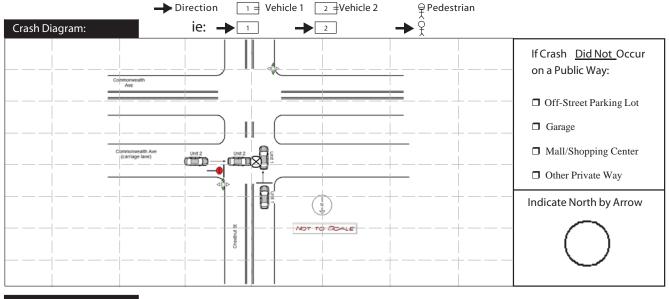
	Poli	ice Use Only		Common	wealth	of Mass	achu	setts	;		RM	V Docur	nent Number	
	Date of Crash 07/08/2019	Time of Crash 18:00	City/To NEWTON	Mo Mo	tor Ve	hicle Cra	ash [Number Vehicles		_ ^	ed Limi		State Police Local Police MBTA Police	□ X i
	07/08/2019	18:00 24HR			Police	Report		2	0		gitude_		MBTA Police Other:	
		AT INTER	RSECTION:	<	LOCA	ATION	>		NO	ТАТ	INT	ERSE	CTION:	2
	SOU	TH CHEST	NUT ST											2
1	Route# Direc	tion	Name o	f Roadway/Street		Route# Direct	ion Add	lress #		Na	ıme of I	Roadway	/Street	2
	At WEST COMMONWEALTH AVE Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or								
													Exit Number	_
			Also at Inte	rsection with		Feet	N S E V	W of	Route	#	Intersec	ting Roa	dway/Street	-
2 1						Feet	N S E V	W of						3
	Route# Direction Name of Intersecting Roadway/Street					Landmark								
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	er	190	00000697	•					
	License#		St M	DOB/Age	Reg	# ZI954			Reg T	vpe PA	s	Reg	State RI	
	Sex_M Lic.	18 1		19	_	Year 2010							20	_
4	Operator PEN		KEBIN	Endorsmer	nt	er MORALES			A First					- 1
2	Address 217 N	Last MONTFORD A	First AVE	Middle	Addı	ress 82 LEDGE 9	ast ST		First			Middle		_ 1
	City BALTIM			ate_MD Zip_21224		City PROVIDENCE State RI Zip 02904							_	
	Insurance Company PROGRESSIVE					Vahiele Action Prior to Crosh 21 Damaged Area Code: (Circle Up to Three)								ree)
5	1	Direction: N		ponding to Emergency?		at Sequence 1	22 22	22	22 2		3		4	
1]	ssued)		F		Harmful Event	23				\mathcal{M}	Λ)	10 Undercar	riage
				n 2: ChSec		er Contributing (24	24	—	9	<u> </u>	5 11 Totaled	
⁶ 1	1			n 4: ChSec		erride/Override	25	Towe	ed Y 8		()	6	
			ator and all occi	ipants involved			Se	26 27 eat Safety		29 30 bag Ejec	31 t Trap	32 Injury Tra	33 ansp.	1
	Name (Last Fir	st Middle)		Address See Above	<u>, </u>	Age/DOB	Sex Po	os. \$ystem	Status \$w	itch Code	e Code 0	\$tatus Co	ode Medical Facil	lity 1
	Орегию							-	1 9	, 0	0	10 1		
2	Please Select C of the Followi		2 <u>1</u> # Occupa	Non-Motorist	A Type	Action Action	Locat		16 Con	dition	17	Hi	t/Run Mor	ped
	License#		St_M		Reg	Reg # 616WF8 Reg Type_PA					N	Reg	State MA	_
	Sex_M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2013 Veh Make SUBARU Veh Config. 1								
8 1	Operator NATANZON LEONID Endorsment Last First Middle			nt Own	Owner (Same as operator) Last First Middle								_	
1	Address 31 BU	JRLINGTON RI	D	Middle	Addı	ress			11150			Middle		_
	City BEDFORD State MA Zip 01730					CityStateZip								
	Insurance Com	npany COMMER	CE		Vehi	cle Action Prior	to Crash	6 2	21	Damage	ed Area	Code: (0	Circle Up to Thr	ree)
	Vehicle Travel	Direction: N	S E X	esponding to Emergency	? Even	Event Sequence 1 22 22 22 22 2 2 2 2 2 2 2 2 2 2 2 2								
	Citation # (If Issued) 11441/51 Most Harmful Event 1 5 11 Total Violation 1: Ch 89/9 Sec Violation 2: Ch Sec Driver Contributing Code 4 24 24 24 24 24 24 24 24 24 24 24 24 2							10 Undercari	riage					
Violation 3: ChSec Violation 4: ChSec Underride/Override Towed N 7							6							
			operator and al	l occupants involved		4 707		26 27 eat Safety	28 Airbag Air	29 30 bag Ejec) 31 t Trap		33 ansp.	:1:4
	Name (Last Fi	Non-Motorist		Address See Above	;	Age/DOB	Sex F		Status Sv	vitch Coo	de Code 0	Status C	Code Medical Faci	ility
	*	·												\neg
											- 1			



Crash Narrative:

MV1 was traveling SOUTH on Chestnut St when he proceeded through a green light showing at the intersection.

When he entered the intersection at Commonwealth Ave he was struck by MV2. MV2 had a stop sign on

Commonwealth Ave in the carriage lane and proceeded into the intersection resulting in a collision with MV1.

MV1, a 2010 Toyt Scion (RI Reg: ZI954), was being operated by a Kebin Eduardo Morales Pena. MV2, 2013

Subaru Legacy (MA Reg: 616WF8), was being operated by a Leonid Natanzon. There was heavy front end

damage to MV2 and the driver's side back door was crushed in on MV1. Airbag deployment on MV1, Pena signed a

refusal with the medics and his vehicle was towed by Tody's. Natanzon was uninjured and was issued in hand MA

Uniform Citation T1441751 for 89/9 - Stop Sign, Fail.

Witnesses:										
Name (Last, First, Middle)	Address				Phone #	Statement				
Property Damage:										
Owner (Last, First, Middle)	Address	Phone # 34-Type Des				scription of Damaged Property				
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code										
Address			City							
US DOT #:S			_ Issuing State	ICC #:_		Interstate	36			
	s Vehicle Weight	38				39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer L	ength				
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Nan	ne		Material 4	digit #	Release code	42			

ALEX N KANE	38800	NEWTON POLICE DEPARTM	07/08/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date