	Poli	ice Use Only		Commonweal	lth o	f Massa	achu	setts			RMV	V Docui	ment Numb	er
	Date of Crash 07/15/2019	Time of Crash 10:21	NEWTON	Motor		icle Cra	sh	Number Vehicles	Numbe	Latin	ed Limi tude		State Polic Local Polic MBTA Pol	ce Xi
		24HR	1			Report	>	1	NOT		gitude_		Other:	
	AT INTERSECTION: <					1,01,112,112,112,113						CIIOII.	$\dashv$	
1	Destatt Disco	***	N CD	- Image (Company)	I,	WEST	647	1#	WASH			) I	/64	[
1	Route# Direction Name of Roadway/Street  At				[	Route# Direction Address # Name of Roadway/Street								
					[-	Feet NSEW of • or Mile Marker Exit Number							 er	
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with				— İ.	Feet NSEW of								
2						Route# Intersecting Roadway/Street Feet N S E W of								
2 <b>1</b>	Route# Direc	tion —	ng Roadway/Street	Landmark										
3	XVehicle1 1 #Occupants X Hit/Run													
	venicie i	#Occupants	_	Case N	lumber		19	00000727						
	License # St MA DOB/Age 18 18 19				Reg #         UNKOWN         Reg Type         PAN         Reg State         MA								20	
	Sex Lic.	Class 99 10 1	Lic. Restrictions	9 CDL	Veh Ye	ear	Veh	Make_U	KOWN			Veh Co	onfig. 1	
4 1	Operator <u>UN</u>	KOWN Last	UNKOWN	Middle	Owner	(Same as open	rator)		First			Middle	e	
	Address				Addres	s								_
	City		State	Zip UNK	City						_State		Zip	
	Insurance Com	npany UNKOWN	1		Vehicle	Action Prior to	Crash	1 2	1 I	Damage	d Area	Code: (	Circle Up to	Three)
5	Vehicle Travel	Direction: N	S E X Respon	nding to Emergency?	Event S	Sequence 10 <sup>2</sup>	22 22	22	22 2		3		4	
	Citation # (If I	ssued)			Most F	Iarmful Event	10 23	•	1	_	9	$\langle \cdot   \cdot \rangle$	Under 5 11 Totale	
	Violation	1: ChSec	Violation 2	: ChSec	Driver	Contributing Co	ode 9	9 24	24				)	
<sup>6</sup> 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6								
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				26 27 28 29 30 31 32 33   Seat Safety Airbag Birder Trap Injury Transp.   Age/DOB   Sex   Pos. \$ystem   Status \$witch   Code Code \$tatus   Code   Medical Facility									
	Operator			See Above					4 99		0	10 1		Facility
											+			
7														
1	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist A Type	. 1	4 Action 1	5 Loca		Cond	ition	17	Пн	it/Run 🔲 N	Noped
					D //	, D. T								
	License # St DOB/Age				_	#						20		
R	Sex Lic. Class Lic. Restrictions CDL Endorsment  Operator CITY OF NEWTON					n Year Veh Make Veh Config.								
<sup>8</sup> <b>1</b>		Operator         CITY OF Last         NEWTON           Address         110 CRAFTS ST				Owner Last First Middle								
					Address									
	City NEWTON State MA Zip 02458					CityStateZip  Valida Astice Primes Cook								
	Insurance Company Park Company					vemcie Action Prior to Crasn								
	Vehicle Travel Direction: NSEW Responding to Emergency?				Event Sequence 10 Undercarriage									
	Citation # (If Issued)				Most Harmful Event 9 5 11 Totaled									
	Violation 1: ChSecViolation 2: ChSec					Driver Contributing Code 8 7 6								
ı	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					ide/Override		Towed		9 30	31	32	33	
	Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB		26 27 eat Safety Pos. System	28 2 Airbag Airb Status Sw	ag Eject	Trap le Code	Injury I'r	ansp. Code Medical	Facility
	Operator/	Non-Motorist		See Above						$\perp$		10 1		
										+				

-	Direction 1	Vehicle 1 2	₹Vehicle 2	Pedesti	rian			
Crash Diagram:	ie: → 1	2	<b>→</b>	. ĝ				
647 Wash	ington St	Vehicle #	#1			f Crash <u>Did Not</u> Con a Public Way:  Off-Street Parking Garage		
						☐ Mall/Shopping Co ☐ Other Private Way		
	_					ndicate North by A		
		A+				$\bigcirc$		
Crash Narrative:				,				
An unknown MV struck a fir water department were not bureau.								
Witnesses:		Address			Dha		Ctatamaant	
Name (Last, First, Middle)		Address			Pho	ne #	Statement	
Property Damage:								
Owner (Last, First, Middle)	rner (Last, First, Middle) Address 110 CRAFST ST			34-Type	Description of Damaged Property			
CITY OF NEWTON,	NEWTON,MASS	:	3	FIRE HYDRANT	RE HYDRANT			
Truck and Bus Information:								
Carrier Name	Registration #		(From Vehi	,	Carrier	Issuing Authority Cod	e 35	
Address			City		St	Zip		
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36	
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39		
Hazmat Information:								
Placard 40 Material 1 digit	# 41 Material N	ame		Material 4	digit #	Release code	42	
DANIEL NARDELLI			VIEWANDO	N POLICE DEPART		07/15/20	n19	
Police Officer Name (Please Print)	Signature			artment	Precinct/E			

CDP1 11 ·24·00







