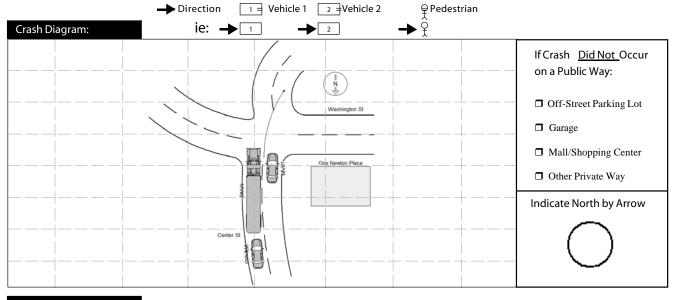
[Poli	ice Use Only		Common	wealth	of Massa	achus	etts			RM	V Docur	nent Number	
	Date of Crash 08/21/2019	Time of Crash	City/To	wn Mo	otor Vel	hicle Cra	$sh \begin{bmatrix} N \\ N \end{bmatrix}$	Number Vehicles	Numb		ed Lim		State Police Local Police	<u> </u>
	06/21/2019	09:40 24HR			Police	Report		2	1		itude _ igitude		MBTA Police Other:	
		AT INTER	RSECTION:	<	LOCA	TION	>		NO	T AT	INT	ERSE	CTION:	
	WEST	T WASHI	INGTON ST											2
1 1	Route# Direct	tion		Roadway/Street		Route# Direction	on Addr	ess#		Na	me of I	Roadway	/Street	$ \frac{1}{2}$
	SOU	TH CENTR		At		Feet []	N S E W	of		•	•	or		_ 4
	Route# Direc		Name of Intersectin	g Roadway/Street		_				Marker			Exit Number	
			Also at Inters	ection with		Feet [N S E W	of	Route		Intersec	ting Roa	dway/Street	-
2 1						Feet [N S E W	of				Ü	,	4 1
	Route# Direct	tion	Name of Intersec	ting Roadway/Street							La	ndmark		
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	r	1900	0000857						
	License#		St MA	DOB/Age	Reg	_‡ _18H750			Reg T	vne PA	N	Reg	State MA	
	Sex_M Lic. 0	18 1	8 Lic. Restriction	19		Year 2019							20	_
4		ERLE		Endorsme	nt	er (Same as ope								-
3			First I BLVD (apt. 4310	J Middle		ess						Middle		_ 1
	City FOXBOR			te_MA Zip_02035									Zin	_
	,	pany ARBELLA			-	cle Action Prior to							Circle Up to Thre	
5		Direction: N		onding to Emergency		t Sequence 1	22 22	22	22 2	!	3		4	
1		ssued)		onding to Emergency		Harmful Event	23				M	Λ)	10 Undercarr	riage
	,	,		2: ChSec		er Contributing Co		24	24	-	9	<u> </u>	5 11 Totaled	
⁶ 1				4: Ch Sec		erride/Override	25	Towe	—— 8 d N		7		0	
			ator and all occu			inde, o verride	2 Sea		28 Airbag Ai	29 30 rbag Ejec	0 31 t Trap	32 Injury Tra	33 unsp.	1
Name (Last First Middle) Operator See Above						Age/DOB	Sex Pos	- 99	Status Sw	ritch Code	e Code	Juitus Co	Medical Facili	ity 1
								99	4 4	0	U	8 1		
											+			
4	Please Select C of the Followi		2 <u>1</u> #Occupant	s Non-Motorist	A Type	Action 1	Location Location		16 Con	dition	17	Hi	t/Run Mop	oed
	License#		St RI	DOB/Age	Reg	Reg # <u>2712826</u> Reg Type <u>APPORTION</u> Reg State <u>IN</u>							_	
	Sex_M Lic. 0	Class A 18 1	Lic. Restriction			Veh Year 2018 Veh Make FREIGHTLINER Veh Config.					nfig. 10 20			
⁸ 2	Operator TOUGAS WILLIAM Endorsment ALLEN Last First Middle					Owner (Same as operator) Last First Middle								_
	Address 44 RC	OBINWOOD DI	R		Addı	Address								_
	City HOPE		Sta	te_RIZip_02831_	City						State	::	Zip	_
	Insurance Com	pany RYDER TI	RUCK RENTAL		Vehi	cle Action Prior to	o Crash	2 2	1	Damage	ed Area	•	Circle Up to Thre	ree)
	Vehicle Travel	Direction: N	K E W Res	ponding to Emergency	? Even	t Sequence 1	22 22	22	22 2	!	3		@	
	Citation # (If Is	Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								riage			
	Violation 1: ChSec Violation 2: ChSec I						Driver Contributing Code 1 24 24							
	Violation	n 3: ChSe	ecViolatio	n 4: ChSec	Unde	erride/Override	25	Towed			7		6	
	Plo Name (Last Fi		operator and all	occupants involved		Age/DOB	Sex Po	6 27 t Safety s. Systen	28 Airbag Ai Status S	29 Siper Ejec witch Coo) 31 Trap de Code		33 unsp. dode Medical Faci	ility
		Non-Motorist		See Above			PO	- 99	4 4		0	Status C		incy



