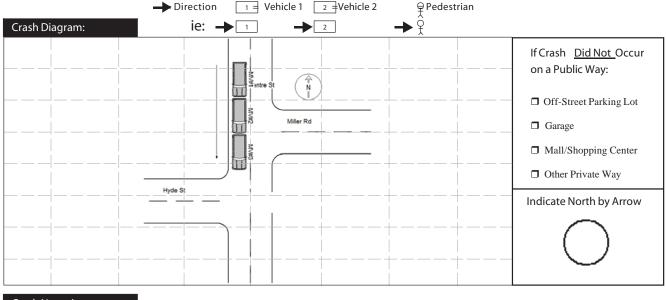
	Poli	ice Use Only		Commonv	vealth	of Mass	ach	uset	ts		RM	V Doc	umen	t Number	
	Date of Crash 07/30/2019	Time of Crash 08:46	City/To	wn Mot	tor Vel	hicle Cra	ash	Num			Speed Lin		St L	tate Police ocal Police IBTA Police	□ Xi
	07/30/2019	24HR				Report		3	1	, I-	Longitude		O	ther:	
		AT INTER	RSECTION:	<	LOCA	TION	>		N	OT A	T INT	ERS	ECT	ION:	2
	WES	T MILLEI	R RD												2
1 1	Route# Direc	tion		Roadway/Street		Route# Direct	ion A	ddress #	#		Name of	Roadw	ay/Stre	eet	_ 2 10
	SOU [*]	TH CENTR		At		Feet	NSE	w of			·	or			
	Route# Direc		Name of Intersectin	g Roadway/Street						lile Marl				xit Number	_
			Also at Inter	section with		Feet	N S E	W of	Re	oute#	Interse	cting R	oadwa	y/Street	
2 1				eting Roadway/Street		Feet	N S E	W of				Ü			2
	Route# Direc	tion		Landmark									\neg		
3	XVehicle 1	#Occupants	Hit/Run	☐ Moped (Case Numbe	r	1	900000	780						
	License#		St MA	OOB/Age	Reg	j35HLK			Re	g Type	PAN	Re	eg Stat	e NJ	_
	Sex_F_ Lic.	18 1		19		Year_2016								20	
4	Operator MO		CAROLINA	Endorsment		er (Same as op							Ü		- 1
1	Address 26 FA		First	Middle		ess				rst		Mic	idle		1
	City BRIGHT		Str	te_MA Zip_02135		<u> </u>						——— е	Zip		
		pany PROGRES		r		cle Action Prior			21				_ ^	le Up to Thre	
5	1	Direction: N		onding to Emergency?_		t Sequence 1		22 22		2	3		4		
1		ssued) T1268348		onding to Emergency		Harmful Event	1 23	3		_	Λ	A		10 Undercarri	age
	· ·			2: ChSec		er Contributing (19 24	24	⊕	- / ˈ	2	5	11 Totaled	
⁶ 1	1			4: Ch Sec		erride/Override	2:	-	owed N	8	<u> </u>	,)	6		
			ator and all occu		- Olide	26 27 28 29 30 31 32 33 34 35 35 35 35 35 35							1:		
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex		stem Status	Switch	Code Code	Status 10	Code	Medical Facilit	<u>1</u>
	Орегатог			See Hoove				9	9 4	4	0 0	10	1		_
															_
⁷ 3	Please Select C of the Followi	IX Vehicle	2 1_#Occupant	s Non-Motorist A	Туре	14 Action	15 Loc	eation	16	Conditio	n 17		Hit/Ru	ın Mope	ed
	License#		St M		Reg #	7GV889			Re	g Type_	PAN	R	eg Stat	e_MA	_]
	Sex_M_ Lic.	Class D 18 1	Lic. Restriction			Year_2014	Ve	h Make	MAZD	A		_ Veh	Config	20	
⁸ 2	Operator CH	AN Last	BOBBY	Endorsment		er (Same as op	erator)		Fir	ret		Mic	Idla		-
_	Address 14 EL	MIRA ST	1 1131	Middle	Addr	ess						WIIC			
	City BRIGHT	ON	Sta	te_MA Zip_02135	City						Stat	e	_Zip_		.
	Insurance Com	pany COMMER	CE		Vehic	cle Action Prior	to Crash	2	21	Dam	aged Area	a Code	: (Circ	le Up to Thre	e)
	Vehicle Travel	Direction: N	X E W Res	ponding to Emergency?_	Even	t Sequence 1	22 2	22 22	2 22	2	3))	4		
	Citation # (If I	Most	Most Harmful Event 1 23							age					
	Violatio	n 1: ChSe	ec Violatio	n 2: ChSec	24 24 9 11 Totaled							11 Totaled			
	Violatio	n 3: ChSe	ec Violatio	n 4: ChSec	25 - 8 7 6										
			operator and all	occupants involved				26 Seat Sat	27 28 fety Airbas	29 Airbag	30 31 Eject Trap		33 Transp.		\dashv
	Name (Last Fi Operator/	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex		ystem Stati	as Switch	Code Code 0 0	Status 10	Code 1	Medical Facil	.ty
	5737401/			22272000				-	- *	1	- 0	10	-		\dashv
									+						\dashv
										1		1			1

