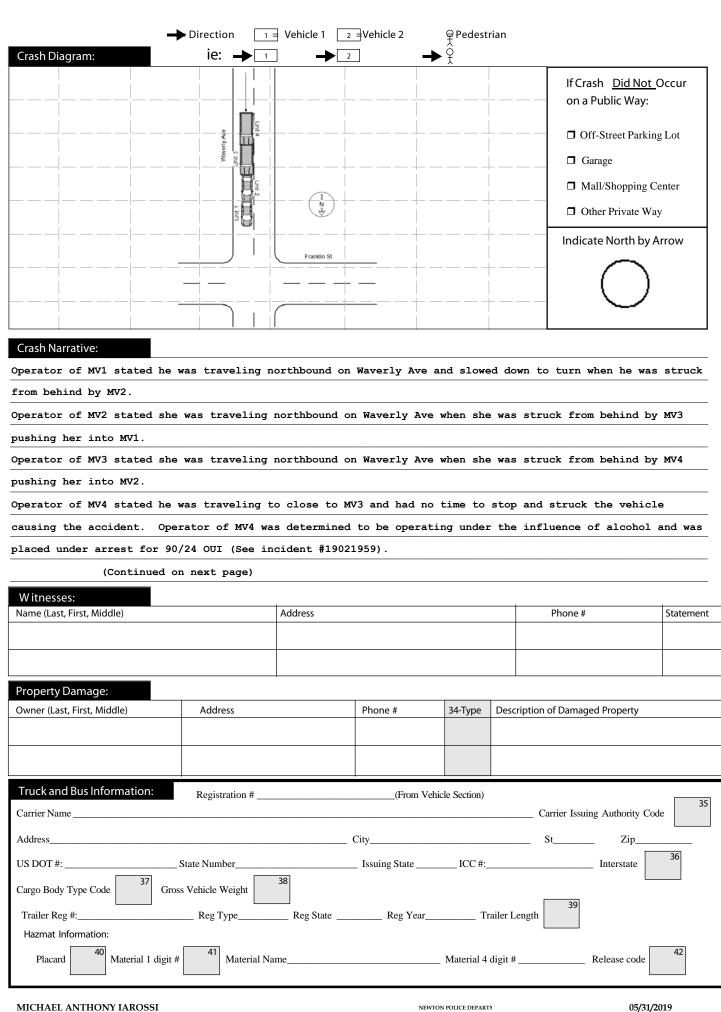
	Police Use Only	Com	monw	ealth o	f Massa	chus	etts			RMVD	ocume	nt Number	
		ity/Town	Moto	r Vehi	icle Cra	$\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{N} \end{bmatrix}$	lumber ehicles	Nun Inju	iber Spee	d Limit <u>30</u> ude	0 5	State Police Local Police MBTA Police	
	05/31/2019 15:14 NEWTON 24HR	N	P	olice F	Report		4	0		gitude		MBTA Police Other:	
	AT INTERSECTION	N:	<	LOCAT	ION >			N(OT AT	INTER	SECT	TION:	
	FRANKLIN ST												
1	Route# Direction Na	me of Roadway/St	reet		Route# Direction	n Addr	ess#		Naı	ne of Road	dway/Sti	reet	
-	NORTH WAVERLEY AVE	At			Feet N	SEW	of -		•	or			Ľ
		secting Roadway/S	Street	<u> </u>		1~1-1] %		e Marker			Exit Number	
		t Intersection with			Feet N	SEW	of	Rou	te# I	ntersecting	Roadw	av/Street	
L					Feet N	SEW	of	1100			, 110 uu	uj/Bueet	1
	Route# Direction Name of In	ntersecting Roadwa	ay/Street							Landm	nark		_
	XVehicle1 1_#Occupants Hit/	Run Mo	oped Ca	se Number		1900	000561						
			ge	Reg#_1	TD512			_Reg	Type_PAN	J	Reg Sta	nte_MA	_
	Sex_M Lic. Class D 18 18 Lic. Restr	rictions B 19	CDL	Veh Ye	ar_2012	Veh N	lake_TC	OYT		Ve	eh Confi	g. 20	
			Endorsment		(Same as opera			First			Middle		_ -
1	Address 61 WAVERLY AVE		Middle		Last						Middle		_
	City NEWTON	State_MAZi	p_02458	City						_State	Zip)	_
	Insurance Company AMICA			Vehicle	Action Prior to	Crash	2	1	Damage	d Area Co	de: (Cir	cle Up to Thr	ree)
	Vehicle Travel Direction: X S E W	Responding to E	mergency?	_ Event S	Sequence 1 2	22	22	22	2	3	4		
	Citation # (If Issued)					23				9		10 Undercar	riage
	Violation 1: ChSec Vio	lation 2: Ch	_Sec	Driver (L Contributing Co		24	24	1 —			11 Totaled	
L	Violation 3: ChSec Vio	lation 4: Ch	_Sec	Underri	de/Override	25	Towe	ı N	8	7	6		
	Please fill out for operator and all	occupants invol				2 Sea	6 27 Safety	28 Airbag	29 30 Airbag Eject	31 3 Trap Inju	32 33	o.	lity
	Name (Last First Middle) Operator		Address See Above		Age/DOB	Sex Pos	System	Status S	witch Code 4 0	Code \$tat	us Code	Medical Facil	lity -
										1 1	+		
:	Please Select One of the Following: Wehicle 2 1 # Occ	cupants Non	-Motorist A	Type 14	Action 15	Location		16 Co	ondition	17	Hit/R	tun Mor	oed
	License #	St MA DOB/A	\ge 	Reg # 3	AH621			Reg	Type_PAN	1	Reg Sta	nte MA	
	Sex_F Lic. Class D 18 18 Lic. Restr	19	CDL STATE		ar_2014				71		-	20	
	Operator NADAL ZOE GR		Endorsment		(Same as oper	itor)							_
	Address 1 AVERY ST (apt. 23B)	t	Middle		Last			First			Middle		
	City BOSTON	— Citv						State	Zin)			
	Insurance Company STATE FARM			•	Action Prior to		1 2	_			_	cle Up to Thr	
	Vehicle Travel Direction: X S E W	_		22	22	22	2	3	4				
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	Please fill out for operator as			Chideill		2 Sea			29 30 Airbag Eject	31 3 Trap Inju	2 33 ry Transp		-
