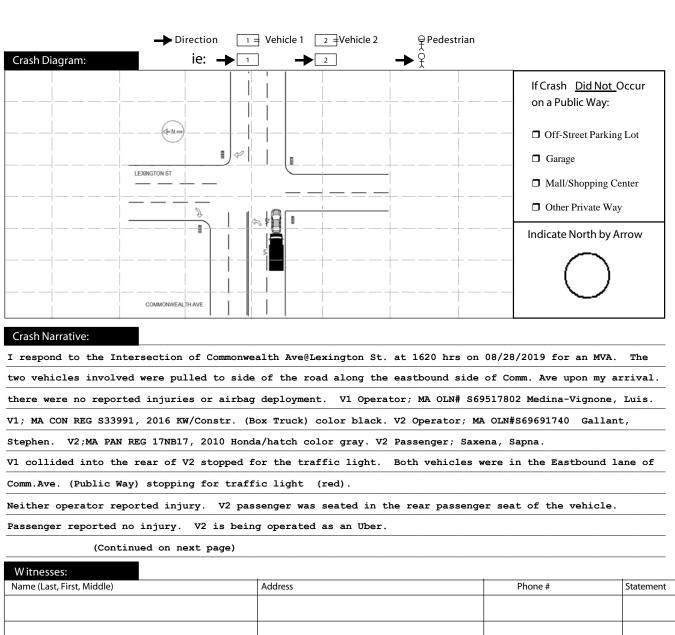
	Poli	ice Use Only		Commony	wealth	of Massa	achus	setts			RM	V Docu	ıment l	Number	
	Date of Crash 08/28/2019	Time of Crash 16:21	City/To	wn <b>Mo</b>	tor Vel	nicle Cra	$sh \left[ \frac{N}{N} \right]$	Number Vehicles	Numb	1 ^	ed Limi		Loc	e Police al Police	NA NA
	00/20/2019	24HR			Report 2			0	Latitude MBTA F Congitude Other:						
		AT INTERSECTION: <					LOCATION > NOT AT INTERSECTION:						ON:		
	30 EAST	г сомм	ONWEALTH A	VE											2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion		Roadway/Street		Route# Direction	on Addr	ess #		Na	me of I	Roadwa	y/Street	:	$ 2^1$
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet NSEW of • or						_   _			
											Number	_			
						Feet N S E W of Route# Intersecting Roadway/Stree						Street	-   1		
<sup>2</sup> <b>3</b>	Route# Direc			Feet NSEW of								2			
3	Koute# Direc	uon		Landmark								┥			
	XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Numbe	r	1900	0000882							
	License#		St_M		Reg #	S33991			_Reg T	ype_CO	N	Reg	g State_		
	Sex_M Lic.	Class D 18 1	Lic. Restriction			Year_2016	Veh N	lake_KV	V			_ Veh C	onfig.	13 20	
4	Operator ME	DINA-VIGNON	IE LUIS	Endorsmen  E Middle	nt Own	PRO SPRAY	INSULA'		First			Midd	1-		$- $ $1^1$
3	Address 66 KI	ENSINGTON ST	Γ (apt. 2)	Middle		ess 2 WILKINS 1			First			Midd	ic		
	City NEWTO	City NEWTON State MA Zip 02460													_
	Insurance Company TRAVELERS IND CO					Vehicle Action Prior to Crash  2  Damaged Area Code: (Circle Up to Three							ee)		
5 <b>1</b>	Vehicle Travel	Direction: N	S X W Resp	oonding to Emergency?	Even	t Sequence 1	22 22	22	22 2	!	3		4		
1	Citation # (If I	ssued)			Most	Harmful Event	1 23				9	$\langle    $		) Undercarri Totaled	iage
	Violation	1: ChSec	Violation	2: ChSec	_ Drive	er Contributing Co	ode 19	24	24		ľή			Totaled	
<sup>6</sup> 2	Violation	3: ChSec	Violation	4: ChSec	_ Unde	rride/Override	25	Towe	{i_N {i_N	3	7		6		
			ator and all occu		Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility							fy 1			
	Operator	Name (Last First Middle) Address Operator See Above				Age/DOB	Sex Pos	Pos. \$ystem Status \$witch Code 1 4 4 0		0	Code Status Code Medicai 12		Aedical Facilit	Ty T	
								-							
7															
2	Please Select C of the Followi	I A I Venicle	2 <u>2</u> #Occupan	ts Non-Motorist A	A Type	14 Action 1	Locatio		Cor	dition	17	□⊦	lit/Run	Мор	ed
			St M	A DOD/A	D	17NB17		D. T. PAN				D. G. MA			-
		License #         St         MA         DOB/Age           Sex M         Lic. Class         D         18         18         Lic. Restrictions         1         9         CDL         CDL         Endorsment           Operator         GALLANT         STEPHEN         J         Endorsment					37-1-3	Reg Type PAN  HONDA				Reg State MA			-
8							Veh Year 2010 Veh Make HONDA Veh Config. 1							1	
<sup>8</sup> <b>1</b>	Address 6 CA	Last	First		Owner (Same as operator)  Last First Middle								-		
	City MANSFI			Address City State Zip Valviele Action Prior to Creek Zil Damaged Area Code; (Circle Up to Three)									-		
		npany_COMMER											- ee)		
				monding to E 2		vehicle Action Phot to Crash 2									·
	Vehicle Travel Direction: N S X W Responding to Emergency? Event Sequence 1 23								10 Undercarriage						
	Citation # (If Issued) 1									Totaled					
		Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1													
1				occupants involved	Unde	Underride/Override					33		_		
	Name (Last Fi	irst Middle)		Age/DOB	Sex Po	s. System	Airbag Ai Status S	rbag Eject	t Trap de Code	Injury T Status	ransp.	Medical Facil	ity		
	Operator/	Non-Motorist	27	See Above ST JAMES ST (apt 3)				- 1	4 9	9 0	0	10	1		
	SAXENA, SAF	AXENA, SAPNA 27 SI JAMES SI (apr 3 BROOKLINE, MA 024					F 6	1	4 9	9 0	0	10	1		



