	Police Use Only	Commor	ıwealth	of Massa	chusett	S	RM	V Document	Number	1
	,			nicle Cras	sh Numbe	r Number	Speed Lim		tte Police al Police Al Police BTA Police	1
	05/26/2019 23:58 NEWTON			Report	Vehicle 2	Injured 0	Latitude _ Longitude	MI Otl	BTA Police	
	AT INTERSECTIO	ON:		_		NOT		ERSECTI	ON:	
				NORTH	436	LOWEL	I AVE			2 9
1	Route# Direction Na	me of Roadway/Street		Route# Direction				Roadway/Stree	et	10
99	-	At		р . М						2 10
	Route# Direction Name of Inter	rsecting Roadway/Street		Feet N	S E W of	Mile M	arker		it Number	
		t Intersection with		Feet N	S E W of	Route#	Today	eting Roadway	/St	
2]			Feet N	S E W of	Koute#	Intersec	ting Roadway.	Street	3 ¹¹
1	Route# Direction Name of In	ntersecting Roadway/Street					La	ndmark		
3	Vehicle 1 0 #Occupants Hit/	Run Moped	Case Number	r	190000053	9				
		St DOB/Age	Reg#	92ZY491		Reg Typ	pe_PAN	Reg State]
	Sex Lic. Class 18 Lic. Restr			Year_2010	Veh Make_	NISSAN		_Veh Config.	1 20	
4	Operator	Endorsn Middle	_	MAJUMDER Last	HAS	HINA First		Middle		1 ¹²
1	Address		Addre	ess 436 LOWELL	AVE	11130				
	City	State Zip	City_	NEWTON			State	MA Zip 0	2460	
	Insurance Company PLYMOUTH ROCK		Vehic	ele Action Prior to	Crash 11	21 D	amaged Area	Code: (Circle	Up to Three)	
5	Vehicle Travel Direction: X S E W	Responding to Emergence	y? Event	Sequence 1 22	22 22	22 2	3	4		
	Citation # (If Issued)		Most	Harmful Event	1 23	1.	→ \	7 1 1	0 Undercarriage 1 Totaled	
	Violation 1: ChSec Viol	lation 2: ChSec	Drive	r Contributing Coc		24				
⁶ 1	Violation 3: ChSec Viol	lation 4: ChSec	Unde	rride/Override		ed_N8	7	0		
	Please fill out for operator and all Name (Last First Middle)	occupants involved Addres	is.	Age/DOB	Sex Pos. Syste	7 28 29 y Airbag Airba m Status \$witch	g Eject Trap h Code Code	32 33 Injury Transp. Status Code	Medical Facility	1 3
	Operator	See Abo	ve							
										-
7	Please Select One			14 15		16	17			
1	Please Select One of the Following:	cupants Non-Motoris	st A Type	Action	Location	Condi	tion	Hit/Run	Moped	ĺ
		StDOB/Age	Reg#			Reg Typ	pe	Reg State		
	Sex Lic. Class 18 18 Lic. Restr	rictions CDLEndorsm		Year	Veh Make_	UNKOWN		_ Veh Config.	20	
8 1	Operator		Owne	erLast		First		Middle		
	Address		Addre	ess						
	City	State Zip	City_				State	Zip _		
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	Please fill out for operator an	nd all occupants involve Addre		Age/DOB	Sex Pos. Syst	7 28 29 y Airbag Airba em Status Swit	g Eject Trap ch Code Code	32 Transp. Status Code	Medical Facility	-
	Operator/Non-Motorist	See Abov	ve							_

Crash Diagram:		Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestrian				
Crash Narrative: The owner of vehicle #1 had parked her vehicle in front of 436 Lowell Ave. at approximately 1830 hrs. At approximately 2350 hrs the owner noticed the vehicle had been struck by an unknown vehicle on the drivers side bumper and pushed forward onto the curb. Witnesse: Name (Last First, Middle) Address Phone # Statement Froperty Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus information: Carrier Name Address City St. Zip US DOT #: State Number Registration # Carrier Issuing Authority Code Address City St. Zip Interests Trailer Reg #: Reg Type Reg State Reg Year Trailer Leggth Reg Type Reg State Reg Type Reg State Reg Year Trailer Leggth Reg Type Reg Type Reg State Reg Type Reg T	Crash Diagram:	ie: → 1	→ □	2	₽Ŷ				
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Carrier Name		Address		Phone #	34-Type De	scription of Damaged Property			
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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 Issuing Authority Co	ode 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			
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Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:	Cargo Body Type Code 37	Gross Vehicle Weight	38						
40	Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length 39			
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42	Hazmat Information:								
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DANIEL NARDELLI NEWTON POLICE DEPARTS 05/27/2019

Palica Official Name (Places Brint) Signature ID/Dedge # Description Date

Date | Dat