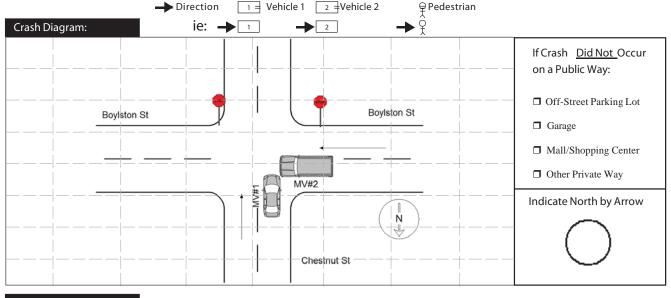
	Poli	ice Use Only		Commonwo	ealth	of Massa	achus	etts			RMV	V Docun	nent Number	
	Date of Crash 06/15/2019	Time of Crash	City/Tov NEWTON	Moto	or Vel	nicle Cra	\mathbf{sh} $\begin{bmatrix} N \\ V \end{bmatrix}$	lumber ehicles	Numbe	_ ^	d Limi		State Police Local Police MBTA Police	N X
	06/15/2019	11:41 24HR		P	Police	Report		2	1		gitude_		MBTA Police Other:	
		AT INTER	RSECTION:	<	LOCA	TION :	>		NO	TAT	INTI	ERSE	CTION:	
	EAST	T BOYLS	TON ST											2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion	Name of	Roadway/Street		Route# Direction	on Addre	ess #		Naı	me of R	Roadway/	Street	$ 2^1$
	SOUTH CHESTNUT ST					Feet NSEW of or							2	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker				Exit Number				
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street							lway/Street	- L
2 1						Feet [1	N S E W	of	reduce		intersec	ung Rou	iway/Bireet	3
\equiv	Route# Direc	tion	Name of Intersec	ting Roadway/Street		Landmark								
3	XVehicle1	#Occupants	Hit/Run	☐ Moped Ca	nse Numbe	r	1900	000617						
	License#		St MA	DOB/Age	Dog t	_‡ 85PT81			Dog Tv	no PAN	N	Dag	State MA	-
	Sex_F_ Lic. 0	18 1	8	19	_	Year 2009							20	-
4			Lic. Restrictions BONNIE	Endorsment								ven Co	mig.	-
2	Address 1463	ESS Last BEACON ST	First	Middle		(Same as open			First			Middle		- 1
			g.	MA 7:- 02468		Address								-
	City NEWTON State MA Zip 02468					Downsond Asso Codes (Circle He to Those)								_
5	1	Insurance Company COMMERCE Vehicle Travel Direction: NXEW Responding to Emergency?					vehicle Action Prior to Clash 1							
1				onding to Emergency?		t Sequence 1 2	23				\bigcap	\overline{A}	10 Undercari	riage
	,	ssued)		2.0		Harmful Event	1	24	24	←	9		5 11 Totaled	
⁶ 1	1			2: ChSec		er Contributing Co	ode 1 25		8		7		6	
1				4: ChSec	Unde	rride/Override		Towed		9 30	31 Trap	32	33	1
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB Sex 163. System Status Switch Code Code Status Code IV					nsp. de Medical Facil	1 1		
	Operator			See Above				- 99	4 4	0	0	9 1		
⁷ 2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupants	Non-Motorist A	Туре	14 Action 1	Locatio		Cond	ition	17	Hit	t/Run Mor	ped
	License #St_RIDOB/Age				Reg #	Reg # FV99 Reg Type PAS Reg Type PAS Reg # FV99						Reg	g State_RI	
	Sex_F Lic. Class 99 18 18 Lic. Restrictions 19 CDL					Veh Year 2016 Veh Make AUDI Veh Config. 20								
⁸ 2	Operator VIERA FRANCESCA Endorsment				Owne	Owner (Same as operator)							_	
		Last UMMINGBIRD	First LN	Middle	Addr	Last First Middle Address								_
	City CRANST	TON	Sta	City	City State Zip								_	
	Insurance Com	рапу ОНІО МО			Vehic	cle Action Prior to	Crash	6 2		Damage			Circle Up to Thr	ree)
	Vehicle Travel Direction: NSWW Responding to Emergency?					22 22 22 23 3 4								
Citation # (If Issued) Most Harmful Event 1 23							_	Ì	$\langle \ \ $	10 Undercari	riage			
							9	$\langle $	5 11 Totaled					
	Violatio		Underride/Override Towed Y Towed Y 6											
	Pl		26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Unjury Trans					33 nsp.						
	Name (Last Fi	rst Middle) Non-Motorist	<u> </u>	Address See Above		Age/DOB	Sex Pos	s. System	Status Sw	tch Cod	e Code	Status C	ode Medical Faci	ility
	Operator/	1 TOII-IVIOLOIISt		See Above				99	4 4	U	U	10 1		
					<u> </u>									



