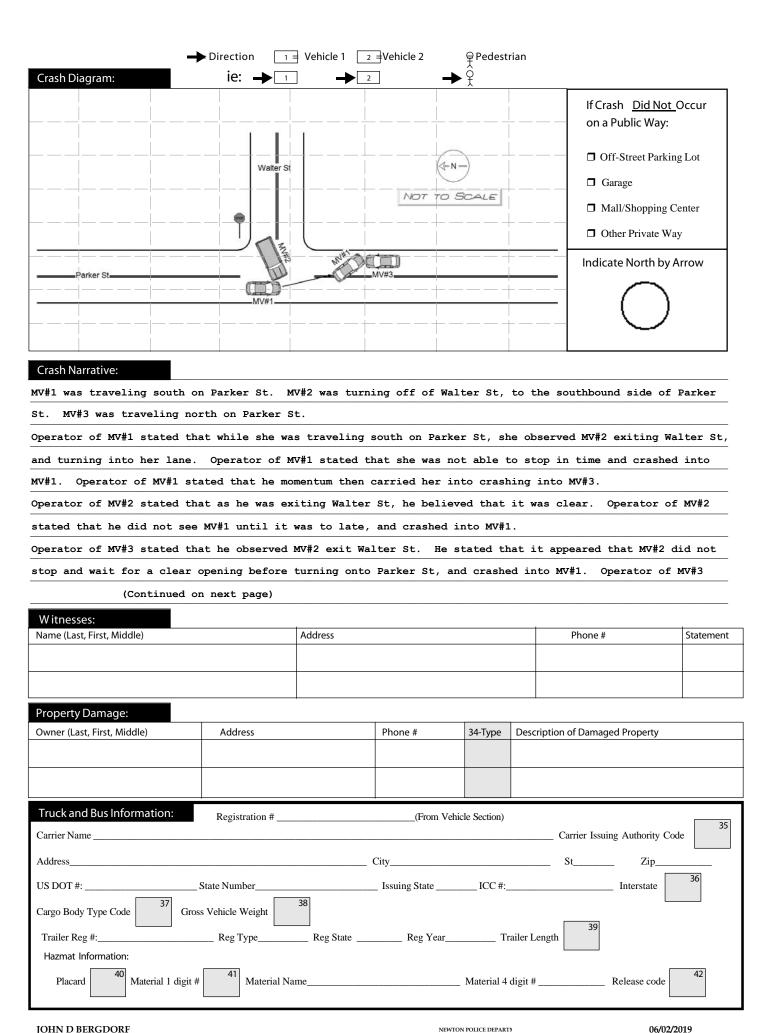
	olice Use Only	- C:-				of Mass				NT.	de o o				Ment Numb	
Date of Cras 06/02/2019	sh Time of Crash 21:58	NEWTON	/Town	Mo		nicle Cra	sh		mber nicles	Inju		Speed Latitu			Local Pol	lice 🛣
	24HR					Report		3		2		Longi			Other:	
	AT INTER	RSECTION	V:	<	LOCA	TION	>			N(	OT A	AT I	NTE	ERSE	CTION:	
so	OUTH PARKE	ER ST														
Route# Dir	rection	Name		lway/Street		Route# Directi	on A	ddress	s #			Nam	e of R	oadwa	y/Street	
Wi	EST WALTI	ER ST	At			Feet	N S I	E <b>W</b> o	of -				(	or		
Route# Dis	rection N	Name of Interse	cting Ro	adway/Street		F . [	vi eli	- Ixx	c	Mil	e Mar	ker			Exit Num	ber
		Also at I	ntersectio	on with		Feet				Rou	te#	Int	tersect	ing Ro	adway/Street	
Route# Dir	rection	Name of Inte	rsecting	Roadway/Street		Feet	N S I	E   W   o	of							
1	e1 _2 _#Occupants	Т_	Ť	Moped	Case Numbe			190000	MOE ( Q				Lan	dmark		
	_	_										DANI				
License #	D 18 1	St		OOB/Age		1FK458										20
Sex Lie	c. Class	Lic. Restric	tions	CDL Endorsme	nt	Year 2015			ke_TC	71012				Veh C	onfig. 1	
	ATAMBA  Last  OHN J BRADY DI			Middle		er (Same as ope				First				Midd	le	
	IINGHAM		G. M	[A 7: 01702		ess							G.		7:	
'	ompany INTEGON			•	·	1 A .: D: .			2						Zıp (Circle Up to	
1	vel Direction: N			ng to Emergency		t Sequence 1			22	22		8	3		4	,
]	If Issued)		cespondi	ng to Emergency		Harmful Event		23					$\prod$	7	10 Unde	ercarriage
1	ion 1: ChSec		tion 2: C	'h Sec		er Contributing C	1	$\frac{1}{1}$	4	24	1	-	9		5 11 Tota	led
1	on 3: ChSec					erride/Override		(F)	 Lowed	1 Y	0		7		6	
	se fill out for opera					Tride, o verride					29 Airbag	30 Eject	31 Frap	32 Injury T	33 ransp.	
