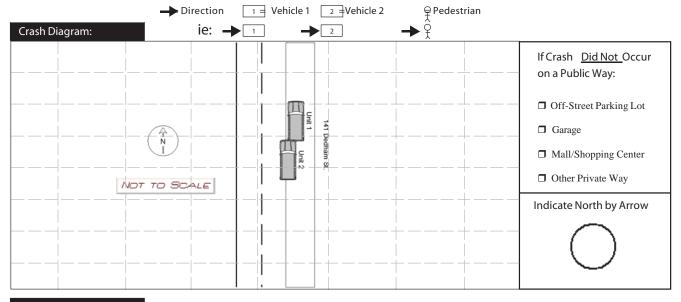
	Poli	ice Use Only		Commo	onweal	th o	of Massa	ach	use	tts			RMV	Docu	ment l	Number		
	Date of Crash 06/13/2019	Time of Cras	sh City/ NEWTON	Γown N	Notor '	Veh	icle Cra	sh			Number		d Limit ude		Stat Loc	te Police al Police TA Police	N X	
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i	XVehicle 1	_0_#Occupar	nts Hit/Ru	n Moped	Case N	umber		1	190000	0611								
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	Sex Lic.	18		19		-	ear 2016	Ve	h Mal						_	20	_	
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	Citation # (If I	_					Harmful Event	2 2	3		_ (Ť		_	0 Undercarı	riage	
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_	Please fill out for operator and all occupants involved						Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility									_		
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1	Please Select (of the Followi	IX Vobi	cle2 1_#Occup	ants Non-Moto	orist A Type	14	4 Action 1	5 Loc	cation	16	Condi	tion	17	Пн	lit/Run	Мор	oed	
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1	Operator RA	TNARAJ	JOYSON		rsment	Owner	(Same as open	rator)									_	
1	Last First Middle Address 15 HANCOCK RD					Last First Middle Address										_		
	City NEEDHAM State MA Zip 02492															_		
	Insurance Company SAFETY INSURANCE					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									ee)			
	Vehicle Travel Direction: X S E W Responding to Emergency?					$\frac{1}{22 + 22 + 22 + 22}$ 0 3 4												
	Citation # (If Issued)					Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled									riage			
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Crash Narrative:

At approximately 0010HRs on Thursday, June 13, 2019, I was dispatched to 141 Dedham St. for a report of a two car crash. Upon arrival, I observed MV1 (NH Pass:3266403) to be parked on the side of the roadway in front of the aforementioned address and it appeared to have been rear ended by MV2 (MA Pass: 513WA3).

Being that MV2's airbags were deployed, I requested Newton Fire to evaluate the operator of MV2, who was ultimately medically cleared and signed a patient refusal. Upon speaking to the operator of MV2, he stated that he was traveling Northbound on Dedham St. and feared that he was coming too close to the solid yellow divider lines and over steered to the right, accidently hitting MV1, which was parked. The owner of MV1 was on scene and stated that he was inside and came out to find the crash. I noted damage to the driver's side quarter panel of MV1 and damage to the front end/hood area of MV2. Todys serviced arrived and took custody of (Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration #		`	,	Carrier Iss	uing Authority Cod	35 le
Address			City		St	Zip	
US DOT #:S	State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	_ Release code	42

-	Direction	1 Vehicle 1	2 #Vehicle 2	¥ Pedesti	rian	
Crash Diagram:	ie: →	1 -	2	→ ♀		
Crash Diagram:	ie: ->			- Ŷ	If C on	Crash Did Not Occur a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way icate North by Arrow
MV2. I completed/filled a						
W itnesses: Name (Last, First, Middle)		Address			Phone	# Statement
Name (Last, First, Midule)		Address			Filone	# Statement
Property Damage:		,				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property
Truck and Bus Information:	Registration # _		(Fr	om Vehicle Section)	Carrier Iss	suing Authority Code 35
			C:t-			
Address			•			36
US DOT #:	State Number		Issuing Sta	te ICC #:_		Interstate
Cargo Body Type Code 37 Gr	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	 Reg Sta	te Reg	YearTr	railer Length 39	
Hazmat Information:	_ 2 71					
Placard 40 Material 1 digit	# 41 Material	Name		Material 4	digit #	_ Release code 42
CHRISTOPHER G HOWES			38804	NEWTON POLICE DEPART	7	06/13/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)