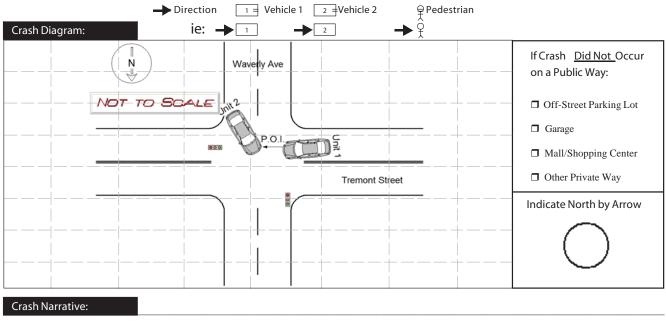
	Poli	ice Use Only		Commo	onwealt	h o	of Mas	sac	huse	etts			RM	V Doc	umen	t Number	
	Date of Crash 07/14/2019	Time of Crash 09:40	City/T NEWTON	own N	Motor V			ash	Nu Vel	mber hicles	Numb	_ ^	ed Lim		St	ate Police ocal Police IBTA Police	NA NA
	,-,	24HR					Report		2		1		gitude		- $ $ 0	ther:	
		AT INTER	RSECTION:		< LC	CAT	TION	>			NO	T AT	INT	ERS	ECT	ION:	2
	EAST	T TREMO	ONT ST														
${f 1}^{1}$	Route# Direc	tion	Name o	f Roadway/Street		F	Route# Direc	ction	Addres	s #		Na	me of I	Roadw	ay/Stre	eet	_ 2 10
	NOR	TH WAVE	RLEY AVE	At		-	Feet	NS	EW	of -				or			. 📙
	Route# Direc	etion N		ing Roadway/Street		$\equiv$	Foot	NS	EW	of	Mile	Marker			E	xit Number	_
			Also at Inte	ersection with		- [-					Route	<del></del>	Intersec	ting R	oadwa	y/Street	3
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Route# Direc	tion —	Name of Inters	ecting Roadway/Str	eet	- -	Feet	N S	EW	of							$ \begin{vmatrix} 3 \end{vmatrix}$
3		• "-		T_									La	ndmarl	K.		┥ .
	Vehicle1	2_#Occupants	Hit/Rur	Moped	Case Nu	mber			19000	00719							_
	License#	18 1	St	1A DOB/Age	<del></del> 1	Reg # <u>3</u>	3MM785				_Reg T	ype_PA	N	R	eg Stat	e MA 20	-
	Sex_M_ Lic.	Class D 1	Lic. Restriction	ons 1 CDL	rsment	Veh Ye	ear_2016		Veh Ma	ke_HY	UNDA	I		_Veh (	Config	. 1	
<sup>4</sup> 3	Operator ME	Last	KEVIN First	Mid	Idle (	Owner	(Same as o	perator	r)		First			Mic	ldle		- <b>1</b>
		MILLIKEN BLVI				Addres	s										.
	City FALL RI			tate_MA_Zip_027	721 (	City					_						
	Insurance Com	pany PROGESS	SIVE DIRECT			_									le Up to Thre	ee)	
5 <b>1</b>		Direction: N		sponding to Emerge	ency? l	Event S	Sequence 1	22	22	22	22		3	$\overline{}$	4	10 11 1	
		ssued) T1271489				Most H	Iarmful Event	1	23	24	24	<b>←</b>	9			10 Undercarri 11 Totaled	age
6	1			n 2: ChSec_		Driver	Contributing	Code	3	24			$\frac{\sqrt{1}}{7}$		ر 6		
<sup>6</sup> 1				n 4: ChSec_		Underri	ide/Override			Towed	<u>Y</u>		21	1 22		I	11
	Name (Last Fir		ator and all occ	upants involved Ado	dress		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Air Status Sw	29 30 thag Ejectitch Cod	) 31 t Trap e Code	32 Injury Status	33 Transp. Code	Medical Facilit	1 1
	Operator		20	See A	bove			-		1	4 4	0	0	10	1		
	SOMUAH-AMPOFO, DORCAS  22 ARTHUR ST BROCKTON, MA 02302							F	4	1	4 4	0	0	8	1		
<sup>7</sup> <b>2</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupa	nts Non-Mote	orist A Type	14	4 Action	15 I	Location		Con	dition	17		Hit/Ru	ın Mop	ed
	License#		St_N	IA DOB/Age		Reg # 2BN517       Reg Type PAN       Reg St         Veh Year 2015       Veh Make SUBARU       Veh Conf										e_MA	_
	Sex_M_ Lic.	Class D 18 1	Lic. Restriction									Config	20				
<sup>8</sup> <b>2</b>	Operator CHAVIER JEAN A Endorsment Last First Middle				(	Owner (Same as operator)  Last First Middle								-			
	Address 18 CA	ASPAR ST	Flist	MIC		Addres	s	Last			Pilst			WIIC	iuie		
	City WROXBURY State MA Zip 02132						CityStateZip										
	Insurance Com	pany COMMER	CE INSURANC	TE .		Vehicle	Action Prior	to Cra	ash	4 2		Damage	ed Area	Code	(Circl	le Up to Thre	e)
	Vehicle Travel Direction: X S E W Responding to Emergency? F					Event Sequence 1 22 22 22 22 3 4											
	Citation # (If I	ssued)			1	Most H	Iarmful Event	1	23		G	4	9	$\left  \cdot \right $		10 Undercarri 11 Totaled	age
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24																
	Violatio	n 3: ChSe	ecViolati	on 4: ChSec	e 1	Underri	ide/Override		25 T	owed			7		6		
	Pl Name (Last Fi		operator and a	ll occupants invol	ved		Age/DOB	Se:		27 Safety 2 System	28 Airbag Air Status S	29 30 bag Ejec witch Co	) 31 t Trap de Code	32 Injury Status	33 Transp. Code	Medical Facil	ity
		Non-Motorist		See Al							4 4		0	10	1		
								+									-



