P	olice Use Only		Comm	onweal	lth o	of Massa	achı	iseti	ts		RM	V Doct	ument	Number	
Date of Cras 06/25/2019	h Time of Cra	nsh City/ NEWTON	Town			icle Cra	sh	Numb Vehicl			Speed Lin Latitude _		Sta Lo	ate Police cal Police BTA Police	N Xi
09/29/2019	24F					Report		3	1		Longitude		Ot	her:	
	AT INT	ERSECTION		< L	OCAT	ΓΙΟN	>		N	OT A	T INT	ERSI	ECTI	ON:	_
						EAST	118	3	RIV	ER ST					
Route# Direction Na			of Roadway/Street			Route# Direction	on Ac	ldress #			Name of	Roadwa	ıy/Stree	et	_
			At			Feet	N S E	W of			·	or			_
Route# Di	rection	Name of Intersec	ting Roadway/Stree	et						le Mark				it Number	_
		Also at In	ersection with		-	Feet	N S E	W of	Rou		Interse	cting Ro	oadway	/Street	-
Route# Dir					-	Feet [1	N S E	W of				Ü	,		
Route# Dir	ection	Name of Inter	secting Roadway/St	treet							La	andmark			
XVehicle	1 1_#Occupar	nts Hit/Ru	n Mope	d Case N	lumber		19	9000006	53						
License#_		St ¹	MA DOB/Age		Reg#	96MV69			Reg	Type]	PAN	Re	o State	MA	一
	c. Class D 18		19		_	ear_2014							_	20	_
1	JRUTA Last		End	orsment		(Same as open									ŀ
Address 122	Last LOWELL AVE	First (apt. 1)	M	liddle		Las	t		First			Mide	dle		_
City WALT			State MA Zip 02	2453								^	7in		-
,	ompany GOVT		stateZip_			e Action Prior to			21					e Up to Thr	_
_	_						22 22	2 22		0	_)	(4)		
	rel Direction:		sponding to Emerg	gency ?		Sequence 1	23						\	10 Undercari	riage
`	f Issued)		on 2. Ch So			Harmful Event	1	24	24	1	- <u> </u>	2	5 1	11 Totaled	
			on 2: ChSec			Contributing Co	25	1 27	, v	8	7		6		
		perator and all occ	on 4: ChSec		Underr	ride/Override	T	26 2	wed Y 27 28 ety Airbag	29	30 31 Eject Trap	32 Injury	33		\dashv
Name (Last	First Middle)		A	ddress		Age/DOB	Sex	Pos. Syst	tem Status	switch (Code Code	1 1	Γransp. Code	Medical Facil	ity
Operate	or		See A	Above				1	4	4	0 0	10	1		-
Please Selection of the Follow		icle2 1_#Occupa	ants Non-Mo	otorist A Type	;	4 Action 1	5 Loc	ation	16 Co	ondition	n 17		Hit/Rur	п Мор	oed
License #St MA DOB/Age DOB/Age					Reg#	5ZX934	Reg Type_PA					N Reg State MA			
Sex_F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL					Veh Ye	Veh Year 2006 Veh Make HYUN Veh Config. 1								20	
Operator D	URAN	MERCEDE	S	orsment	Owner	(Same as open									_
Address 34	HARTFORD S	First Γ (apt. 1)	N	fiddle	Addres	Las	t		First			Mide	dle		_
City_BOST	ON		State MA Zip 02	2125	City						Stat	e	_Zip_		_
Insurance Co	трапу СОММ	ERCE			Vehicle	e Action Prior to	Crash	6	21	Dam	aged Area	a Code:	(Circle	e Up to Thr	ee)
Vehicle Trav	el Direction:	N S W W	Responding to Emer	gency?	Event 5	Sequence 1 2	22 2		22	0_	3	<u> </u>	4		
Citation # (I	f Issued)	1123			Most F	Harmful Event	23					_/		10 Undercari	riage
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			ion 4: ChS			ride/Override	25	1	ved Y	O	7	, У	6		
