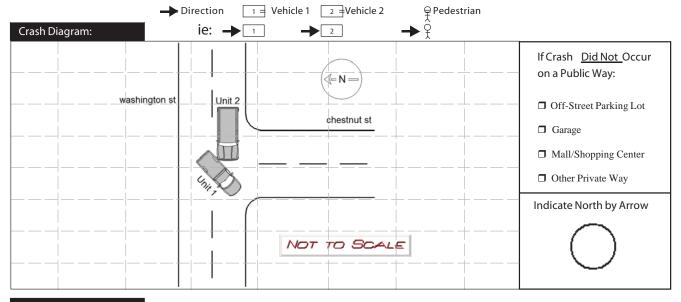
	Poli	ce Use Only		Common	wealth	of Mas	sach	use	tts		I	RMV D	ocumei	nt Number	
	Date of Crash	Time of Crash	City/To	own <b>M</b> o	otor Ve	hicle Cr	ash			Number Injured	Speed	Limit <u>3</u> le	0   S	State Police Local Police MBTA Police	□ Xi
	08/10/2019	11:00 24HR	NEWTON		<b>Police</b>	Report		2		0	Longit			MBTA Police Other:	
		AT INTER	SECTION:	<	LOCA	ATION	>			NOT	AT I	NTER	SECT	TION:	2
	SOU	ГН CHEST	NUT ST												2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion	Name o	f Roadway/Street		Route# Dire	ction A	ddress	#		Name	of Roa	dway/Str	reet	_ 2 10
	At WEST WASHINGTON ST					Feet NSEW of or							<del> </del>		
	Route# Direc			ng Roadway/Street				_		Mile Ma				Exit Number	_
			Also at Inte	rsection with		Feet	N S E	<b>W</b> of		Route#	Inte	ersecting	Roadwa	ay/Street	
2 1						Feet NSEW of						5	-,,	3 11	
	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	er	1	190000	0826						
	License#		St M	A DOB/Age	- Reg	# 8CR641			F	Reg Tyne	PAN		Reg Sta	nte MA	_
	Sex_M Lic. 0	18 1		19	_	Year 2013								20	-
4	1	LINA-GARCIA	RODRIGO	Endorsmo	ent								•	δ.	- <b>1</b>
3	Address 156 G		First	Middle		Owner (Same as operator)  Last First  Address									1
	City SOMERY		Çı	ate_MA Zip_02145									7in	)	
		pany PROGRES		atcZip		cle Action Prior			21				^	cle Up to Thre	
5	1	Direction: N		ponding to Emergency		nt Sequence 1	22 3		22 2	2 2		3	4		
1		ssued)		ponding to Emergency		t Harmful Even	2	3				$\prod$		10 Undercarri	iage
	,			n 2: ChSec		er Contributing		1 24	4	24 1 ◀	<b>-</b>	9	5	11 Totaled	
<sup>6</sup> <b>1</b>	1					· ·		_	Farwad \		V	O	6		
1	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					Underride/Override  Towed Y  Towed Y  Seat Safety Airbag kirbag Eiject Trap Syruy Transp. Medical Equility  Aparton Seat Safety Airbag Surject Code Trap Syruy Transp. Medical Equility							13		
	Name (Last Fir		1	Address		Age/DOB	Sex	Pos. \$	ystem Sta	tus Switch	Code	oue stat	us Code	Medical Facilit	1 1
	Operator			See Abov	ve				1 4	4	0	0 10	1		
															_
<sup>7</sup> <b>3</b>	Please Select C of the Followi		2 <u>1</u> #Occupar	Non-Motoris	t A Type	14 Action	15 Lo	cation	16	Conditi	on	17	Hit/R	un Mope	ed
	License # St MA DOB/Age				- Reg	Reg # 227DG5 Reg Typ									_ ]
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2004 Veh Make LEXUS Veh Config. 2						g. 20			
<sup>8</sup> <b>2</b>	Operator HUERTA MIRIAM Endorsment  Last First Middle				ent Own	Owner BHARDWAJ SHWETA								-	
	Address 57 PERKINS ST.					Address 57 PERKINS ST. First Middle									
	City NEWTON State MA Zip 02465				City	City NEWTON State MA Zip 02465							-		
	Insurance Company COMMERCE				Vehi	Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)								æ)	
	Vehicle Travel Direction: NSEN Responding to Emergency?				y? Ever	Event Sequence 1 22 22 22 22 24 0 3 4									
	Citation # (If Issued)  Violation 1: ChSec Violation 2: ChSec					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 1 24 24								age	
	Violatio	n 3: ChSe	Und	Underride/Override 25 Towed Y 8 7 6											
			operator and al	l occupants involved				26 Seat S	27 2 Safety Airl	28 29 bag Airbag	30 Eject T	rap Inju		o.	$\dashv$
	Name (Last Fi Operator/	rst Middle) Non-Motorist		Addres See Abov		Age/DOB		Pos.	System St 1 4	atus Switch	Code	Code Sta	atus Code		ity
	- F Statisti			20011001					-   <del>-</del>	+		- 10	+		-
															$\dashv$
											1		- 1		



## Crash Narrative:

ON 8-10-19 AT APPROX. 1100HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF WASHINGTON AND CHESTNUT ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS IN THE LEFT LANE ON WASHINGTON PREPARING TO TAKE A LEFT TURN ONTO CHESTNUT. DRIVER STATES WHILE TURNING HE WAS HIT ON THE SIDE BY VEHICLE #2. VEHICLE #2 STATES SHE WAS IN THE LEFT LANE ON WASHINGTON ST. PREPARING TO TURN LEFT ONTO CHESTNUT. BEFORE SHE COULD TURN VEHICLE #1 CAME FROM THE RIGHT LANE AND TRIED TO CUT IN FRONT OF HER AND HEAD UP CHESTNUT ST. SHE STATES BY THE TIME SHE SAW VEHICLE #1 SHE WAS UNABLE TO AVOID HITTING HIM. FROM THE MARKINGS ON THE VEHICLES AND THEIR POSITION IN THE STREET IT WAS IMPOSSIBLE TO TELL WHO WAS AT FAULT. VEHICLE #1 HAD LEFT SIDE SCRAPES. VEHICLE #2 HAD FRONT RIGHT DAMAGE. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

Witnesses:								
Name (Last, First, Middle)	Address			Phone #	Statement			
Property Damage:								
Owner (Last, First, Middle)		Phone #	34-Type	Description	on of Damag	ged Property		
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				35
Carrier Name						Carrier Issu	ing Authority Cod	
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code Gross	s Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Lengtl			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42