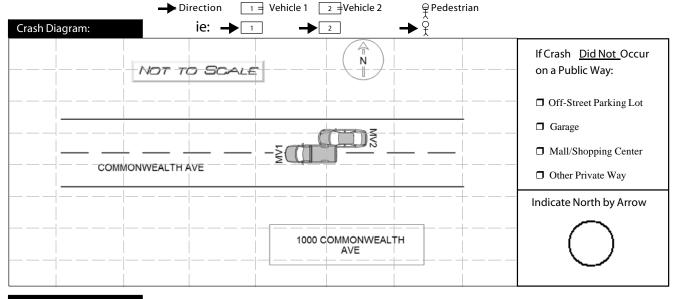
	Poli	ce Use Only		Commonwe	alth	of Massa	chu	setts			RM	V Docu	ıment	t Number	
	Date of Crash 08/29/2019	Time of Crash 15:30 24HR	NEWTON	1410101		iicle Cra Report	sh [Number Vehicles 2	Num Inju	red Lat	ed Limitude _		$ _{M}^{L_{0}}$	ate Police ocal Police BTA Police ther:	XI D
			RSECTION:	<	LOCA	_	>			та то					
						WEST	1000		COM	IMONW	EALTE	I AVE			2
1 1	Route# Direct	tion	Name of F	.coadway/Street		Route# Directio		ress #			ame of I		y/Stre	et	_
	At					Feet NSEW of or								2	
	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W or — — or Exit Number									
			Also at Interse	ction with		Feet N	SEV	v of	Rou		Intersec	ting Ro	adway	y/Street	
2 1						Feet N	SEV	v of							4
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								_	
3	XVehicle1	#Occupants	Hit/Run	Moped Case	e Numbei		190	0000887							
	License#		St MA	_ DOB/Age	_ Reg#	2BL557			_Reg	Type_PA	N	Reg	g State	e_MA	
	Sex_M Lic. 0	Class D 18	Lic. Restrictions		_ Veh Y	ear_2012	Veh I	Make_FC	ORD			_ Veh C	onfig.	2 20	
4	Operator GAI	LASTI	JOSEPH First	F Endorsment	_ Owne	(Same as oper	ator)		First			Midd	1-		1
1	Address 13 LC		First	Middle		Last						Midd	ie		
	City WAYLAND State MA Zip 01778														
	Insurance Com	pany_USAA			Vehic	le Action Prior to	Crash	6 2	1	Damag	ed Area	Code:	(Circl	e Up to Thre	e)
5	Vehicle Travel	Direction: N	S E X Respo	nding to Emergency?	Event	Sequence 1 2	2 22	22	22	2	<u>(</u>)	(4)		
	Citation # (If Is	ssued) T1445050)		Most	Harmful Event	1 23	•		1 4	9	$\left\{ \right\}$		10 Undercarri 11 Totaled	age
-	Violation	1: Ch89/4ASe	c Violation 2	:: ChSec	Drive	r Contributing Co	de 3	24				\sum		11 10000	
⁶ 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6									
	Please f		ator and all occup	ants involved Address		Age/DOB	Sex Po	26 27 at Safety s. \$ystem	28 Airbag A Status S	29 3 Lirbag Ejec witch Coo	0 31 ct Trap le Code	32 Injury T Status C	33 ransp. Code	Medical Facilit	v 1
	Operator	,		See Above				1		4 0	0		1		
⁷ 1	Please Select C of the Followi	I A I Venicia	e2 1_#Occupants	Non-Motorist A T	ype	14 Action 1	5 Locati		16 Co	ndition	17		lit/Ru	n Mope	ed
	License#St MA DOB/Age				Reg #	Reg # 2YA959 Reg Type PAN Reg State MA							MA		
	Sex F Lic. Class D 18 18 Lic. Restrictions B CDL					Veh Year 2015 Veh Make FORD Veh Config. 1									
⁸ 1	Operator REZEY DEANNA Endorsment					Owner (Same as operator)									
1	Address 26 MARY HGTS DR					Last First Middle Address									
	City FITCHBURG State MA Zip 01420														
	Insurance Company PROGRESSIVE					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								e)	
						Event Sequence 1 22 22 22 22 2 3 4									
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								age	
	Violation	n 1: ChS	Drive	Driver Contributing Code 1 24 24											
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 6									
			operator and all o	occupants involved			Sec	26 27 at Safety	28 Airbag	29 3 Lirbag Ejec	0 31 Trap		33 ransp.		_
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex Po	os. System 1		Switch Co	de Code 0		Code 1	Medical Facili	Lý
												\dagger			
											+	+			



Crash Narrative:

MV1 was travelling behind MV2 when he attempted to pass her in a no passing zone. As he attempted to cross back to the correct side of the road MV1 made contact with the front drivers side of MV2. MV2 was travelling WB on Commonwealth ave when MV1 attempted to pass her and she was struck as he entered back into her lane. Operator 1 states operator 2 was making obscene gestures at him and he was attempting to separate himself from the situation and that is why he attempted to pass where it was illegal. Operator 2 states MV1 was tailgating her for approximately 3 blocks when she threw her hands up in the air and he then attempted to pass her. MV1 sustained minor rear end damage. MV2 sustained moderate front end damage. Both vehicles driven from the scene and no injuries were reported. Operator 1 issued MA Uniform Citation #T1445050 for marked lane

Witnesses:										
Name (Last, First, Middle)	Address			Phone #	Statement					
Property Damage:				_						
Owner (Last, First, Middle)	Phone # 34-Type Des				ription of Damaged Property					
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code										
Address City St Zip										
US DOT #:	State Number		Issuing State ICC #: Interstate 36							
Cargo Body Type Code Gross	s Vehicle Weight	38				20				
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code						42				

TIMOTHY WALTON		NEWTON POLICE DEPARTM	08/29/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date