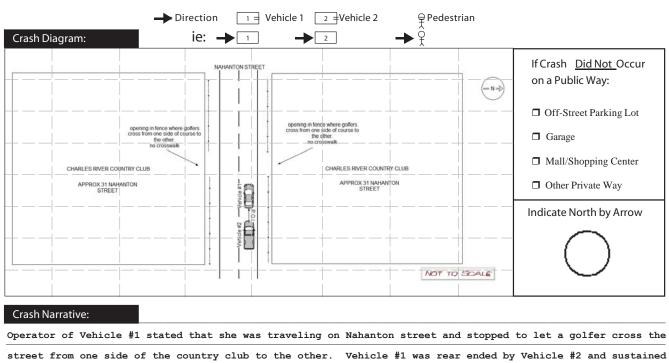
	Poli	ice Use Only		Commonwe	alth	of Mass	achi	uset	tts		RM	V Doci	ument	t Number	
	Date of Crash 07/01/2019	Time of Crash 15:15 24HR	NEWTON	MIOTO		nicle Cra Report	sh	Num Vehic	- 1	ured L	peed Limatitude _ ongitude		Lo	ate Police [ocal Police] BTA Police [ther:	
		1	RSECTION:	<	LOCA		>				T INT				┱
						WEST	31		NA	HANTO	N ST				2
1	Route# Direc	tion		Roadway/Street		Route# Directi	on A	ddress :	#]	Name of 1	Roadwa	ıy/Stre	et	_ 2
	At					Feet NSEW of or Mile Marker Exit Number							-		
	Route# Direc	etion 1	Name of Intersectin	<u> </u>		East [N S E	w of		ile Marke	er		Ex	xit Number	-
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3	My 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Landmark								7	
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	License#	18 1	St St	DOB/Age	_	8FR151				g Type_P		Re		20	
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4 1	Operator HO		SARAH First	L Middle		HOLDSWOI La		PA	UL Firs	t		Mid	dle		1
	Address 84 SN					ess 84 SNOW R	UAD					N4 A		01.506	
	City N. GRAF			te_MA Zip_01536	_ City_	N. GRAFTON			21		State		_ ^ _		
5		pany COMMER				ele Action Prior t	o Crash			Dama 2	ged Area	Code:	(Circi	e Up to Three)
2		Direction: N		onding to Emergency?		Sequence 1	23					\overline{A})	10 Undercarria	σe.
	,	ssued)				Harmful Event	1	24	24	1 4	.] 9			11 Totaled	50
⁶ 1				2: ChSec		r Contributing C	ode 2	1		8	7	<u> </u>	െ		
1			rator and all occup	4: ChSec	Unde	Underride/Override Towed Y								+	
	Name (Last Fir		ator and an occup	Address		Age/DOB	Sex	Pos. Sy	stem Status	Airbag E Switch C	ject Trap ode Code	32 Injury Status	33 Fransp. Code	Medical Facility	1 1
	Operator			See Above				1	. 4	4 0	0	10	1	NONE	_
7 1	Please Select C of the Followi	IX Vehicle	e2 <u>1</u> #Occupant	s Non-Motorist A T	уре	14 Action	Loc	cation	16	ondition	17		Hit/Ru	n Mope	d
	License#		St_M					Reg Type PAN				Reg State_MA			
	Sex_M Lic. Class D 18 18 Lic. Restrictions 19 CDL				_ Veh Y	Veh Year 2017 Veh Make CHEVY Veh Config. 20									
8 1	Operator BANNON GERARD P Endorsment Last First Middle				_ Owne	Owner (Same as operator) Last First Middle									
_	Address 370 S	AVIN HILL AV	/E		Addr	ess									
	City DORCHESTER State MA Zip 02125				_ City_	City State Zip									
	Insurance Company COMMERCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three))	
	Vehicle Travel	chicle Travel Direction: NSEX Responding to Emergency?					Event Sequence 1 22 22 22 22 3 4								
Citation # (If Issued)						Most Harmful Event 1 23 G 9 10 Undercarriage 5 11 Totaled								ge	
	Violatio	n 1: ChS	Driver Contributing Code 19 24 5 24												
	Violatio	n 3: ChS	ec Violatio	n 4: ChSec	Unde	rride/Override	25	To	wed Y		7		6		
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex	26 Seat Sa Pos. S	27 28 fety Airbag ystem Statu	29 Airbag E Switch	30 31 ject Trap Code Code	32 Injury Status	33 Fransp. Code	Medical Facility	y
		Non-Motorist		See Above				1		4 0				NONE	
															_



heavy rear end damage. Vehicle #1 was towed from the scene by David from Tody's.

The operator of Vehicle #2 stated that he was traveling on Nahanton Street when a golfer ran across the street in front of Vehicle #1. Operator stated that he couldn't stop and struck Vehicle #1. Vehicle #2 sustained front end damage and was towed from the scene by Bobby from Todys. Both operators were picked up from the scene. No injuries were reported. It should be noted that there is no crosswalk at the location of the crash.

Witnesses:				
Name (Last, First, Middle)	Address			Phone # Statement
Property Damage:	,			
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
Truck and Bus Information:	Registration #	(From Vehi	cle Section)	25
Truck and Bus Information: Carrier Name		(From Vehi	cle Section)	Carrier Issuing Authority Code 35
				Carrier Issuing Authority Code
Carrier Name		City		Carrier Issuing Authority Code St Zip
Carrier Name Address US DOT #: Stat		City		Carrier Issuing Authority Code St Zip Interstate 36
Carrier Name Address US DOT #: Stat Cargo Body Type Code 37 Gross Vo Trailer Reg #:	e Number	City Issuing State	ICC#:_	Carrier Issuing Authority Code St Zip Interstate 36
Carrier Name Stat US DOT #: Stat Cargo Body Type Code 37 Gross Vo	e Number	City Issuing State	ICC#:_	Carrier Issuing Authority Code St Zip Interstate 36

JAMES B SELIG		NEWTON POLICE DEPARTM	07/01/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date