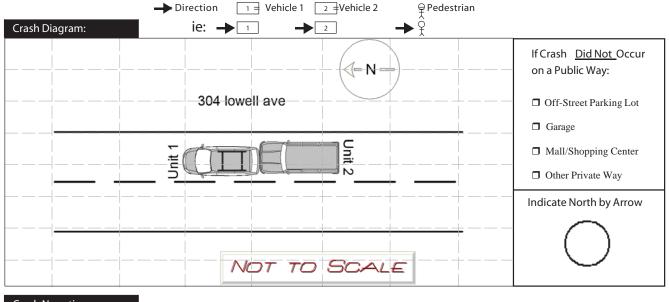
	Poli	ice Use Only		Common	wealth	of Ma	ssa	chus	etts			RM	V Doo	cumen	t Number	
	Date of Crash 07/11/2019	Time of Crash 15:16	NEWTON	Mo Mo	tor Vel Police			\mathbf{h} $\begin{bmatrix} \mathbf{N} \\ \mathbf{V} \\ \mathbf{c} \end{bmatrix}$	umber	Nun Inju	ired La	eed Lim titude _ ngitude			tate Police ocal Police IBTA Police other:	XI C
		AT INTER	RSECTION:	<		TION	t >		•							_
	ALL AVERAGE TOTAL												2			
1	Route# Direc	tion	Name o	f Roadway/Street		Route# Di		Addre	ss #			lame of 1	Roadw	ay/Stre	eet	- -
1	At										_ 2					
	Bouto# Dines	Name of Interesting Pendama (Curet				Feet NSEW of — or Exit Number										
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of										
2 1						Route# Intersecting Roadway/Street Feet N S E W of								y/Street	2	
1	Route# Direction Name of Intersecting Roadway/Street					Landmark										
3	XVehicle 1 3 #Occupants Hit/Run Moped Case					e Number 1900000713										
	J		g, M	A DODA		3CG615				D	т Р	AN	Б	G	МА	-
	License # St MA DOB/Age					Reg # 3CG615 Reg Type PAN Reg State MA Veh Year 2015 Veh Make HONDA Veh Config. 2										
4			Lic. Restrictio	ns 1 CDL Endorsmen	nt				ake				_ Veh	Config	g. 2	\vdash
⁴ 3	Operator WO Address 334 V	Last	First	Middle		er (Same as				Firs			Mi	ddle		1
	City NEWTO			ate_MA Zip_02465		Address State Zip										
		npany_LIBERT M		•	•			1	2					_ ^	le Up to Three	.)
5	1					cle Action Pr	22	rash 22	2 2	22	2	3	Couc	4	ie op to rine.	"
1]	Direction:		ponding to Emergency		t Sequence		23					\overline{A}		10 Undercarria	nge
		ssued)				Harmful Eve			24	24	1	9			11 Totaled	
⁶ 1	1			n 2: ChSec		er Contributin	_	e 1 25			8	7	<u> </u>	ر 6		
1			c Violatio	Unde	Underride/Override Towed 1						I					
	Name (Last Fir		ator and an occi	Address		Age/DO	B S	Seat Pos.	27 Safety System	Airbag Status	Airbag Eje Switch Co	de Code	32 Injury Status	Transp. Code	Medical Facility	1 1
	Operator		22	See Above	2				1	4	4 0	0	99	2	NEWTON WELLESI	EY
	WORDELL, G	ORDON		EWTON, MA 02465			N	И 3	1	4	4 0	0	99	2	NEWTON WELLESI	EY
	WORDELL, JO	OCELYN		4 WOLCOTT ST EWTON, MA 02465			F	6	1	4	4 0	0	99	2	NEWTON WELLESI	EY
7 1	Please Select C of the Followi		e 2 <u>1</u> #Occupar	nts Non-Motorist	A Type	14 Action	15	Locatio		16 C	ondition	17		Hit/Ru	ın Mope	ed
	License#	cense #St MA DOB/Age				Reg # S97251				Reg Type_CON				Reg State MA		7
	Sex_M_ Lic.	ex_M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2003 Veh Make HONDA					Veh Config. 2				
⁸ 2	Operator PIRES JOAO Endorsment				nt Own	Owner MR.GRILL LLC										
	Address 8 GE	Last First Middle Address 8 GENE ST					Last First Middle Address 18 BENNETT RD.									
	City BOSTON State MA Zip 02125				City	City WATERTOWN State MA Zip 02472							02472			
	Insurance Company SAFETY				Vehi	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								e)		
	Vehicle Travel Direction: X S E W Responding to Emergency?				? Even	22 22 22 23 4										
	Citation # (If I	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage									ige
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 19 24 24 5 11 Totaled										
	l		Underride/Override 25 Towed Y 8 7 6													
	Pl	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved								26 27 28 29 30 3 at Safety Airbag Airbag Eject Tra				31 32 33 ap Injury Transp.		
	Name (Last Fi	Non-Motorist		Address See Above	•	Age/D0		Sex Pos.	System 1	Status 4	Switch C	ode Code	Status 10	Code	Medical Facili	ty
	Орегию!/			500 710000	-		+		1	*	* 0		10	-		\dashv
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Crash Narrative:

ON 7-11-19 AT APPROX. 1516HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 304 LOWELL AVE. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS STOPPED IN TRAFFIC TRAVELING N-BOUND ON LOWELL AVE. WHEN SHE WAS HIT IN THE REAR BY VEHICLE #2. VEHICLE #2 STATES HE WAS APPROACHING 304 LOWELL AVE. TRAVELING N-BOUND ON LOWELL. PREPARING TO STOP FOR THE TRAFFIC. DRIVER STATES HIS SODA BOTTLE DROPPED AND FELL BEHIND THE BRAKE AND AS A RESULT HE WAS UNABLE TO STOP. VEHICLE #1 HAD MINOR REAR BUMPER DAMAGE. VEHICLE #2 HAD MINOR FRONT BUMPER DAMAGE. ALL 3 OCCUPANTS OF VEHICLE #1 WERE TRANSPORTED BY MEDIC2 TO NEWTON WELLESLEY HOSPITAL FOR EVALUATIONS. VEHICLE #2 REPORTED NO INJURIES. ALL PARTIES WERE ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

Witnesses:												
Name (Last, First, Middle)	Address		Phone #	Statement								
Property Damage:												
Owner (Last, First, Middle)		Phone # 34-Type Des			scription of Damaged Property							
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code												
Address		(City			St Zip						
US DOT #:	Issuing State ICC #:				Interstate 36							
Cargo Body Type Code 37 Gross Trailer Reg #:	s Vehicle Weight	Reg State	Reg Year	Tr	ailer I	ength 39						
Hazmat Information:												
Placard 40 Material 1 digit #	41 Material Nam	ne		Material 4	digit #	# Release code	42					

THOMAS P WALSH

Police Officer Name (Please Print)

Signature

NEWTON POLICE DEPARTN

O7/11/2019

Percinct/Barracks

Date