Operator of MV1 stated he was traveling eastbound on Tremont Street. As he was approaching the intersection of Waverly Ave and Tremont Street the traffic control signal turned red. Operator of MV1 stated he did not have time to stop and struck MV2 with the right front bumper of his vehicle.

Operator of MV2 stated he was at the intersection of Waverly Ave and Tremont Street turn Westbound onto

Tremont Street. The traffic control signal turned green and as he was making a left turn in the intersection

MV1 struck the front of his vehicle.

MV1 had significant damage to the right side of the vehicle. MV2 had significant damage to the front of the vehicle. Both vehicles were towed by Todys.

The passenger of MV1 had a laceration to her left side of her face. Medics checked her and she signed a

(Continued on next page)									
Witnesses:									
Name (Last, First, Middle)		Address			Phone	#	Statement		
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property			
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			25		
Carrier Name					Carrier Iss	uing Authority Coo	35 le		
Address			City		St	Zip			
US DOT #:			Issuing State	ICC #:_		Interstate	36		
Cargo Body Type Code Gros	ss Vehicle Weight	38			39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr					
Hazmat Information:									
Placard 40 Material 1 digit #	Material Nat	me		Material 4	digit #	_ Release code	42		

-	Direction 1	∃ Vehicle 1 2	=Vehicle 2	Pedestria	an	
Crash Diagram:	ie: 🕕 🛚 1	2	□ →	<b>&gt;</b> ♀		
					on a P	h Did Not Occur ublic Way:  Street Parking Lot age  Il/Shopping Center er Private Way  e North by Arrow
			<del>-</del>	<del>+</del>		
Crash Narrative:						
refusal.						
			(m1071400)			
Operator of MV1 was cited	TOP Cn. 89/9, I	alling to st	op (T12/1489)	•		
\W:4:						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
		1				
Property Damage:					l	
Owner (Last, First, Middle)	Address		Phone #	34-Type [	Description of Damageo	Property
Owner (Last, 1 list, Middle)	Address		1 Hone #	эт-туре	Description of Damaget	Trioperty
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		35
Carrier Name					Carrier Issuing	Authority Code
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC #·		Interstate 36
37		38	155umg 5tate	ICC #		
Cargo Body Type Code Gro	oss Vehicle Weight					
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	ler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 M-4137	omo		Motomic 1 4 1	git # F	talansa goda 42
Placard Material 1 digit	" Iviateriai Na	a111C		_ 1414161181 4 01	gn.# Þ	.cicase code
SEAN STAKE			NEWI	ON POLICE DEPARTM		07/14/2019
Police Officer Name (Please Print)	Signature		ID/Badge # De	partment	Precinct/Barrack	s Date

CDP1 11 ·24·00