	Poli	ce Use Only		Commonw	ealth	of Mass	achus	setts		RM	IV Docui	ment Number		
	Date of Crash 06/05/2019	Time of Crash 11:51 24HR	NEWTON	141010		nicle Cra Report	\	/ehicles 1	injured	Speed Lin Latitude _ Longitude		State Police Local Police MBTA Police Other:	XI	
			RSECTION:	<	LOCA		>			_		CTION:	2	
						SOUTI	н 83	L	EXINGT	ON ST				
1 1	Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Street					/Street	2		
						Feet NSEW of • or Mile Marker Exit Number								
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet NSEW of							_	
2 1						Route# Intersecting Roadway/Street  Feet N S E W of								
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								
	XVehicle1	#Occupants	X Hit/Run	Moped Ca	ase Number	r	1900	0000579						
	License # St DOB/Age					Reg # <u>6ZJ367</u> Reg Type <u>PAN</u> Reg State <u>MA</u> 20								
	Sex Lic. 0		Lic. Restrictions	CDLEndorsment		Year_2017					_ Veh Co	onfig. 1		
4 <b>1</b>		Last		Middle		er TRUST La ess 600 KELLY	ist	HONDA	First		Middle	•	- 1	
				Zip		HOLYOKE				Stat	MA	Zip 01040	-	
		pany COMMER		Zıp		ele Action Prior t	o Crash	11 21				Circle Up to Th	ree)	
5		Direction: N		nding to Emergency?	Event	Sequence 99	22 22	22 2	2 0	3	3	4		
	Citation # (If Is	ssued)			Most	Harmful Event	99 23		_0	<b>-</b>	9	10 Undercar 5 11 Totaled	rriage	
6	Violation	1: ChSec	Violation 2	: ChSec	Drive	r Contributing C			24 0			6		
<sup>6</sup> 1	Violation	Unde	rride/Override	25	Towed 1	<u> </u>	30 31	1   32						
	Please fill out for operator and all occupants involved  Name (Last First Middle)  Address					Age/DOB	Sex Pos	t Safety Airl System Sta	28 29 Dag Airbag tus \$witch	30 31 Eject Trap Code Code	Injury Tra	33 ansp. ode Medical Faci	1 00	
	Operator			See Above							++			
											+			
7	Please Select C	)no		I		14	15	16		17	1			
1	of the Followi	Vehicle	e# Occupants	Non-Motorist A	Туре	Action	Location		Condition	on	<b>H</b> i	it/Run Mo	ped	
	License # St DOB/Age					g #Reg TypeReg State					State	_ ]		
	Sex Lic. Class Lic. Restrictions CDL Endorsment					eh Year Veh Make Veh Config.								
8 <b>1</b>	Operator Last First Middle					Owner Last First Middle							-	
	Address  City State Zip					Address  City State Zip							-	
	Insurance Company					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 3 4								
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled							rriage	
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24 7 6								
		n 3: ChSe	Unde	rride/Override		Towed	_	30   31	32	33				
	PIo Name (Last Fi		operator and all o	ccupants involved  Address		4 7000	Sex Po		pag Airbag	30 31 Eject Trap Code Cod	Injury Tra	ansp.		
			1			Age/DOB			atus Switch	Code Cod	e Status C	Code Medical Fac	cility	
		Non-Motorist		See Above		Age/DOB			atus Switch	Code Cod	e Status C	Code Medical Fac	cility	
									atus Switch	Code	e Status C	Ode Medical Fac	ility	

			2_≢Vehicle 2	Pedestri	an	
Crash Diagram:  N =	ie: → 1				If Crash on a Pu	Did Not_Occur ablic Way:  Street Parking Lot ge /Shopping Center r Private Way  North by Arrow
Crash Narrative:  MV#1 was parked over night bumper had significant da					rned to MV#1 toda	ay the front
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged	Property
Truck and Bus Information:  Carrier Name	Registration #		·		Carrier Issuing	
	State Numberross Vehicle Weight	38	Issuing State	ICC #:	I	36
Trailer Reg #:	41				iler Length Re	elease code 42
GEORGE M CLAFLIN			NEW	VTON POLICE DEPARTM		06/05/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)