Name (Last Operate	First Middle)			Address See Above		Age/DOB	Sex	Pos. S	System 99	Status S	witch 99	Code	Code :	Status C	Code Medical	Facility WELLESLEY
1				ATE ST	F			3 99 4 99			0 0 9			_	WELLESLEY	
TWITTED			FRAMI	NGHAM, MA 01	702		-			-					_ NEWTON	WELLEGEET
,																
Please Select of the Follo	IX I/objete	2 <u>2</u> #Occuj	pants [	Non-Motorist	A Type	Action Action	15 Lo	cation	]	Co	nditio	n	17	Ė	lit/Run	Moped
License #			MA	DOB/Age	Reg	6FY222				_Reg	Type_	PAN		Reg	g State_MA	20
Sex_M_ Lie	c. Class D 18 1	Lic. Restric	tions	1 CDL		Year_2004	v	eh Mal	ke_TC	YOT	A			Veh C		20
Operator N	Last	LUCAS		A Endorsme	Own	er SAIA	st	JC	OHN	First			V	Midd	le	
	8 MAPLE ST				Addr	ess 218 MAPLE	ST									
	City WROXBURY State MA Zip 02132						City W. ROXBURY State MA Zip 02132									
Address 218	XBURY					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)										
Address 218 City W ROX	ompany COMMER	RCE				Event Sequence 1 22 22 22 22 33 4										
Address 218 City WROZ Insurance Co	ompany_COMMER		Respond	ling to Emergency	? Even	t Sequence 1								/	10171	
Address 218 City WROZ Insurance Co	ompany COMMER		Respond	ling to Emergency		t Sequence 1 Harmful Event		3	4	24	1	_	9		10 Unde 5 11 Tota	
Address 218 City W ROX Insurance Co Vehicle Trav Citation # (I	ompany COMMER	S E X	•		Most		1 ode	19 2		24	1	_	9		5 11 Tota	
Address 218 City W ROX Insurance Co Vehicle Trav Citation # (I Violat Violat	ompany COMMER  vel Direction: N  If Issued)  tion 1: ChSe  tion 3: ChSe	SEX	ation 2:	ChSec	Most Drive Unde	Harmful Event	1 ode	19 2	owed	<u>Y</u>	1 8		7		5 11 Tota	-
Address 218 City W ROX Insurance Co Vehicle Trav Citation # (I Violat	ompany COMMER  vel Direction: N  If Issued)  tion 1: ChSe	SEX	ation 2:	ChSec	Most Drive	Harmful Event	1 ode	19 26 Seat	owed		29 Airbag	30 Eject Code	7 31 Trap	32 njury Status	5 11 Tota  6  33 ransp.	-
Address 218 City W ROX Insurance Co Vehicle Trav Citation # (I Violat Violat Name (Last	ompany COMMER  vel Direction: N  If Issued)  tion 1: ChSe  tion 3: ChSe  Please fill out for	SEX	ation 2:	ChSec ChSec upants involved	Most Drive Unde	Harmful Event or Contributing Corride/Override	1 ode [	19 20 Seat Pos.	owed	Y 28 Airbag A Status	29 Airbag	30 Eject Code	7 31 Trap	Status	5 11 Tota  6  33 ransp.	led

