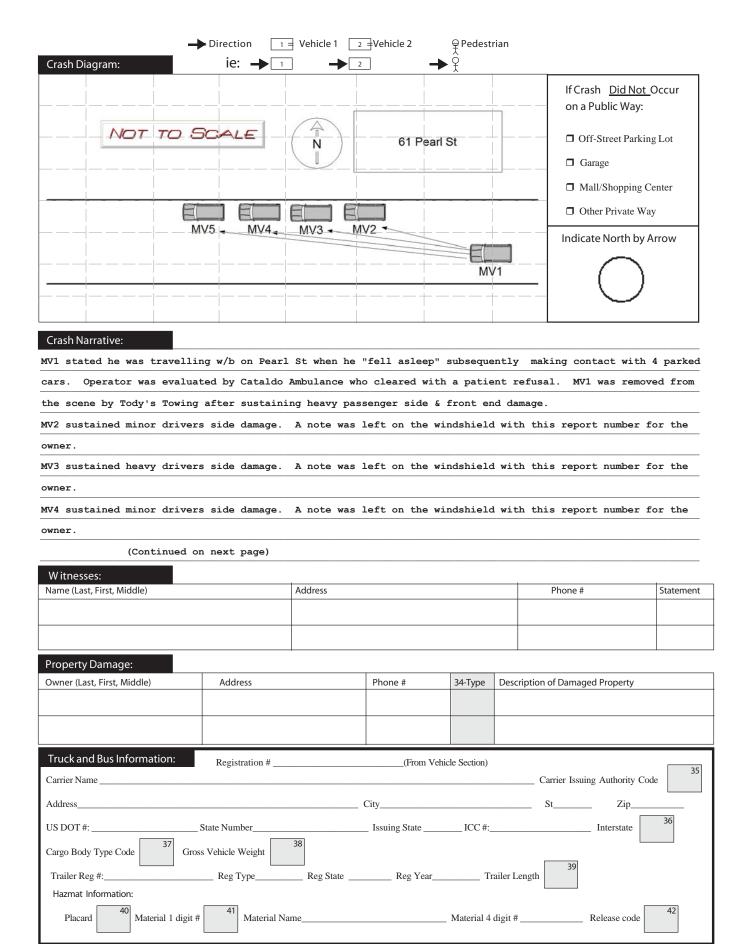
	Poli	ce Use Only		Commonweal	lth (of Massa	achi	usett	S		RM	V Docum	nent Number			
	Date of Crash 06/24/2019	Time of Crash 01:27	City/Tow NEWTON	MIOTOI		icle Cra	sh	Numbe Vehicle		red La	eed Limititude _		State Police Local Police MBTA Police	XI		
		24HR				Report		5	0		ngitude_		_Other:	_		
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1 4	Route# Direc	tion		Route# Direction Address # Name of Roadway/Street												
			A	Feet NSEW of or									2 ¹			
	Route# Direc	tion N	Name of Intersecting	Mile Marker Exit Number												
			Also at Interse	Feet N S E W of Route# Intersecting Roadway/Street									-			
2 1				Feet NSEW of								4^{1}				
	Route# Direc	tion	ng Roadway/Street	Landmark												
3	XVehicle1	#Occupants	Hit/Run	Moped Case N	Number		1	90000064	4							
	T:#		St MA	DOD /A	D#	4DH429			D	Type_PA	AN	D	Ctata MA	-		
	License #	D 18 1	18	DOB/Age	_	ear 2019		1					State MA	-		
4	Sex_M_ Lic.		Lic. Restrictions MANUEL	B CDL Endorsment					SE BAN			_ veh Co	nīig. 2	1		
$\begin{vmatrix} 4 \\ 1 \end{vmatrix}$	Operator SAI Address 74 GA	Last	First	Middle		JP MORGAN Las	t	СПА	First			Middle		- 1 ¹		
				MA 02:22		PO 901098 FORT WORTH					State TX Zip 76101					
		City NEWTON State MA Zip 02458											•	-		
5	1							Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								
5	Vehicle Travel	Direction: N	S E X Respo	nding to Emergency?	Event	Sequence 2	22 2 2		2 22	e	<u> </u>	,	4			
	Citation # (If I	ssued)			Most I	Harmful Event	2 23			⊕ (0	9	<u> </u>	10 Undercari 5 11 Totaled	nage		
6	Violation	1: ChSec	C Violation 2	: ChSec	Driver	Contributing Co			19 24		<u>V</u>	\sum				
⁶ 1	Violation	3: ChSec	c Violation 4	: ChSec	Under	ride/Override	25	Tow	ed Y	8	/		6	1		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Age/DOB							29 Eje Switch Co	31 Ct Trap	31 32 33 Trap Injury Transp. Code Status Code Medical Facility						
	Operator	,		See Above				1	2	99 0	0	10 1				
7																
1	Please Select C of the Followi	I A Vehicle	2 0_#Occupants	Non-Motorist A Type	e 1	Action 1	Loc	cation	16 Co	ondition	17	Hi	t/Run Mop	ed		
		ng.				AENE62				10 /	NT.	ļ	MA			
	License #	18 1		DOB/Age	<i>v</i>						Type PAN Reg State MA			-		
0	Sex Lic.	Class	Lic. Restrictions	CDL Endorsment		ear_2004	Ve			OLEI		_ Veh Co	nfig. 2			
⁸ 2	Operator	Last	First	Middle		TYMINSKI	it		HAEL First			Middle		-		
	Address		Address 656 WASHINGTON ST								-					
	City		City BOSTON State MA Zip 02131								-					
	Insurance Com	pany_PILGRIM		Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)				
	Vehicle Travel	Event Sequence 22 22 22 22 3 4														
	Citation # (If I	Citation # (If Issued) Most Harmful Event 1 Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 24 On the sec of the								10 Undercari 5 11 Totaled	nage					
	Violatio) ()						
	Violatio	n 3: ChS	Underride/Override 25 Towed N 0													
			operator and all o	ccupants involved		4 /DOD	e	26 27 Seat Safet	7 28 y Airbag	29 3 Airbag Eje	0 31 ct Trap	Injury Tra	33 unsp.	lieu		
	Name (Last Fi Operator/	Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Syst	em Status	Switch Co	ode Code	Status C	ode Medical Faci	nty		
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						+				+						

