	Poli	ce Use Only		Commonwea	lth o	of Massa	chus	etts		RMV	/ Docume	ent Number	
	Date of Crash 08/24/2019	Time of Crash 14:53 24HR	NEWTON	MIOTOI		icle Cras Report	$h$ $\begin{bmatrix} N_1 \\ V_2 \\ 1 \end{bmatrix}$	hicles Inju	red Lat	ed Limit itude ngitude_		State Police Local Police MBTA Police Other:	
			RSECTION:		LOCAT						ERSEC'	TION:	2
						NORTH	2345	COM	MONW	EALTH	AVE		
6	Route# Direct	tion	Name of R	oadway/Street		Route# Direction	Addres	ss #	Na	ame of R	oadway/St	treet	2
					[-	Feet NSEW of or Mile Marker Exit Number							
	Route# Direc	tion N	Also at Intersecting		—- [.	Feet N	SEW			T.,,,,,,,	D I	(5)	L
<sup>2</sup> <b>1</b>					Route# Intersecting Roadway/Street  Feet N S E W of							99	
3	Route# Direction Name of Intersecting Roadway/Street									Lan	ıdmark		-
	XVehicle1	#Occupants	X Hit/Run	Moped Case	Number		19000	00869					
	License # St DOB/Age				_	HHX4997		_			_	20	
	Sex Lic. (	Class	Lic. Restrictions	CDL Endorsment		ear 2019		ake_CHEVY			Veh Conf	ig. 2	
<sup>4</sup> <b>1</b>		Last		Middle		PV HOLDING Last 90-20 GRND C		PKWY			Middle		7
				Zip		EAST ELMHURS				State	NY Zii	p 11369	
			SELF INSURER			e Action Prior to		21 11				rcle Up to Three)	
5	Vehicle Travel	Direction:	S E W Respon	nding to Emergency?	Event	Sequence 2 22	22	22 22	2	<b>0</b>	4	l.	
	Citation # (If Is	ssued)			Most F	Harmful Event	2 23	24	1	9		10 Undercarriage 11 Totaled	е
<sup>6</sup> 1				: ChSec		Contributing Cod	e 1	24 24	8	7		j	
1	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					Towed   N							_
	Name (Last Fire			Address See Above			Sex Pos.	Safety Airbag System Status	Airbag Ejec Switch Cod	t Trap	Injury Trans Status Code	Medical Facility	2
	Орегию			Bee 71867e									_
7 <b>1</b>	Please Select C of the Followin	Vehicle	e# Occupants	Non-Motorist A Typ	pe 1	Action 15	Location	16 C	ondition	17	Hit/F	Run Moped	1
	License#StDOB/Age			DOB/Age	Reg#_	g#Reg TypeReg State						1	
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Ye	h YearVeh MakeVeh Config.							
8 1	Operator Endorsment				Owner	Owner							
	Address					Address							
	City State Zip Insurance Company				City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash								
					Event Sequence 22 22 22 22 3 4								
	Citation # (If Issued)				Most F	Most Harmful Event 23 10 Undercarriage 5 11 Totaled							e
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24							
	Violation 3: ChSec Violation 4: ChSec						25	Γowed	8	/	6	)	
ı						ride/Override		27   20	20   20	0 21	32 2	3	_
	Plo Name (Last Fi	ease fill out for		ccupants involved		Age/DOB	Sex Pos.	27 28 Safety Airbag System Status	29 30 Airbag Ejec Switch Co	0 31 Trap de Code	32 3. Injury Trans Status Cod	p.	<u> </u> 
	Plo Name (Last Fi	ease fill out for		ccupants involved		Age/DOB	26 Seat	27 28 Safety Airbag System Status	29 Airbag Ejec Switch Co	0 31 Trap de Code	Injury [Frans	p.	_   - 
	Plo Name (Last Fi	ease fill out for		ccupants involved		Age/DOB	Sex Pos.	27 28 Safety Airbag System Status	29 30 Airbag Ejec Switch Co	O 31 Trap de Code	Injury [Frans	p.	_   -  -  -

-	Direction 1 =	Vehicle 1 2	≠Vehicle 2	Pedestri	an		
Crash Diagram:	ie: → 1	2	<b>→</b>	Ŷ			
						rash <u>Did Not</u> Oc a Public Way:	ccur
	2345 Commo	nwealth A\	/F			Off-Street Parking L	Lot
	20-40 001111110	iiwcaiaii A	<b>-</b>			Garage	
				+		Mall/Shopping Cen	ter
						Other Private Way	
		+			Indic	cate North by Arr	ow
NOT TO SCA	LE S	P.O.I.				$\bigcirc$	
Crash Narrative:							
Vehicle One was struck whi	le parked in the	Marriott H	otel parking l	ot someti	me overnight.	Minor damage	to
Passenger side mirror.							
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	‡ S	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehi				35
Carrier Name					Carrier Issu	ing Authority Code	
Address			City		St		
US DOT #:			Issuing State	ICC #:		Interstate	36
Cargo Body Type Code 37 Grow	ss Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length		
Hazmat Information:	41						42
Placard 40 Material 1 digit #	Material Nan	ne		Material 4 d	igit #	Release code	42
DENNIS J O'BRIEN			NEWTO	ON POLICE DEPARTA		08/24/2019	9
Police Officer Name (Please Print)	Signature			artment	Precinct/Barra		-

CDP1 11 ·24·00