Date of Crash 06/02/2019	Time of Crash	City	y/Town	ТЛ	otor V	ehicle Cra	sch N	umber	Num	ber Sr	eed Limi	t <u>25</u>	Sta	Number ate Police	
00/02/2017	21:58	NEWTON	,,	1410			V	ehicles	Injur	ed La	titude			te Police cal Police BTA Police	X
	24HR	CECTION	NT.	<		e Report		3	2		ngitude_			her:	_
	AT INTER	SECTIO	N:	_	LU	CATION	>		NC	/1 A	INTI	LKSI	LC II	ON:	_
Route# Direc	ction	Nam	ne of Ro	adway/Street		Route# Direction	on Addre	ess#		N	lame of R	Roadwa	y/Stree	et	_
			At			Feet	N S E W	of -			•	or			_
Route# Direc	ection N	lame of Interse	ecting R	Roadway/Street				1	Mile	Marke			Ex	it Number	_
		Also at I	Intersec	tion with		Feet	N S E W	of	Rout		Intersec	ting Ro	oadway	/Street	-
						Feet	N S E W	of							
Route# Direc	ction	Name of Inte	ersectin	g Roadway/Street							Lar	ndmark			_
XVehicle 3	3 1_#Occupants	Hit/R	Run	Moped	Case Num	ber	1900	000568							
License #	-	St	t_MA_	DOB/Age	Re	eg# 9CJ649			_Reg	Гуре_Р	AN	Re	g State		_
Sex_M Lic.	Class D 18 18	Lic. Restric	ctions	1 19 CDL	Ve	eh Year_2019	Veh M	lake_TC	OYOTA			Veh C	Config.	1 20	
Operator MA	ARKS	ALEXAN		Endorsme	0	wner TOYOTA FI	NANCIAI		First			Mide	dla.		_
	LANGLEY RD (ap			Middle		ddress BOX 105386	st		First			Mide	11e		_
City NEWTO	)N		_State_	MA Zip 02458	Ci	atlanta					State	GA	_Zip_3	0348	_
Insurance Con	npany CITIZENS				V	ehicle Action Prior to	o Crash	1 2	1	Dama	ged Area	Code:	(Circle	Up to Thre	e)
Vehicle Travel	l Direction:	S E W	Respon	ding to Emergency	? Ev	vent Sequence 1	22 22	22	22	2	3		4		
	Issued)		•			ost Harmful Event	23							0 Undercarr	iag
,	,						_		(	ı) <b>←</b>	9		5 1	1 Totaled	
	n I: Ch Sec	Viola	ation 2:	Ch Sec	D	river Contributing C	ode 1	24	24	1		$\langle \   \  $			
				ChSec		river Contributing C	ode 1			3	7		6		
Violation		Viola	ation 4:	ChSec		river Contributing Conderride/Override	25	Towe	d_N_		7 30 31	32	6		
Violation Please Name (Last Fi	n 3: ChSec fill out for opera	Viola	ation 4:	ChSec nts involved Address	U1	١	25 Sex Pos.	Tower	d N  28 Airbag A Status S	29 irbag Ej vitch Co	de Code	\$tatus	6 33 Transp. Code	Medical Facili	У
Violation	n 3: ChSec fill out for opera	Viola	ation 4:	ChSec	U1	nderride/Override	25 26 Seat	Tower	d N  28 Airbag A Status S	29 irbag Ej	7  30 31  Trap de Code  0	Status	6 33 Transp.	Medical Facili	ly .