	ice Use Only		Commonwea					NT .				nt Number	
Date of Crash 07/30/2019	Time of Crash 08:46	City/Town NEWTON			icle Cra	sh	Number Vehicles	Number Injured	Latitu	Limit <u>3</u> de		State Police Local Police MBTA Police	
	24HR				Report		3	1		tude	(Other:	_
	AT INTER	RSECTION:	< I	LOCAT	TION	>		NOT	AT I	NTER	SECT	TON:	
Route# Direc	tion	Name of Roa	adway/Street	I	Route# Direction	on Add	ress #		Nam	e of Roa	dway/Stı	eet	_
1				Feet	N S E V	V of -			or			_	
Route# Direc	ction I	Name of Intersecting R	oadway/Street	 				Mile Ma	arker		I	Exit Number	
		Also at Intersect	ion with	- 1-	Feet	N S E V	v of	Route#	——In	tersecting	g Roadw	ay/Street	-
Doute# Disse		Name of Interception	a Doodway/Chroat	[-	Feet	N S E V	V of						
Route# Direc	tion	Name of Intersecting	g Roadway/Street							Landn	nark		_
XVehicle 3	#Occupants	Hit/Run	Moped Case I	Number		190	0000780						
License#		St_MA	DOB/Age	Reg#3	3XK672			_Reg Typ	_e PAN		Reg Sta	nte_MA	
Sex_F_ Lic.	Class D 18 1	Lic. Restrictions	1 CDL	Veh Ye	ear_2014	Veh	Make_NI	SSAN		Ve	eh Confi	g. 20	
	LERAMORAN		M Endorsment		(Same as open								_
Address 11 JO	HN ST	First	Middle		Las						Middle		_
City CHELSE		State_ ^I	MA Zip 02150								Zip		_
Insurance Com	Insurance Company GOVT EMPLOYEE					Crash	21	Da	maged	Area Co	de: (Cir	cle Up to Thre	ee)
Vehicle Travel	Direction: N		ling to Emergency?	Event S	Sequence 1 2	22 22	22	22 2		3	4		
_	ssued)			Most Harmful Event 1 23									iage
Violation	1: ChSec	c Violation 2:	ChSec	Driver	Contributing Co		24	24		/) \[\]e	11 Totaled	
Violation	3: ChSec	c Violation 4:	ChSec	Underr	ide/Override	25	Towed	8 \		7	6		
		ator and all occupan				Se	26 27 at Safety	28 29 Airbag Airbag	30 Eject	31 3 Frap Inju	32 33).	_
Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex Po	s. \$ystem	Status Switch	Code	Code \$tat	Code 1	Medical Facili	ty
1													
Please Select C of the Followi	I Vahicle	e# Occupants	Non-Motorist A Typ	pe 1	Action 1	Locat		Condit	ion	17	Hit/R	un Mop	ed
			DOD (I								D 0		_
License #	18 1			-				_ 0 ,,				20	-
Sex Lic.	Ciass	Lic. Restrictions	CDL Endorsment		ear		viаке			Ve	eh Confi	g.	
Operator	Last	First	Middle		Las	t		First			Middle		-
Address		G	7ie		S					Ctat-			-
			Zip	-	A -4i Dri 4-		21	_		State Area Co			ee)
	Insurance Company					venicle Action Prior to Crash							-/
		^	nding to Emergency?	Most Harmful Event 23 10 Undercarriag 5 11 Totaled							10 Undercarri	iage	
1	ssued)		. Cl										
1	Violation 1: ChSecViolation 2: ChSec Violation 3: ChSecViolation 4: ChSec					25				7	<u></u> 6		
		ec Violation 4:		Underr	ide/Override		Towed	28 29 Airbag Airbag	30	31 3 Trap Inju	32 \ 33		
Name (Last Fi	rst Middle)		Address		Age/DOB		at Safety a os. System	Airbag Airbag Status Swite	Eject h Code	Trap Inju Code Sta	ry Transp).	iity
Operator/	Non-Motorist		See Above										