			all occupants invo					26 2 Seat Safe		29 Airbag	30 31 Eject Trap	32 Injury	33 Fransp.		\dashv
	First Middle) or/Non-Motoris	et l		Address Above		Age/DOB		Pos. Sys	stem Status	Switch	Code Code	Status	Code	Medical Faci	lity
Operato	n/11011-1110101011S) i	See A	JUVE				99	4	4	0 0	9	2		\dashv
								_							\blacksquare

	ice Use Only		Commonwe								ent Number	
Date of Crash 06/25/2019	Time of Crash 08:49	City/Town NEWTON			icle Cra	sh N		Number Injured	Speed Lim Latitude _		State Police Local Police MBTA Police	X
	24HR				Report		3	1	Longitude		Other:	_
	AT INTER	RSECTION:	<	LOCA	ΓΙΟΝ	>		NOT	AT INT	ERSEC	CTION:	
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street						Street	_
1		At			Feet [1	N S E W	of —		_ •	or		_
Route# Direc	ction N	Name of Intersecting R	oadway/Street				1 .	Mile Ma	rker		Exit Number	
		Also at Intersect	ion with		Feet	N S E W	of	Route#	Interse	cting Road	way/Street	-
Route# Direc		Nome of Interceptin	a Daadanay/Street		Feet [1	N S E W	of					
Route# Direc	ction	Name of Intersecting	g Roadway/Street						La	ındmark		_
XVehicle 3	_0_#Occupants	Hit/Run	Moped Cas	e Number		1900	000653					
License#			DOB/Age	_ Reg#	1HZ741			Reg Type	PAN	Reg S	State_MA	_
Sex Lic.	Class 18 1		19 CDL	Veh Y	ear_2014	Veh M	_{lake} CHI	EVY		_ Veh Con	nfig. 20	
Operator		First	Endorsment		MCEVOY							
			Middle		Las SS <u>15 (apt. 17) G</u>	OVERNO	RS AVE	First		Middle		
			Zip		MEDFORD				State	e_MAZ	np 02156	_
					e Action Prior to	Crash	11 21	Da	maged Area	a Code: (C	ircle Up to Thre	ee)
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		ator and all occupan				20 Seat	5 27 Safety Ai	28 29 irbag Airbag	30 31 Eject Trap	32 Injury Tran	33 nsp.	
Name (Last Fir			Address See Above		Age/DOB	Sex Pos.	\$ystem S	tatus Switch	Code Code	\$tatus Coc	le Medical Facili	ty
1												
Please Select (of the Followi	Vehicle	e# Occupants	Non-Motorist A T	ype	Action 1	Locatio	on 16	Conditi	on 17	Hit	/Run Mop	ed
	J	G,	DOD/A	D //				D T		D C		_
License # St DOB/Age Sex Lic. Class Lic. Restrictions CDL					ear			0 11		Reg State 20 Veh Config.		
Operator	Class	Lic. Restrictions	Endorsment	_			таке			_ ven con	ilig.	
_	Last	First	Middle		Las	t		First		Middle		-
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Insurance Com	Direction: N		nding to Emergency?			22 22		22 2	3	`	4	-/
1		^	nding to Emergency?		Sequence	23					10 Undercarr	iage
,	ssued)		· Ch Saa		Harmful Event	ada	24	24 1		<u> </u>	5 11 Totaled	
			: ChSec		Contributing Co	25	Tows	8	7		6	
		operator and all oc	: ChSec	Under	ride/Override	26 Seat	Towed _	28 29 irbag Airbag	30 31 Eject Trap	32	33	
Name (Last Fi	irst Middle)	- Perator and an oc	Address		Age/DOB	Sex Pos	Safety Ai System	rbag Airbag Status Switch	Eject Trap Code Code	Injury Tran	nsp. ode Medical Facil	lity
Operator/	Non-Motorist		See Above				-					