Violation Please Name (Last Fi	n 3: ChSec fill out for opera	Viola	ation 4:	ChSec nts involved Address	U1	nderride/Override	25 Sex Pos.	Tower	d N  28 Airbag A Status S	29 irbag Ej vitch Co		Status	6 33 Transp. Code	Medical Facili	ty
Violation Please Name (Last Fi	n 3: ChSec fill out for opera	Viola	ation 4:	ChSec nts involved Address	U1	nderride/Override	25 Sex Pos.	Tower	d N  28 Airbag A Status S	29 irbag Ej vitch Co		Status	6 33 Transp. Code	Medical Facili	ty
Violation Please Name (Last Fi	n 3: ChSec fill out for opera	Viola	ation 4:	ChSec nts involved Address	U1	nderride/Override	25 Sex Pos.	Tower	d N  28 Airbag A Status S	29 irbag Ej vitch Co		Status	6 33 Transp. Code	Medical Facili	ty_
Violation Please Name (Last Fi	n 3: ChSec fill out for opera	Viola	ation 4:	ChSec nts involved Address See Abov	U	Age/DOB	25   Sex   Pos.	Tower 5 27 Safety \$ystem - 99	d N 28 Airbag A Status \$ 4	29 Ejurbag Ejvitch Co		10	6 33 Gransp. Code 1		
Violation Please Name (Last Fi	fill out for opera	Viola	ation 4:	ChSec nts involved Address	U	Age/DOB	25 Sex Seat Pos.	Tower 5 27 Safety \$ystem - 99	d N 28 Airbag A Status \$ 4	29 irbag Ej vitch Co	0	10	6 33 Transp. Code		
Violation Please Name (Last Fi	fill out for opera	Viola  ntor and all o # Occu	ation 4:	ChSec  nts involved Address See Abov  Non-Motoris  DOB/Age	e t A Type	Age/DOB	25   26   Seat Pos.	Tower  5 27 Safety System  - 99	d N  28 Airbag A Status S  4	29 irbag Ej Cc 09 0	17	10 I	6 33 Gransp. Code 1 Hit/Rur	Мор	
Please Select (of the Followin	fill out for operarist Middle)  One	Viola  ntor and all o # Occu	ation 4:	ChSec  nts involved Address See Abov  Non-Motoris  DOB/Age 19 CDL	Ui	Age/DOB Age/DOB Age/TOB Age/TOB	25 Sex Seat Pos	Tower	d N  28 Airbag A Status S  4  Con  Reg 1	29 Ejuritable Co	17	10 Re	6 33 Gransp. Code 1 Hit/Rur	Mop	
Please Select of the Following License #	fill out for operative Middle)  One Vehicle  Class 18 18	# Occu	ation 4:	ChSec nts involved Address See Abov  Non-Motoris  DOB/Age19	e Ui	Age/DOB  Age/DOB  Age/DOB  Age/DOB  Age/DOB  Age/DOB  Age/DOB	Sex Pos	Tower  5 27 Safety System - 99	d N  28 Airbag A Status S  4  Con  Reg 1	29 Ejurbag Co	17	10 Re	33 Gransp. Code 1 Hit/Rur	Mop	
Please Select Cof the Followickies # Lic. Operator	fill out for operarist Middle)  One	Viola  Itor and all o # Occu St  Lic. Restrict  First	ation 4:	ChSec  nts involved Address See Abov  Non-Motoris  DOB/Age 19 CDL Endorsme	e  t A Type  Ro  ent On	Age/DOB 14 Action	Sex Seat Pos	Tower  7 Safety System  99  Iake	d N  28 Airbag A Status \$  4  9  Reg  First	29 privage 15 privage 16 privage 17 privage	17	10 Re Re Veh C	33 37 ransp. Code 1 Hit/Rur g State	Mop	
Please Name (Last Fit Operator  Please Select ( of the Follow)  License #  Sex Lic. Operator  Address	one Class  Last  Sec_ Sec_ Sec_ Sec_ Sec_ Sec_ Sec_ Sec	# Occu	ation 4: ccupan	ChSec  nts involved Address See Abov  Non-Motoris  DOB/Age 19 CDL Endorsme	e Ui	Age/DOB Age/Do	Sex Pos Locatio  Veh M	Tower  5 27 Safety System - 99	d N  28 Airbag A Status S  4  Con  Reg 7	29 trbag Ej privitch Communication Communica	17	10 Re_Net_Veh C	6 33. Code 1 Hit/Rur g State	Mop	ed -
