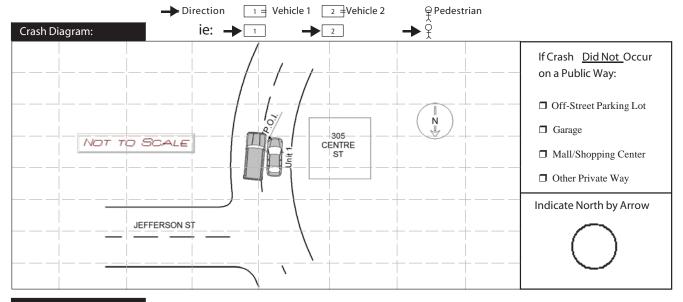
Date of Crash 07/15/2019
AT INTERSECTION: SOUTH 305 CENTRE ST
Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street Feet NSEW of Mile Marker Exit Number Feet NSEW of Route# Intersecting Roadway/Street
At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Landmark
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet NSEW of Route# Direction Name of Intersecting Roadway/Street Feet NSEW of Route# Landmark Thysicial 1.460 www.sta Name of Intersecting Roadway/Street
Also at Intersection with Feet N S E W of Feet N S E W of Route# Direction Name of Intersecting Roadway/Street The section Roadway/Street Also at Intersecting Roadway/Street Feet N S E W of Landmark
3 Nakisla 1 #Owners Name of Manad
3 Marchine 1 1 #Owners Military December 1
Case Number 1900000724
License # St MA DOB/Age Reg # 4YK555 Reg Type PAN Reg State MA
License # St MA DOB/Age Reg # 4YK555 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL Veh Year 2019 Veh Make TOYOTA Veh Config. 1 20
4 Operator RODRIGUEZ YESSICA Endorsment Owner (Same as operator)
1 Address 55 EAST ST (apt. 1) Address Address
City CLINTON State MA Zip 01510 City State Zip
Insurance Company LIBERTY MUTUAL Vehicle Action Prior to Crash The prior to Crash Vehicle Action Prior to Crash The prior to Crash Vehicle Action Prior to Crash The prior to Crash
1 Venicie Travel Direction. The William Responding to Energency: Event Sequence 1 10 Undercarriage
Citation # (If Issued) Most Harmful Event 1 1 5 11 Totaled Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 1 5 11 Totaled
6 Violation 3: ChSec Violation 4: ChSec Underride/Override
Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. \$ystem Status \$witch Code Code \$tatus Code Medical Facility Address
Name (Last First windle) Address Age/DOB Sex Fos. system Status Switch Code (status Code windled Facility) Operator See Above
Please Select One of the Following: Vehicle#Occupants
License # St DOB/Age Reg # Reg Type Reg State 20
Sex Lic. Class Lic. Restrictions CDL Veh Year Veh Make Veh Config.
Operator Owner Last First Middle Last First Middle
Address Address City State Zip City State Zip
Insurance Company Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 3 4
Citation # (If Issued) Most Harmful Event 23 10 Undercarriag 5 11 Totaled
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 24 24 24 7 6
Violation 3: ChSec Violation 4: ChSec Underride/Override Towed
Name (Last First Middle) Address Age/DOB Seat Safety Airbag Airbag Eject Irap Injury Iransp. Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility
Operator/Non-Motorist See Above



Crash Narrative:

On 7/15/19, I responded to the West Newton commuter lot to speak with a party who had her vehicle struck in front of 305 Centre St. The operator of MV1 (MA Reg:4YK555) stated that she was travelling southbound on Centre St when a white Mercedes SUV came into her lane and collided with her drivers side. The Mercedes appeared to acknowledge it made contact with the car, but did not pull over. The Mercedes travelled onto the Mass Pike westbound. The operator of MV1 observed a partial registration of Mass Reg "35M." MV1 stated that she did not see the remaining letters/numbers of the registration, however she believes it was an Asian female driver in her 30's. I had dispatch attempt to run the partial plate several ways with negative results. I observed minor damage to the drivers side of MV1. I advised MV1 to contact her insurance. State PD informed of the accident

Witnesses:									
Name (Last, First, Middle)		Address				Phone #		Statement	
Property Damage:									
Owner (Last, First, Middle) Address			Phone #	34-Type	Descrip	escription of Damaged Property			
Truck and Bus Information: Registration #(From Vehicle Section)									
Carrier Name						_ Carrier Issui	ng Authority Coo	35 le	
Address			City			_ St	Zip		
US DOT #:	State Number		Issuing State	ICC #:_			_ Interstate	36	
Cargo Body Type Code 37 Gross	s Vehicle Weight	38							
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Len	gth 39			
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#_		Release code	42	

ANDREW SCOTT VELLO	NEWTON POLICE DEPARTM	07/15/2019			
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date