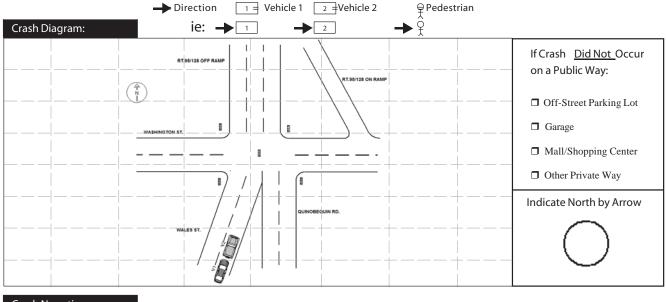
	Poli	ce Use Only		Commo	nwealtl	h o	f Mass	ach	use	etts			RM	V Doc	umen	t Number	
	Date of Crash 06/21/2019	Time of Crash	City/T	own N	Iotor V	ehi	icle Cra	ash		mber nicles	Numb	_ ^	ed Limi		St	ate Police ocal Police IBTA Police	<u> </u>
	06/21/2019	17:08 24HR	NEWTON		Polic	e F	Report		2	neies	0	1	ngitude_			IBTA Police ther:	
		AT INTER	SECTION:	•	< LO	CAT	ION	>			NO	Т АТ	INT	ERSI	ECT	ION:	2
	NOR	TH WALES	ST														2
$egin{pmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direct			f Roadway/Street			Route# Directi	on A	Addres	s #		N	ame of I	Roadwa	ay/Stre	eet	
	16	WASHI	NGTON ST	At			Feet	N S I	E W	of -			•	or			
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3			Ι_	1 _	1	Landmark										\dashv	
	X Vehicle 1	1_#Occupants	Hit/Run	Moped	Case Nun	nber			190000	00639							┙
	License#		St_M		R	eg# <u>7</u>	KF936				_Reg T	ype_PA	N	Re	eg State		-
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4	Operator BRA	AND	MICHAEL First	P Endors	O		HERTZ VEH				First			Mid	dle		- 1 ¹
3	Address 10A I	PRATT AVE			A	.ddress	450 MCCLE	LLAN	HWY								
	City WALTH	AM	S	tate_MA_Zip_0245	53 C	ity BC	OSTON						State	MA	_Zip_	02128	
	Insurance Com	pany ACE INDE	EMNITY INS		V	ehicle	Action Prior to	o Crasl	h	1 21		Damag	ed Area	Code:	(Circl	le Up to Thre	ee)
5 1	Vehicle Travel	Direction:	S E W Res	ponding to Emerger	ncy? E	vent S	Sequence 1	22	22	22	22 (3		4		
	Citation # (If Is	ssued)			N	lost H	armful Event	1 2	23	•	— (1	4	9	$\left(\cdot \right)$		10 Undercarri 11 Totaled	age
	Violation	1: ChSec	Violatio	n 2: ChSec_	D	river (Contributing C	ode	19 2	4	24			<u>\</u>			
⁶ 1	Violation	3: ChSec	Violatio	n 4: ChSec_	U	nderri	de/Override	2	25 ,	Towed	<u>Y</u> 8		7		6		
	Please 1		ator and all occ	ıpants involved	ress	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility								v 1			
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7								<u> </u>			\perp						
8	Please Select C of the Followi		2 <u>1</u> # Occupar	nts Non-Moto	orist A Type	14	Action	15 Lo	cation	1	Con	dition	17		Hit/Ru	ın Mop	ed
	License#		St_N	IA DOB/Age	P	eg # 3	RH279				Reg T	ype_PA	N	R _e	or State	e_MA	┥ .
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8	1	LGADO-SOTO	LUZ	Endors	sment		DELGADO			SSIC				_ v cii c	Jonning.		
⁸ 1	· ·	Last	First (apt. 103)	Midd	ile		La S 242 (apt. 103)				First			Mid	dle		-
	Address 242 N. BEACON ST. (apt. 103) City BRIGHTON State MA Zip 02135					City BRIGHTON State MA Zip 02135								•			
						21 Damagad Arag Code: (Cirola Ha ta Threa)								ee)			
		Insurance Company SAFETY INS Vahiala Traval Direction: VS F W Perpending to Emergency?						22 :	22	2 22	<u>22</u> 2		3		4		
	Vehicle Travel Direction: X S E W Responding to Emergency? Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						Most Harmful Event 1 23 10 Undercarriage 11 Totaled Driver Contributing Code 1 24 24								age		
							Underride/Override					33		\dashv			
	Name (Last Fi	rst Middle)		Add	dress		Age/DOB	Sex	Pos.	System	Status Sv	vitch Co	ode Code	Status	Transp. Code	Medical Facil	ity
	Operator/	Non-Motorist		See Ab	oove					99	5 9	9 0	0	10	1		\blacksquare
											_	\perp					



Crash Narrative:

I responded to the intersection of Wales St.@Washington St. for a report of an MVA. I arrived on location and observed MA Reg. 7KF936; 2018 Niss/Versa color gray parked on the northbound side of Wales St. approx.

100 yds south of Washington St. The vehicle (V1) had heavy front end damage. V1 operator was identified as Brand, Michael MA OLN#S98661403. He stated the operator of the other vehicle involved did not speak English (Spanish speaking). The female operator did exchange info with V1 operator then left prior to my arrival. V2 operator is identified as Delgado-Soto, Luz MA OLN#S83973830. V2 MA Reg. 3RH279; 2010 Jeep/Liberty color gray.

V1 operator stated he rear ended V2 slowing/stopped in the line of traffic at the traffic light. He stated

V2 "really didn't have any visible damage." He stated he nor V2 operator were injured as a result of the

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address		Phone	Phone #					
Property Damage:									
Owner (Last, First, Middle)	Address	Phone # 34-Type Desc			Description of Dama	cription of Damaged Property			
Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name Carrier Issuing Authority Code									
Address			City		St	Zip			
US DOT #:		_ Issuing State		Interstate	36				
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr					
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	ligit #	_ Release code	42		

DANIEL S SULLIVAN		1	NEWTON POLICE DEPARTM		06/21/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

_	Direction	1 = Vehicle 1	2 ≢Vehicle 2	Pedestria	an	
Crash Diagram:	ie: → 🗆	1	2	▶ ♀		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	ıg Lot
					☐ Garage	
					☐ Mall/Shopping C	lantar
		_i				
					☐ Other Private Wa	ıy
					Indicate North by A	Arrow
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Crash Narrative:						
collision. There was no ai			O55: T			
V2 Operator was contacted						
spoke with her. Her accou	int of the MVA	was consister	t with that o	or the VI O	perator. She confirmed t	nat sne
was not injured.	. ,					
Both parties have been adv		ah asana Maa	dela Massina Ta		. Daniel manufact and have	
V1 required towing service	e from the cra	ish scene. Too	ly's Towing in	ic. (driver	Dave) responded and towe	<u> </u>
the vehicle.						
Witnesses:		Address			Phone #	Statement
Name (Last, First, Middle)		Address			Prione #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:						
Carrier Name	Registration # _		(From Ve	chicle Section)	Carrier Issuing Authority Co	35
						ue
Address						36
US DOT #:	State Number	38	Issuing State	ICC #:	Interstate	
Cargo Body Type Code Gro	ss Vehicle Weight	36				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	ler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material	l Name		Material 4 di	git # Release code	42
DANIEL S SULLIVAN			NEW	TON POLICE DEPARTA	06/21/2	2019

CDP1 11 ·24·00

Police Officer Name (Please Print)

Department