Please Name (Last Fit Operator  Please Select ( of the Follow)  License #  Sex Lic. Operator  Address	one Vehicle  Class  18 18	# Occu	ation 4: ccupan	ChSec  nts involved Address See Abov  Non-Motoris  DOB/Age 19 CDL Endorsme  Middle	e  t A Type  Re  Vent On Acci	Age/DOB  Age/DOB  Age/DOB  Age/DOB  Last	Sex Seat Pos	Tower  7 Safety System  99  Iake	d N  28 Airbag A Status S  4  Con  Reg 7	29 privage 15 privage 16 privage 17 privage	17 State	10 Re	6 33 37 ransp. Code 1 1 Hit/Rur 2 g State Config. Zip_	Mop	ed
Please Name (Last Fine Operator Operato	one Vehicle  Class  18 18	Viola  Itor and all o # Occu St  Lic. Restric	npants  t State_	ChSec  nts involved Address See Abov  Non-Motoris  DOB/Age 19 CDL Endorsme  Middle	e  t A Type  Re ent On Ar	Age/DOB  Age/DOB  Age/DOB  Age/DOB  Age/DOB  Last  Action  Last  ddress  ddress  deh Year  Last  ddress  dehicle Action Prior to	Sex Seat Pos	Tower  7 Safety System  99  Iake	d N  28 Airbag A Status S  4  Cool  Reg	29 privage   Experiment   Privage	17 State	Re Veh C	6 33 37 ransp. Code 1 1 Hit/Rur 2 g State Config. Zip_	Mop	ed
Please Select ( of the Follow) License # Sex Lic. Operator  Address City Insurance Con Vehicle Travel	one Wehicle  Class 18 18  Last	Viola  Itor and all o # Occu St  Lic. Restrice  First	npants  t State_	ChSec  nts involved Address See Abov  Non-Motoris  DOB/Age 19 CDL Endorsme Middle  Zip	e tA Type	Age/DOB  Age/DOB  Age/DOB  Age/DOB  Age/DOB  Last  Action  Last  ddress  ddress  ehicle Action Prior to	Sex Pos	Tower  To	d N  28 Airbag A Status S  4  9  Reg 7	29 privage   Experiment   Privage	State, ged Area	Ree Veh C	33 37 ransp. Code 1 Hit/Rur g State 2 Zip _ (Circle 4	Mop  20  20  20  Up to Three	ed - - - eee)
Please Select ( of the Follow License #  Sex Lic. Operator Address City Insurance Con Vehicle Travel Citation # (If I)	One Vehicle Issued	# OccuSt Lic. Restric	ation 4: ccupant pants tState_	ChSec  nts involved Address See Abov  Non-Motoris  DOB/Age 19 CDL Endorsme Middle  Zip	Under the A Type   Room   Vocation   A   Ci   Vocation   Vocation	Age/DOB  Age/DOB  Age/DOB  Age/DOB  Age/DOB  Latter    Action  Express  Action  Action	25 Sex   26 Seat   Pos.	Tower  To	d N  28 Airbag A Status S  4  9  Reg 7	29 privage   Experiment   Privage	17 State	Ree Veh C	33 37 ransp. Code 1 Hit/Rur g State 2 Zip _ (Circle 4	Mop  20  E Up to Three	ed - - - eee)
Please Name (Last Fine Operator Operato	One ing: Vehicle  Class 18 18  Last  Last  Last  Direction: N  Issued)  On 1: Ch  Sec.	Viola  Interest and all o  # Occu St  Lic. Restrict  First  S E W  cc Viol	partion 4:  peccupant   partial partial parts  t   Continue   Cont	ChSec  Its involved Address See Abov  Non-Motoris  DOB/Age I9 CDL Endorsme Middle Zip Inding to Emergence  C: ChSec  Sec Introduction  Introduction  Introduction  Sec Introduction  Interview  Introduction  Introdu	e  t A Type  Re  Or  Or  You  Y?  E M  Dr	Age/DOB  Age/DOB  Age/DOB  Age/DOB  Age/DOB  Last Action  Last ddress  Action  Action  Last ddress  Action  Last ddress  Action  Last ddress  Action  Last ddress  Action  Action  Last ddress  Action  Action  Last ddress  Action  Action  Last ddress  Action  Action  Action  Last ddress  Action  A	25   Sex   Seat   Pos.	Tower 5 27 Safety System - 99 Iake	d N  28 Airbag A Status S  4  9  First  1  22	29 privage   Experiment   Privage	State, ged Area	Ree Veh C	33 37 ransp. Code 1 Hit/Rur g State 2 Zip _ (Circle 4	Mop  20  20  20  Up to Three	ed - - - eee)