Crash Narrative:

The operator of MV#1 stated she was in gridlock traffic southbound on Centre St when she struck MV#2 which in turn pushed MV#2 into MV#3. MV#1 sustained minor damages to its front license plate area. There were no reported injuries to the operator of MV#1.

The operator of MV#2 stated he was in gridlock traffic southbound on Centre St when he was struck from behind by MV#1 which in turn pushed him into MV#3. MV#2 sustained minor damages to its rear bumper and front bumper. There were no reported injuries to the operator of MV#2.

The operator of MV#3 stated she was in gridlock traffic southbound on Centre St when she was struck from behind by MV#2. MV#3 sustained minor damages to its rear bumper. The operator of MV#3 stated she sustained neck and back injuries from the impact. She was evaluated by Newton Paramedics and refused medical

(Continued	l 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 Vel	nicle Section)			25
Truck and Bus Information: Carrier Name			`	,	Carrier Iss	suing Authority Cod	35 le
			· · · · · · · · · · · · · · · · · · ·		Carrier Iss	,	le
Carrier Name			_ City		St	Zip	le
Carrier NameAddressUS DOT #:	State Number		_ City		St	Zip	de
Carrier NameAddressUS DOT #:Cargo Body Type Code37	State NumberGross Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip Interstate	de
Carrier NameAddressUS DOT #:Cargo Body Type Code37CTrailer Reg #:	State NumberGross Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip Interstate	de
Carrier NameAddressUS DOT #:Cargo Body Type Code37	State NumberGross Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip Interstate	36
Carrier NameAddressUS DOT #:Cargo Body Type Code37CTrailer Reg #:	State NumberGross Vehicle WeightReg Type	38 Reg State	City Issuing State	ICC #: Tr	St	Zip Interstate	de

•	→ Direction	1 = Vehi	cle 1	2 = Vehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: →[1	\rightarrow	2	→ ĝ			
							If Crash <u>Did Not</u> Con a Public Way:	Occur
							☐ Off-Street Parking	Lot
							☐ Garage	, Lot
		_	+					
		_		+			☐ Mall/Shopping Ce	
							☐ Other Private Way	′
							Indicate North by A	rrow
		_	+	 				
		_	_					
							$\overline{}$	
Crash Narrative:								
treartment.								
Based on the statements m	made to me I wi	.11 be m	ailing	MA uniform	citation #T	1268348 t	o the operator of	MV#1
for violation of C.O 19-7	71 following to	o close	ly.					
W itnesses: Name (Last, First, Middle)		Addre	·SS				Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	of Damaged Property	
Owner (Last, First, Middle)	Address			FIIOTIE #	34-Type	Description	or Damaged Property	
Truck and Bus Information:	Registration #			(From	Vehicle Section)			35
Carrier Name						Ca	arrier Issuing Authority Cod	
Address				City			St Zip	
US DOT #:	State Number			Issuing State _	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				_		
Trailer Reg #:	Reg Type	Re	g State	Reg Yea	r Tr	ailer Length	39	
Hazmat Information:						L		
Placard 40 Material 1 digi	t # 41 Material	Name			Material 4 o	digit #	Release code	42
GITA K SETIABUDI			2511	1	NEWTON POLICE DEPARTS		07/30/20)19

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)