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 Trailer Reg #:\_ Reg Type\_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year\_\_\_ \_\_\_ Trailer Length Hazmat Information: \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Placard Material 1 digit # Material Name\_ \_ Release code

DANIEL S SULLIVAN 08/28/2019 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

•	→ Direction	1 =	Vehicle 1	2 =Vehicle 2	₽ Pedest	rian		
Crash Diagram:	ie: →[	1	→	2	→ 🤅			
							If Crash <u>Did Not C</u> on a Public Way:	Occur
		_ _		_	<u> </u>		☐ Off-Street Parking	g Lot
					 		☐ Garage	
					+ 		☐ Mall/Shopping Ce	enter
		-		_	<u> </u>		☐ Other Private Way	
	 	  -		_	 <del> </del>		Indicate North by A	
							Indicate North by A	iiiow
	—— <u> </u> ———	_ -		- <del> </del>	<u> </u>			
Crash Narrative: V2 sustained damage to tl	o ontino mon		tion of	the batch bac	h stule of t	ho mobil	alo mbo moom wind	
also shattered. V1 susta:								
required towing service.								
· · ·								
Witnesses: Name (Last, First, Middle)			Address				Phone #	Statement
Property Damage:								
Owner (Last, First, Middle)			Phone #	34-Type	Description	escription of Damaged Property		
Truck and Bus Information:								
Carrier Name	Registration #			(From	m Vehicle Section)		Carrier Issuing Authority Cod	35 le
Address				City				
US DOT #:				-				36
37	ross Vehicle Weight		38					
Trailer Reg #:	- [		Reg State	Reg Y	ear Tı	ailer Length	39	
Hazmat Information:								
Placard 40 Material 1 dig	it # 41 Materia	ıl Nan	ne		Material 4	digit#	Release code	42
DANIEL S SULLIVAN					NEWTON POLICE DEPART	N.	08/28/20	019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)