Pol	ice Use Only		Commonw	ealth	of Massa	achu	setts				ıment Numbe			
Date of Crash 06/24/2019	Time of Crash	City/Tow NEWTON	14101		nicle Cra	sh	Number Vehicles	Number Injured		imit <u>25</u>	State Police Local Police MBTA Poli	e D		
09242023	24HR		I		Report		5	0	Longitu		Other:	ice 🔟		
	AT INTER	RSECTION:	<	LOCA	TION	>		NOT	AT IN	TERSE	CCTION:			
Route# Direc	ction	Name of R	oadway/Street		Route# Direction	on Add	ress #		Name	of Roadwa	y/Street			
1		Α		Feet N S E W of or Mile Marker Exit Number										
Route# Direc	ction N	Name of Intersecting Also at Interse			Feet 1	NSEV	V of	WHIE W	arker		EXIL NUITIO	er		
			Feet NSEW of Route# Intersecting Roadway/Street											
Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
[V] v ₂ 1 1 1 2	. 0 #0		Dynat		Landmark									
Vehicle 3	3 0_#Occupants	Hit/Run	Moped	Case Number	r	190	0000644							
License #	18 1	St	DOB/Age	_							g State MA	20		
Sex Lic.		Lic. Restrictions			Year_2013		Make_NI	SSAN		Veh C	onfig. 2			
Operator	Last	First	Middle		er GUTIERREZ	T.	CARLO	First		Midd	le			
					ess 65 PEARL ST	l'								
		State	City_	NEWTON						Zip <u>02458</u>				
1	npany GOVT EM				cle Action Prior to		11 21		amaged A		(Circle Up to T	Three)		
Vehicle Travel	l Direction: N	S E X Respo	nding to Emergency?	Event	Event Sequence 1 22 22 22 22 2 3 4 Mark 10 Undercarriage									
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1		c Violation 2		er Contributing Co	ode 25				O)				
	1 3: ChSec	Unde	Underride/Override Towed N											
Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Se Po	at Safety A s. System	Airbag Airbag Status Switch	g Eject Tr Code Co	31 32 ap Injury T ode Status C	ransp. Code Medical F	acility		
Operator	•		See Above											
Please Select (of the Followi	IX Vehicle	e4 0_#Occupants	Non-Motorist A	Туре	14 Action 1	Locati		Condit	ion	17 D H	Hit/Run M	loped		
License #		St	DOB/Age	Reg #	7HG217			_Reg Typ	e_PAN	Re	Reg State MA			
Sex Lic.	Class 18 1	Lic. Restrictions	CDL	Veh	Year_2010	Veh l	Make_HC	ONDA		Veh C				
Operator	Last	First	Endorsment		er HANNON	t	JACQU	ELINE First		Midd	le			
Address			Addr	Address 706 (apt. 2) EAST FIFTH ST										
City		City_	City BOSTON State MA Zip 02127											
Insurance Con	npany GOVT EM	IPLOYEE	Vehic	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
Vehicle Travel	Direction: N	Event	Event Sequence 22 22 22 22 3 4											
Citation # (If I	Issued)	Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled											
Violatio	on 1: ChS	_ Drive	Driver Contributing Code 24 24 Q											
			4: ChSec	_ Unde	rride/Override	25	Towed	_N	20	21 22				
Name (Last F		operator and all o	ccupants involved Address		Age/DOB		26 27 at Safety 2 os. System	28 29 Airbag Airbag Status Swite	g Eject Tr ch Code C		ransp. Code Medical I	Facility		
Operator/	/Non-Motorist		See Above											
									++					

Poli	ice Use Only		Commonw	ealth o	of Mass	achus	setts		R	MV Doo		Number		
Date of Crash 06/24/2019	Time of Crash 01:27	City/Tow NEWTON	MIOU		icle Cra	ısh	Number Vehicles	Number Injured	Speed L Latitude		Sta Lo	nte Police cal Police BTA Police	X	
	24HR		F		Report		5	0	Longitue	de	Ot	her:		
	AT INTER	LOCA	LOCATION > NOT AT INTERSECTION							ON:				