Crash Narrative:

The operator of MV#1 stated she was travelling southbound on Chestnut St and had stopped at the intersection of Boylston St and observed MV#2 stopped at the stop sign. The operator of MV#1 stated she then proceeded to move forward when MV#2 struck her. MV#1 sustained heavy damages to its front right side. The operator of MV#1 stated she was not injured but felt something "not right inside". She refused medical attention and was picked up by her husband.

The operator of MV#2 stated she was travelling eastbound on Boylston St and had stopped for the stop sign at the intersection of Chestnut St. The operator of MV#2 stated she thought it was a 4 way stop sign and proceeded to move forward when she made contact with MV#1. MV#2 sustained heavy damages to its front left side. There were no reported injuries to the operator of MV#2.

(Continued on next page)

(Constituted on next page)										
Witnesses:										
Name (Last, First, Middle)		Address		Phone #	ŧ	Statement				
Property Damage:										
Owner (Last, First, Middle)		Phone #	Description of Damag	n of Damaged Property						
Truck and Bus Information: Registration #(From Vehicle Section)										
Carrier Name Carrier Issuing Authority Code										
Address	(City	St	Zip						
US DOT#:	State Number		Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code 37 Gross Vehicle Weight 38 39										
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4 d	ligit #	Release code	42			

-	Direction 1	Vehicle 1	₂ =Vehicle 2	₽Pedestri	ian						
Crash Diagram:	ie: → 📑	→	2	₽ Ŷ							
					If Crash <u>Did Not</u> on a Public Way:	Occur					
		<u> </u>			☐ Off-Street Parkin	g Lot					
					☐ Garage						
			i		☐ Mall/Shopping C	Center					
					☐ Other Private Wa						
	_ 										
					Indicate North by A	Arrow					
Crash Narrative:											
	walking on Boy	lston St and	observed MV#2	stopped a	at the stop sign on Boyls	ton St.					
Witness #1 stated she obs	erved MV#2 proc	eed to move f	forward and mad	le contact	t with MV#1.						
Witness #2 stated she was	travelling nor	thbound on Ch	nestnut St and	stopped a	at the stop sign at the						
intersection of Boylston	St. She observe	d MV#2 stoppe	ed at the stop	sign the	en proceeded to move forwa	ırd					
making contact with MV#1.											
Both vehicles were towed by Tody's Towing. The operator of MV#1 was picked up by her husband and the											
operator of MV#2 was tran	sported to Poli	ce Headquarte	ers by Witness	#2 to be	e picked up by her friend.						
Witnesses:											
Name (Last, First, Middle)		Address		Phone #	Statement						
Property Damage:											
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property						
				71							
Truck and Bus Information:	Registration #		(From Veh	icle Section)		35					
Carrier Name					Carrier Issuing Authority Co						
Address			City		St Zip						
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36					
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38									
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39						
Hazmat Information:											
Placard 40 Material 1 digit	# 41 Material N	Jame		Material 4 d	ligit # Release code	42					
GITA K SETIABUDI		2511	1 NEWTO		06/15/3						

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)