVE	Priorie #		
Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #	WYLIE, MELISSA, G	NEWTON,M	A 02466		Y		
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 Cargo Body Type Code 37 Gross Vehicle Weight 88 Type Reg State Reg Year Trailer Length 39 Hazmat Information:	Dranarty Damaga						
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 Reg State Reg Year Trailer Length 39 Hazmat Information:		Address		Phone #	34-Type	Description of Damaged Property	
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 Reg State Reg Year Trailer Length 39 Hazmat Information:							
Carrier Name							
Carrier Name Carrier Issuing Authority Code Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate	Truck and Bus Information:	Registration #		(From Ve	ehicle Section)		
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 Issuing Authority C	Code 35
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 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:	US DOT #:		Issuing State	ICC #:	Interstate	36	
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:	Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
40 41	Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	iler Length 39	
Placard Material 1 digit # Material Name Material 4 digit # Release code 42							
	Placard 40 Material 1 digit	# 41 Material Na	ame		Material 4 di	igit # Release code	42

ROBERT F PAGLIA NEWTON POLICE DEPARTM 05/25/2019