								, vuz r	and ground	րուսը դուլև	إدائلتنار	1	
	Name (Last First Middle) Operator/Non-Motorist		Address See Above		Age/DOB	Sex Po	s. System	Status	Switch Code 4 0	0 10	itus Code	Medical Fac	ility

	Time of Crash	City	//Town	N/I-	tom T/a	hiola Cra	or I Nii	mber	Number	Sneed	Limit 30	- 18	State Police
Date of Crash 05/31/2019	15:14	NEWTON	,, 10WII	1010		hicle Cras	Vel	hicles	Injured	Latitu	de		ocal Police MBTA Police
	24HR	CE CETO	. 7			Report	4		0	Ū	tude		Other:
	AT INTER	RSECTION	N:	<	LOCA	ATION >	>		NOI	ATI	NTERS	SECT	ION:
Route# Direc	tion	Name		way/Street		Route# Direction	n Addres	s #		Nam	e of Road	way/Str	reet
			At			Feet N	SEW	of —			or _		
Route# Direc	etion N	Name of Interse				E4 N		- ¢	Mile M	arker		ŀ	Exit Number
		Also at I	ntersection	n with			SEW		Route#	In	tersecting	Roadwa	ay/Street
Route# Direc		Nama of Into	arcacting E	Roadway/Street		Feet N	SEW	of -					
		Ι	- 1	•							Landma	ırk	
XVehicle 3	1_#Occupants	Hit/R	un	Moped	Case Number	er	19000	00561					
License #	18 18	St	MA	OB/Age								Reg Sta	te MA
Sex_F Lic. 0	Class D	Lic. Restric	ctions 1		ent	Year_2018		ke_LAN	ND		Vel	n Confi	
Operator SAN		LISA BET	'H	Middle	Owr	er SANTUCCI		RIK	First		N	Iiddle	
Address 929 L	AGRANGE ST				Add	ress 929 LAGRAN	GE ST						
City BOSTON	1		_State_MA	A Zip 02132	City	BOSTON					State_MA	Zip	02132
Insurance Com	pany COMMER	CE			Veh	icle Action Prior to	Crash	1 21	D	amaged	Area Cod	le: (Ciro	cle Up to Thre
Vehicle Travel	Direction:	S E W	Responding	g to Emergency	? Ever	nt Sequence 1 22	2 1 22	22	22 2		3	4	
C'' H GCT									1				10 TT 1 '
Citation # (If I	ssued)				Mos	t Harmful Event	1 23			←	9	€	10 Undercarri 11 Totaled
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	→ Direction	Vehicle 1	2 =Vehicle 2	₽ Pedestri	ian	
Crash Diagram:	ie: →□	→	2	₽Ŷ		
						Crash <u>Did Not</u> Occur n a Public Way:
						Off-Street Parking Lot
						Garage
į į	į			į		Mall/Shopping Center
		- 				Other Private Way
		<u> </u>	++	+		licate North by Arrow
		- 	++	+		
		 -	 			
Crash Narrative:						
No operators reported	any injuries. MV3	and MV4 we	re towed by To	dys due to	damage.	
Witnesses: Name (Last, First, Middle)		Address			Phone	# Statement
Name (Last, 1 list, Middle)		Address			THORE	# Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property
	1100100			2)		
Truck and Bus Information:	Registration #		(From V	rehicle Section)		
Carrier Name					Carrier Iss	suing Authority Code 35
Address			City		St	_
US DOT #:	State Number	38	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code	Gross Vehicle Weight				39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year_	Tra	iler Length	
Placard 40 Material 1	digit # 41 Material N	Name		Material 4 d	ligit #	Release code 42
MICHAEL ANTHONY IAROSS	I		NE	WTON POLICE DEPARTS		05/31/2019