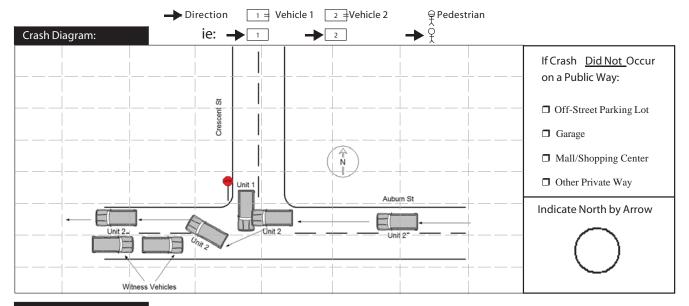
	Poli	ice Use Only		Commonwe	alth	of Ma	issa	chu	sett	8		RM	V Doc	ument	t Number	
	Date of Crash 08/03/2019	Time of Crash	City/Tow NEWTON	1410101				sh [Number			eed Lim		St La	ate Police ocal Police BTA Police	NA NA
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3	X Vehicle 1	2 #Occupants	X Hit/Run	Moped Cas	e Numbei			10	0000070	0						7
	_			- 1 Cas				19	0000079							4
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⁴ 2	Operator GEO	Last IAYBERRY DR	First	Middle		GEORG SD MA				First			Mid	ldle		1
	City WESTBC		Ctat	MA Zip 01581		westbor						State	MA	7in	01581	
	'	pany ARBELLA		zıp		le Action P			4	21					e Up to Three	e)
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1		ssued)		······································		Harmful Ev		23					Λ		10 Undercarria	ige
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⁶ 1	Violation	3: ChSec	Violation 4	: ChSec	Unde	rride/Overri	de	25	Tow	ed Y	8	()	6		
			ator and all occupa					s	26 27 Seat Safety	28 Airbag	29 Sirbag Eje	30 31 ect Trap	32 Injury	33 Transp.		, 1
	Name (Last Fir Operator	st Middle)		Address See Above		Age/DO		Sex P	os. \$yster 1	Status \$	witch Co	de Code 0	\$tatus 8	Code 2	NWH	
	TRIPURA, AJO	OY		ESTNUT AVE THAM, MA 02453			ı	м 3	1	4	4 0	0	10	1		
			WAI	.1 HAW, WA 02455												
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7	Diama Calant)				14	15	1		16		17				_
3	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A T	ype	Action	13	Loca	ition	Co	ndition	17		Hit/Ru	n Mope	ed
	License#		St	DOB/Age	_ Reg#					Reg	Туре		Re	eg State		
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8 1	Operator	Last	First	Endorsment	_ Owne	r	Last			First			Mid	ldle		
_	Address					ess										
	City	_ City_							State		_Zip_					
	Insurance Com	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								e)	
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 Citation # (If Issued) Most Harmful Event 23					Event Sequence							10.111				
					1 9 5 11 Totaled						ige					
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 24 24 24 25 8 7 6															
				4: ChSec	Unde	rride/Overri	de	25	Towe			20 21	22			_
	Pl Name (Last Fi		operator and all o	ccupants involved Address		Age/D	ОВ		26 27 Seat Safety Pos. Syste	Airbag A m Status	29 Switch C	30 31 Feet Trap ode Code		33 Transp. Code	Medical Facili	ty
	Operator/	Non-Motorist		See Above			-	-								



Crash Narrative:

Operator of vehicle 1 stated she was stopped at the stop sign on Crescent St at Auburn St when she saw 2 vehicles coming eastbound stopped to let her out. As she pulled out taking a left onto Auburn St she was hit on the drivers side by another vehicle which came from the opposite direction. The operator told everyone he was pulling over then quickly took off westbound on Auburn St towards Commonwealth Ave. The passenger of vehicle 1 stated that the driver of the vehicle was a black male in his early thirties driving a green possibly 2010-2012 Jeep Cherokee with a possible CT reg# of AP1042 or AP81042. He also stated that the driver looked like someone he tried to purchase a car off of in Waltham four months ago but had no further information.

Three witnesses to the accident were in the two vehicles stopped to allow vehicle 1 to pull out of Crescent

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	273 HAVRE ST		
LEAO, ANA,	E BOSTON,MA		N
	9 PINE NEEDLE RD		
ENG, DEBRA,	WAYLAND,MA		N

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # ______(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address__ US DOT #: State Number __ Issuing State _____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information:

MICHAEL ANTHONY IAROSSI			NEWTON POLICE DEPARTM		08/03/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Material Name______ Material 4 digit # ______ Release code

Placard

Material 1 digit #

_	Direction 1	⊥ = Vehicle 1	2_ + Vehicle 2	₽ Pedestri	an		
Crash Diagram:	ie: →□	→ [2	2	→ ♀ ·			
					If Crash <u>Did Not</u> on a Public Way:	Occur	
					Off-Street Parkir	ng Lot	
		į į		į	☐ Mall/Shopping C	Center	
					Other Private Wa		
		 -	+		Indicate North by		
		<u> </u>	-	+			
Crash Narrative:							
					cely out of Crescent St wh		
green jeep coming westbour		lerated and l	ooked as if	he was goir	ng to go around her but h	nit he	
drivers side then took off					1		
The vehicle description ar							
of vehicle 1 was transport	ed by Cataldo	to NWH for m	unor injurie	es. Venicle	e I was towed from the sce	ene by	
Todys.							
Witnesses: Name (Last, First, Middle)		Address			Phone #	Statement	
		9 PINE NEED	LE RD		Priorie #		
ENG, BRENT,		WAYLAND,N	ИA		******	N	
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property		
Truck and Bus Information:	Registration #		(From V	Vehicle Section)			
Carrier Name	Registration #		(110111 \	,	Carrier Issuing Authority Co	ide 35	
Address_			City		St Zip		
US DOT #:			•			36	
37	ss Vehicle Weight	38	issuing state	100 ;;	mersure		
					39		
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year	Tra	iler Length		
40	# 41 M-413	Jama		Matar:-1 4 1	igit # Release code	42	
Placard Material 1 digit	m Iviaterial N	vaille		iviateriai 4 d	ıgıı # Kelease code		

CDP1 11 ·24·00

Police Officer Name (Please Print)