Please Select (of the Following License # Address Lic. Operator Address City Insurance Con Vehicle Travel Citation # (If I) Violation Violation Violation Violation Violation Please Name (Last Fig. 2) Violation Violation Violation Violation Please Name (Last Fig. 2) Violation Viola	One ing: Vehicle  Class I8 I8  Last  Last  Last  Direction: N  Issued)  on 1: Ch Se  on 3: Ch Se	Viola  itor and all o # OccuSt  Lic. Restric  First  S E W cViolate Violate Violate	ation 4:  pecupar  pants  t  ctions  Respondation 2	ChSec  nts involved Address See Abov  Non-Motoris  DOB/Age 19 CDL Endorsm  Middle  Zip  nding to Emergency	E Unit	Age/DOB  Age/DOB  Age/DOB  Age/DOB  Age/DOB  Last  Action  Last  Action  Last  Action  Last  Action  Last  Action  Correct  Action  Ac	25 Sex   26 Seat   Pos.	Towed  Towed  Towed  Towed  Towed	d N  28 Airbag A Status S  4  9  First  1  22	29 privage Epiper Privage Priv	State, ged Area	Ree Veh C	33 3 3 3 3 5 7 cansp. Code  1	Mop  20  20  20  Up to Three	ed - - 
Please Select ( of the Follow License #  Sex Lic. Operator Address City Insurance Con Vehicle Travel Citation # (If ) Violatic Violatic Plane (Last F	One ing: Vehicle  Class I8 I8  Last  Last  Last  Direction: N  Issued)  on 1: Ch Se con 3: Ch	Viola  itor and all o # OccuSt  Lic. Restric  First  S E W cViolate Violate Violate	ation 4:  pecupar  pants  t  ctions  Respondation 2	ChSec  nts involved Address See Abov  Non-Motoris  DOB/Age I9 CDL Endorsme Middle  Zip  nding to Emergency  :: ChSec :: ChSec	Ent Or	Age/DOB  Age/DOB  Age/DOB  Age/DOB  Age/DOB  Last Action  Last ddress  Action  Action  Last ddress  Action  Last ddress  Action  Last ddress  Action  Last ddress  Action  Action  Last ddress  Action  Action  Last ddress  Action  Action  Last ddress  Action  Action  Action  Last ddress  Action  A	25   26   Seat Pos.	Towed  System	d N  28 Airbag A Status S  4  Grant Color	29 prbag Ej proposition Communication Dama, 2 prbag Ej proposition Communication Dama, 2 prbag Ej prba	State, ged Area	Re Veh C Code:	33 37 ransp. Code  Hit/Rur  g State  Config.  4 1 5 1 6 6 33 7 ransp.	Mop  20  20  20  Up to Three	edd  ee)



HN D BERGDORF

NEWTON POLICE DEPARTS

06/02/2019

Description Control of the Cont

	Direction 1	」 ■ Vehicle 1	2 =Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: →	<b>→</b> □	2	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>			☐ Off-Street Parkir	ıg Lot
		 			Garage	
		į		į	☐ Mall/Shopping C	Center
	— —   — — — — 	-			☐ Other Private Wa	ıy
		-	+-   	+-   +-	Indicate North by	Arrow
	_	    -				
Crash Narrative:						
stated that after MV#2	rashed into MV#	1, MV#1 then	crashed into	him, causing	minor damage to his bu	mper.
MV#1 was towed off scene	by Todys.					
MV#2 was towed off scene	by AAA.					
MV#3 was driven off scene	· .					
Both operator of passenge	er of MV#1 were	transported	to NWH by medi	cs for minor	injuries.	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						ļ
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property	
Truck and Bus Information:	Desistration #		(From Ve	hiala Castion)		
Carrier Name	_			enicie Section)	Carrier Issuing Authority Co	de 35
Address			City			
US DOT #:						36
37	ross Vehicle Weight	38	5 —			
Trailer Reg #:		Reg State	Reg Year_	Trailer	Length 39	
Hazmat Information:		-	-			
Placard 40 Material 1 digi	t # 41 Material N	Name		Material 4 digit	# Release code	42