Crash Narrative:

The operator of MV#1 stated he was stationary at the red traffic light on Centre St at the intersection of Washington St in the right side travel lane while MV#2 was in the left side travel lane. When the traffic light turned green, MV#2 proceeded to move forward and struck MV#1 in its driver's side rear end and driver's side rear view mirror. The impact pushed MV#1 onto a dividing island to its right side. The operator of MV#1 complained of neck and back pain but refused medical attention.

The witness stated he was stationary directly behind MV#2 and observed MV#2's rear end strike MV#1. The witness stated he did not believe the operator of MV#2 was aware he made contact with MV#1. The witness provided me with MV#2's registration of Indiana plates P687805. It should be noted that MV#2 is a large tractor trailer type vehicle.

(Continued o	n next page)								
Witnesses:									
Name (Last, First, Middle)	Address				Phone #	Statement			
CONTREAS, WALTA,		,					Y		
Property Damage:		•							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	ription of Dama	ged Property		
Truck and Bus Information: Registration # 2712826 (From Vehicle Section) Carrier Name RYDER INTEGRATED LOGISTICS Carrier Issuing Authority Code							de 35		
Address 3100 INDUSTRIAL PKWY		City_IEFFERSONVILLE St Zip_47130							
US DOT #: 165420	State Number	Issuing State INDIAN ICC #: Interstate						36	
Cargo Body Type Code 37 Gross Vehicle Weight 38									
Trailer Reg #: P687805 Reg Type AP Reg State INDIANA Reg Year 2015 Trailer Length 97									
Hazmat Information:									
Placard 40 Material 1 digit # 41 Material Name Material 4 digit #						Release code	42		
					_				

GITA K SETIABUDI		25111	NEWTON POLICE DEPARTM		08/21/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction	1 = Ve	hicle 1	2 = Vehicle 2	₽ Pedestri	an	
Crash Diagram:	ie: →	1	→□	2	→ 🤅		
						If Crash <u>Di</u> on a Public	d Not_Occur Way:
		_				☐ Off-Street	Parking Lot
						☐ Garage	
						□ Mall/Shop	oping Center
					+	Other Priv	
						Indicate Nor	
		 	+		+		_
						()
Crash Narrative:							
Newton Dispatch had advi	sed me that St	ate Tro	ooper Cap	pponi had lo	cated and st	topped MV#2 on route	MA Turnpike
90. The operator of MV#2	stated he was	unawaı	re he had	d made conta	ct with any	vehicle on the road.	There were
no visible damages to t	he entire righ	t side	of MV#2	or its trai	ler. There w	were no reported inju	ries to the
operator of MV#2.							
Witnesses:							1-
Name (Last, First, Middle)		Add	lress			Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Damaged Prope	erty
Truck and Bus Information:	Registration #			(From	Vehicle Section)		35
Carrier Name						Carrier Issuing Author	
Address				-			Zip
US DOT #:	1	38		Issuing State _	ICC #:	Interst	ate
Cargo Body Type Code	bross Vehicle Weight	30				39	
Trailer Reg #:	Reg Type	I	Reg State	Reg Yea	r Tra	iler Length	
Hazmat Information: 40 Material 1 dia	41	1 N			M-4-114-1	inie# D.1	anda 42
Placard Material 1 dig	II # Materia	u ivame			iviateriai 4 d	igit # Release	code
GITA K SETIABUDI			2511	1 .	IEWTON POLICE DEPARTM		08/21/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)