	Police Use Only	Con	nmonv	wealth o	f Massa	chu	setts			RM	V Docui	ment Number		
		City/Town	Mo	tor Vehi	icle Cra	sh [	Number Vehicles		nber Spe			State Police Local Police MBTA Police	□ Xi	
	06/18/2019 07:46 NEWTON 24HR			Police F	Report		2 0			tudeMBTA Po gitudeOther:		MBTA Police Other:	се	
	AT INTERSECTION: <				OCATION > NOT AT INTERSECTION:									
	NORTH JACKSON RD													
1 <b>1</b>		ame of Roadway/S	Street	F	Route# Directio	n Add	ress #		Na	me of F	Roadway	/Street		
	At EAST WASHINGTON ST				Feet NSEW of or									
	Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number									
	Also at Intersection with				Feet NSEW of Route# Intersecting Roadway/Street									
2 <b>2</b>					Feet NSEW of									
	Route# Direction Name of							La	ndmark					
3	Wehicle 1 1_#Occupants  Hit	t/Run N	loped	Case Number		190	00000626							
			Age	Reg#_1	19YD82			Reg	Type_PA	N	Reg	State_MA		
	Sex_M Lic. Class D 18 18 Lic. Res	trictions 1	CDL	Veh Ye	ar_ <b>2018</b>	Veh	Make_FC	ORD			_ Veh Co	onfig. 2		
4_	Operator RING PAUL		Endorsmen	t Owner	(Same as oper	ator)		First			Middle		_  :	
3	Address 210 CENTRAL ST	rst	Middle	Address	S						Middle		_	
	City E. BRIDGEWATER State MA Zip 02333									State		Zip	_	
	Insurance Company ARBELLA				Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)									
5	Vehicle Travel Direction: NSWW	Event S	Event Sequence 1 22 1 22 22 2 3 4											
	Citation # (If Issued)				Iarmful Event	23				9		10 Underca	rriage	
	Violation 1: ChSec Vi	olation 2: Ch	Sec	_ Driver	L Contributing Co	de <b>1</b> 9	24	24				5 11 Totaled		
<sup>6</sup> 1	Violation 3: ChSec Vi	olation 4: Ch	Sec	_ Underri	ide/Override	25	Towe	d_ <u>Y</u>	<b>0</b>	7		6		
	Please fill out for operator and all occupants involved					Se	26 27 at Safety	28 Airbag	29 30 Airbag Ejec	) 31 t Trap	32 Injury Tr	33 ansp.	ility	
	Name (Last First Middle)  Operator		Address See Above		Age/DOB		s. \$ystem	Status :	Switch Cod  4 0	e Code 0	\$tatus   C	ode Medical Faci	ility	
	_													
3	Please Select One of the Following: Vehicle 2 1 # Oc	ccupants	on-Motorist A	A Type	Action 1	Locat		16 C	ondition	17	Н	it/Run	ped	
	License # St MA DOB/Age DOB/Age			Reg#_ <sup>3</sup>	Reg Type PAN Reg State MA							State_MA		
	Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL			Veh Ye	Veh Year 2013 Veh Make TOYOTA Veh Config. 20									
8	Operator KETCHEN JENNA Endorsment  Last First Middle				Owner (Same as operator)									
1	Address 121 POND ST (apt. 3)			Address	Last First Middle Address									
				City	City State Zip									
	Insurance Company PROGRESSIVE			•	Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSXW Responding to Emergency?				Event Sequence 1 22 22 22 22 0 3 4									
					Most Harmful Event 1 23									
	·				Driver Contributing Code 1 24 24 5 11 Totaled									
	Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override  25 Towed Y  8 7 6									
	Please fill out for operator and all occupants involved			Ondern	luo, o verriue	Ç.		28 Airbag	29 30 Airbag Ejec	) 31 Trap	32 Injury Tr	33 ansp.	$\dashv$	
	Name (Last First Middle)	•						Status	Switch Co	de Code	Status C	Code Medical Fac	cility	
	Operator/Non-Motorist		Address See Above		Age/DOB		os. Systen	Janus	4 0	0	10 1		cinty	

