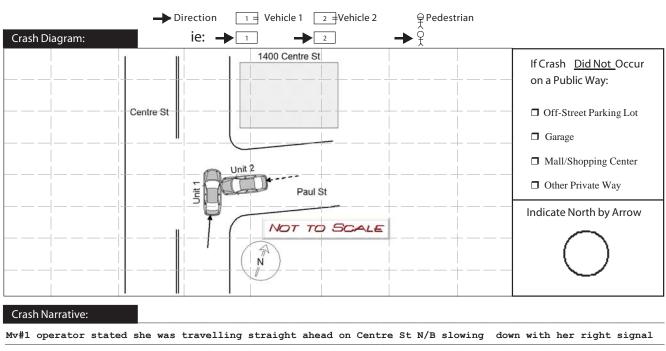
	Poli	ce Use Only		Commo	nwealth	of M	assa	chus	etts			RM	V Doc	umen	t Number		
	Date of Crash 07/10/2019	Time of Crash	City/T NEWTON	own M	Iotor Ve	hicle	Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	umber	Num	_ ^	eed Lim		St L	ate Police ocal Police IBTA Police	□ Xì	
	07/10/2019	09:23 24HR			Police	Repo	rt		2	0	1	ongitude _			IBTA Police ther:		
		AT INTER	RSECTION:	<	< LOC	ATION	>			NO	T A	ΓΙΝΤ	ERS	ECT	ION:	2	
	NOR	TH CENTR	E ST													2	
1	Route# Direc	tion	Name o	f Roadway/Street		Route#	Direction	Addre	ss #		N	Vame of	Roadw	ay/Stre	eet	2	
	MEST PAUL ST					Feet NSEW of or											
	Route# Direc			ng Roadway/Street		-					Marke				xit Number		
			Also at Inte	rsection with		·	Feet N	S E W	of	Rout		Interse	cting R	oadwa	y/Street	-	
2 1						.	Feet N	S E W	of						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 ¹	
	Route# Direc	tion	Name of Inters	ecting Roadway/Stree	et							La	ndmarl	k			
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Numb	er		1900	000708								
	License#		St N	A DOB/Age	Res	3XK787				Reg'	Гуре_Р	AN	Re	eg Stat	e_MA		
	Sex_F Lic.	Class D 18 1		19	_	Year 2019		Veh M	ake V	_				Config	20		
4	Operator HA		CHRISTA	Endors	ment Ow	ner _CREDI	T LEAS			SWAG				Ü		- 1	
2	Address 40 DI		First	Middl	le	dress 1401 F	Last			First			Mic	ldle			
	City_BOSTON State_MA Zip_02121 Insurance Company GEICO																
								Crash	2 2	1				_ ^	le Up to Thre	ee)	
5		Vehicle Travel Direction: X S E W Responding to Emergency?						22 22 22 22 6 6 4									
		ssued)		r88		st Harmful E		23					Λ		10 Undercarri	iage	
	,			n 2: ChSec		ver Contribu			24	24	1	9	4	5	11 Totaled		
⁶ 1				n 4: ChSec		derride/Over		25	Towe	d Y	8	7		6			
	Please fill out for operator and all occupants involved					26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.								1			
	Name (Last Fir	st Middle)		Addre See Abo		Age/I	OOB S	Sex Pos.	\$ystem - 99	Status S	witch Co	ode Code	\$tatus	Code 1	Medical Facilit	1 1	
	op										,,		10	1			
3	Please Select C of the Followi	I X Vehicle	2 <u>1</u> # Occupa	Non-Motor	rist A Type	14 Action	15	Locatio		16 Co	ndition	17		Hit/Ru	ın Mope	ed	
	License # St MA DOB/Age					Reg # 417AN5 Reg Type PAN Reg State MA						e MA 20	-				
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions D 29 CDL					Veh Year 2016 Veh Make SUBARU Veh Config. 1											
8 1	Operator Logalbo ANTHONY Last First Middle				Ow	Owner (Same as operator) Last First Middle									-		
	Address 55 HERRICK ROAD					Address									-		
	City NEWTON State MA Zip 02459					City State Zip									-		
	Insurance Company COMMERCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									ee)		
	Vehicle Travel Direction: NSEN Responding to Emergency? Ex					Event Sequence 1 22 22 22 22 22 3 4											
	Citation # (If I	ssued)		Most			Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							iage			
	Violation 1: ChSec Violation 2: ChSec Dri						Driver Contributing Code 4 24 24										
	Violatio	Un	Underride/Override 25 Towed Y 6														
	Pl Name (Last Fi		operator and a	l occupants involve			DOB	Seat Pos	27 Safety	28 Airbag A	29 irbag Ej	30 31 ect Trap	32 Injury	33 Transp.	Madic-LE- T	lie.	
		Non-Motorist		See Abo		Age/		Sex Pos	System - 99		99 0	ode Code 0	Status 10	Code 1	Medical Facil	шу	
	ii																



Mv#1 operator stated she was travelling straight ahead on Centre St N/B slowing down with her right signal on preparing to pull over in front of 1400 Centre St beyond the corner of Paul St. #1 stated she was struck passenger broadside by Mv#2 exiting from Paul St. #1 sustained passenger side damage and towed by Tody's. #1 operator signed a patient refusal.

#2 operator stated he came to a stop at the end of Paul St preparing to turn left on Centre St S/B. #2 stated he assumed #1 was turning right on Paul St with her signal on. #2 proceeded left onto Centre St as #1 was passing by and struck #1 broadside. #2 sustained front end damage and towed by Tody's. #2 operator also signed a patient refusal.

Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Phone # 34-Type Description				ription of Damaged Property		
Truck and Bus Information: Carrier Name			(From Vehic	cle Section)		Carrier Issuing Authority Cod	e 35
Address			City			St Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gross	s Vehicle Weight	38				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer L		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4 o	ligit #	Release code	42

ADAM D GABRIEL	25117	NEWTON POLICE DEPARTM	07/10/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date