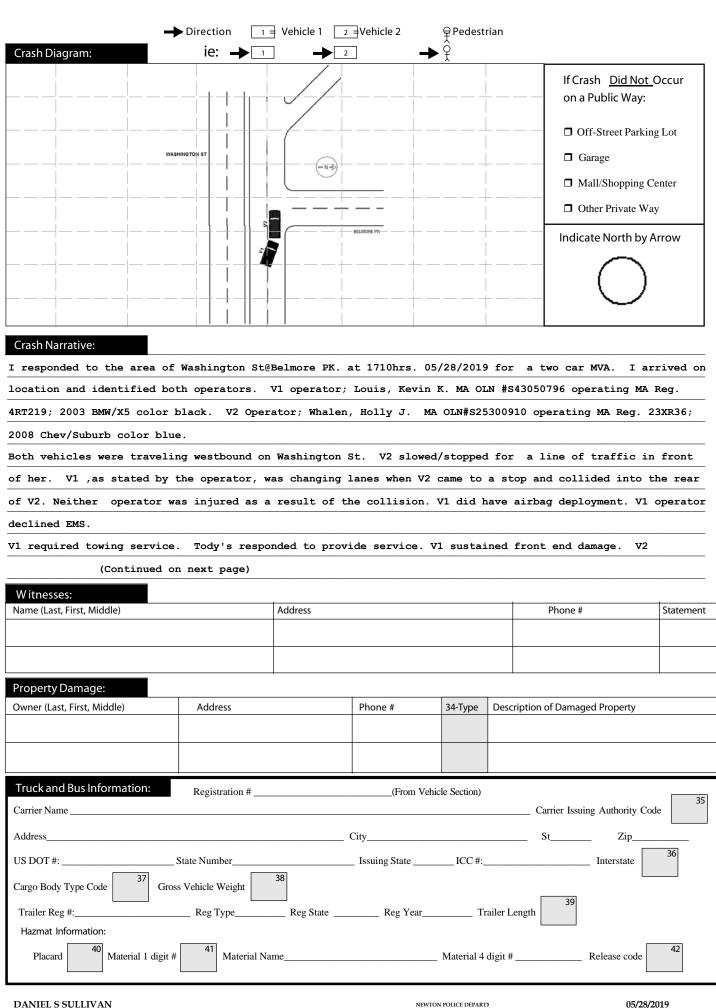
Police Use Only Date of Crash Time of Crash City/Town					otor Ve	hicle Cras	sh Nu	mber	Numbe			35	State Police	<u></u>
05/28/2019	17:10	NEWTON				Report	Vel	nicles	Injured 0		ide itude		Local Police MBTA Polic Other:	
	AT INTER		N:	<		ATION >							CTION:	
	Route# Direction Name of Roadway/Street					Route# Direction	Addres	 s #		Nan	ne of Ro	adway	/Street	
		- Ivani	At	adway/Bireet									Bucci	
NORTH BELMORE PK				1 (0.		Feet NSEW of or Fext Number								
Route# Direc	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S F									
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Route# Direct	tion	Name of Inte	ersectin	g Roadway/Street							Land	lmark		
XVehicle1	#Occupants	Hit/R	Run	Moped	Case Numb	er	190000	00547						
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Operator LOI	UIS Last	KEVIN		Endorsm K	ent Owr	ner LOUIS	W	/ILKE	NS Einst			Middle		
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City CAMBRI	IDGE		_State_	MA Zip <u>02140</u>	City	CAMBRIDGE					_State_	MA	Zip <u>02140</u>	
Insurance Com	npany LM GENE	RAL			Veh	icle Action Prior to	Crash	5 21		amaged	l Area C	Code: (Circle Up to Th	nree)
Vehicle Travel	Direction: N	S E X	Respond	ding to Emergency	y? Ever	nt Sequence 1 22	22	22	22 2		3	7	4	
Citation # (If Is	ssued)				Mos	t Harmful Event	1 23			←	9		10 Underca 5 11 Totaled	-
Violation	1: ChSec	c Viola	ation 2:	ChSec	Driv	ver Contributing Cod	le 19 ²	4	24		4)	
Violation	3: ChSec	c Viola	ation 4:	Ch Sec							,		6	
					Und	erride/Override		Towed			,			
Please f	fill out for opera	ator and all o	occupan				26 Seat	27 Safety	28 2 Airbag Airba Status Swite	9 30 Eject	31 Trap In Code \$1		33 ansp. ode Medical Fac	cility
	rst Middle)	ator and all o	occupan	nts involved	s		26 Seat	27 Safety	28 2	9 30 Eject	Code 31	32 hjury Tr tatus C	33 ansp. ode Medical Fac	cility
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	→ Direction 1	■ Vehicle 1	2 =Vehicle 2	₽ Pedestria	n	
Crash Diagram:	ie: → 1	→	2	→Ŷ		
					If Crash Did No on a Public Way on a Public Way of Garage Mall/Shoppin Other Private	/: king Lot g Center Way
)
Crash Narrative: sustained minor damage	to the rear bumper	r/body. V2	did not requi	re towing se	rvice.	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type [Description of Damaged Property	
	, address		7.101.0 11	51.1ype 1	- can paor or parraged respects	
Truck and Bus Information: Carrier Name	rtegistration "		(From		Carrier Issuing Authority	Code 35
37	State Number		•		StZip Interstate	36
Cargo Body Type Code Trailer Reg #: Hazmat Information:	Gross Vehicle Weight Reg Type	Reg State	Reg Yea	r Trail	er Length 39	
Placard 40 Material 1	digit # 41 Material N	ame		Material 4 diş	git # Release code	e 42
DANIEL S SULLIVAN			N	EWTON POLICE DEPARTM	05/	28/2019