Date of Crash	Time of Crash	City/	Γown	Antor Va	hicle Crasł	Number	Number	Speed L	_imit <u>25</u>	State Polic	ce 🔲
05/27/2019	18:20	NEWTON	1			Vehicles	Injured	Latitude	e	Local Police MBTA Pol	
	AT INTER	SECTION			Report >	2	NOT	U		Other:  ECTION:	
	ATTITER	BECTION		Loca					(TLING	ECHON.	
Route# Direction Name of Roadway/Street				Route# Direction Address			MADISON AVE  ess # Name of Roadway/Street				
Koute# Direc	uon	Name	At							-	
					Feet N S	SEW of	Mile Ma		— or	Exit Numb	er
Route# Direc	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with				Feet N S	S E W of					
					Feet N S	S E W of	Route#	Inte	rsecting R	Roadway/Street	
Route# Direc	Route# Direction Name of Intersecting Roadway/Street				Landmark						
XVehicle1	1_#Occupants	Hit/Ru	n Moped	Case Numbe	er	1900000540					
License#		St _ <sup>l</sup>	MA DOB/Age	Reg	# 64SL37		_ Reg Typ	e_PAN_	R	eg State_MA	
Sex_F_ Lic.	Class D 18 18	Lic. Restricti	19		Year_2017	_Veh Make_T0	OYOTA		Veh	Config. 2	20
Operator SUC	GIANTO	JOELLE	Endor	sment	er SUGIANTO					JA	
ll .	CRAFT STREET	First	Mide		ress 318 CRAFT STR		rırst		Mi	ddle	
City NEWTO	N	;	State MA Zip 024	60 City	NEWTON			S	tate_MA	Zip_02460	
Insurance Com	npany PROGRESS	SIVE		Veh	cle Action Prior to Cr	rash 1	1 Da	maged A	rea Code	e: (Circle Up to	Three)
Vehicle Travel	Direction: N	S E X	esponding to Emerge	ncy? Ever	nt Sequence 2 22	22 22	<sup>22</sup> O		3	4	
Citation # (If I	ssued)					23			.   /	10 Under	rcarriage
				Mos	t Harmful Event 2	23	<b>(1)</b>	<b>-</b> │ `	9	5 11 Totale	_
Violation	1: ChSec_	Violati	on 2: ChSec_		t Harmful Event 2 er Contributing Code	24	24	<b>←</b> /	9	5 11 Totale	_
1			on 2: ChSec_ on 4: ChSec_	Driv	_	24	24		7	5 11 Totale	_
Violation Please	3: ChSec_fill out for opera	Violati	on 4: ChSec_	Driv	er Contributing Code	25 Tower 26 27 Seat Safety	24 8 8 29 Airbag Airbag	30 Eject Tr.	7 31 32 rap Injury	6  33 Transp.	ed
Violation	3: ChSec_	Violati	on 4: ChSec_	Driv Und	er Contributing Code	25 Tower 26 27 Seat Safety	24 8 8 29 Airbag Airbag	30 Eject Tr.	7  31 32 ap Injury ode Status	6  33 Transp.	ed
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Crash Diagram:	ie:     MADISONAVE	2		<b>&gt;</b> Ŷ		If Crash <u>Did Not</u>	Occur		
101	Unit 2	NOT	70 SCALE			on a Public Way:  Off-Street Parkin Garage Mall/Shopping Cool Other Private Was	ng Lot Center		
Crash Narrative: On 05/27/2019, while assigned arrival, I met with Operator driveway. When she began to othe side of the road. Operator need a tow. Operator of MV2 wand received all information	of MV1 who e drive away, s or of MV1 was was not on s	explained to me the was too class offered and scene at the terms.	ose to MV2 ardeclined medicine of the ac	as attemp nd hit th ical atte	ting to ma e side. M ntion. Bot He called	ake a three point  72 was parked led  th MV1 and MV2 di  Newton Police Di	turn at		
Witnesses: Name (Last, First, Middle)		Address				Phone #	Statemen		
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description o	f Damaged Property			
Truck and Bus Information:  Carrier Name  Address	rrier Name			,			Carrier Issuing Authority Code  St Zip		
Trailer Reg #:	ehicle Weight	38				Interstate 39	36		
Hazmat Information:  Placard 40 Material 1 digit #	41 Material Na	ame		_ Material 4 o	digit #	Release code	42		

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