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Route# Direc	ction	Name of R	loadway/Street		Route# Directi	on Add	ress #		Name o	of Roadw	ay/Stree	et		
		A		Feet NSEW of or										
Route# Direc	ction N	Name of Intersecting	Roadway/Street		Mile Marker Exit Number									
		Also at Interse			Feet	N S E V	V of	Route#	Inter	secting R	oadway	/Street	-	
1					Route# Intersecting Roadway/Street Feet N S E W of									
Route# Direc	ction	Name of Intersect	ing Roadway/Street		Landmark									
XVehicle 5	#Occupants	Hit/Run	☐ Moped Ca	ase Number		190	0000644						1	
License#		St	_ DOB/Age	Reg#	3FY672			_Reg Tyr	e_PAN	R	eg State	MA		
Sex Lic.	Class 18 1		19 CDL	Veh Y	ear_2016							20		
Operator			Endorsment		LEASING L	Γ	USB				_			
			Middle		SS BX 679	st		First		Mi	ddle			
			eZip		WILMINGTON				St	ate OH	Zip 4	5177		
	npany_SAFETY			-	e Action Prior t		11 21				_ ^ _	Up to Thre	ee)	
	Direction: N		nding to Emergency?		Sequence 1	22 22	22	22 2		3	4			
	(ssued)		<i>C</i>		Harmful Event	23						0 Undercarri	iage	
,			2: ChSec		Contributing C		24	24 1	← <i>)</i>	9	5 1	1 Totaled		
			: ChSec		ride/Override	25	Towed		V	O	6			
	fill out for oper	Silder		Sei		28 29 Airbag Airba	30 Eject Tra	31 32 Injury	33 Transp.		\dashv			
Name (Last Fir			Address See Above		Age/DOB	Sex Pos	s. System	Status Switch	Code Co	de Status	Code	Medical Facilit	ty	
Орегают			DEC ADOVE											
													-	
Please Select (of the Followi	Vehicle	e# Occupants	Non-Motorist A	Туре	Action Action	Locati	ion 1	Condi	ion	17	Hit/Rur	Мор	ed	
License#		DOB/Age	Reg#	Reg # Reg Type Reg State										
Sex Lic.	Class 18 1	Lic. Restrictions	19 CDL	Veh Y	ear	Veh l	Make			Veh	Config.	20		
Operator			Endorsment	Owner	r									
Address	Last	First	Middle		La	st		First		Mi	ddle			
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Vehicle Travel	Direction: N	Event	22 22 22 2											
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			occupants involved			Sec		28 29 Airbag Airba	30 Eject Tre	31 32 Injury	33 Transp.		\dashv	
Name (Last Fi	Non-Motorist	1	Address See Above		Age/DOB	Sex Po	os. System	Status Swite	ch Code C	ode Status	Code	Medical Facil	lity	
Operator/	140H-MOOTOFISE		See Above				-		++				=	
							+		+					



-	Direction 1	∃ Vehicle 1 [2	2_≢Vehicle 2	₹ Pedestria	ın	
Crash Diagram:	ie: 🕕 🛚	→ [2	2	₽Ŷ		
Crash Diagram:	Ie: 1			¥ 	on a Publi Off-Stre Garage Mall/Sh	eet Parking Lot
Crash Narrative:						
MV5 sustained minor drive	rs side damage.A	note was le	eft on the win	dshield wi	th this report nur	mber for the
owner.						
W itnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Pro	perty
Truck and Bus Information:	D :		- T	1110 2 1		
			(From Ve	hicle Section)		35
Carrier Name					Carrier Issuing Aut	nonty Code
Address			City		St	Zip
US DOT #:	_ State Number		Issuing State _	ICC #:_	Inte	rstate 36
37		38				
Cargo Body Type Code Gr	oss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trail	ler Length	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material Na	ame		Material 4 di	git # Relea	se code 42
Turgit	- Indicated 14	· ·			Release	
GREGORY P HELMS				TON POLICE DEPARTM		06/24/2019
Police Officer Name (Please Print)	Signature		ID/Badge # De	epartment	Precinct/Barracks	Date