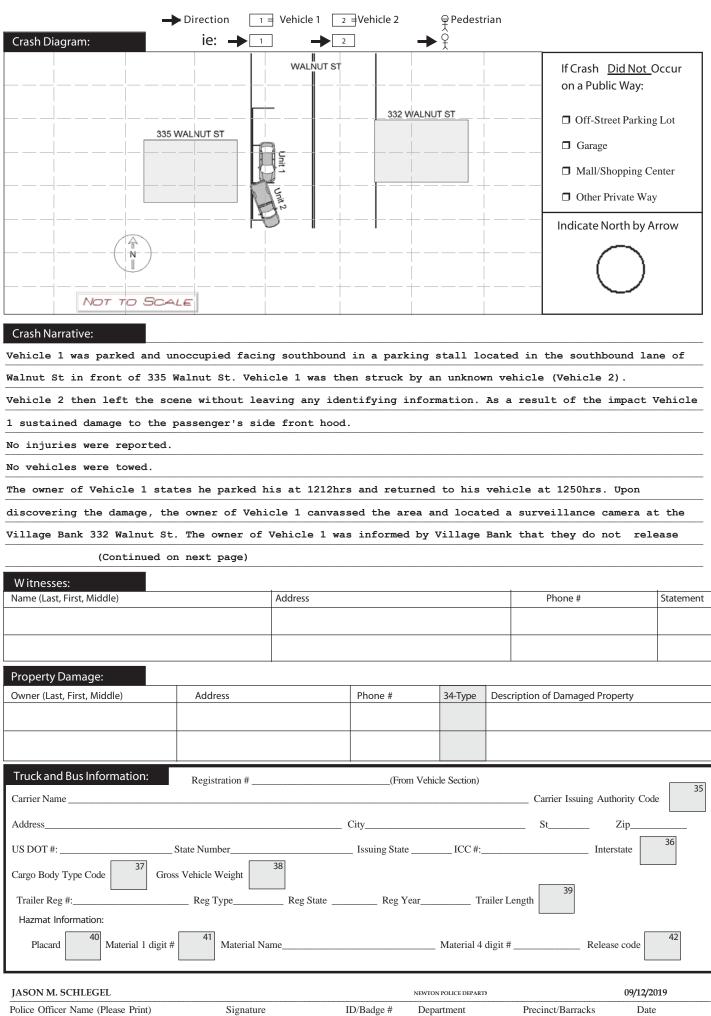
	Police Use Only			of Massac					nt Number	
	Date of Crash Time of Crash Ci 09/11/2019 12:12 NEWTON			nicle Crasl	Numb Vehic	I	Speed Limit Latitude		State Police Local Police MBTA Police	
	24HR		Police Report 1			Longitude_	(Other:		
	AT INTERSECTIO)N: <	< LOCA	TION >		NOT	AT INTE	RSECT	TION:	
				SOUTH	335	WALNU	T ST			
	Route# Direction Nam	me of Roadway/Street		Route# Direction	Address #		Name of Ro	oadway/St	reet	
\dashv	At			Feet NSEW of or						
	Route# Direction Name of Inter	secting Roadway/Street				Mile M	arker		Exit Number	
	Also at	Intersection with		Feet N	S E W of	Route#	Intersect	ing Roadw	av/Street	
\exists				Feet N	S E W of	Routen	merseet	ing Rodd w	ay/Bareet	
_	Route# Direction Name of In	et	Landmark							
	XVehicle 1 0 #Occupants X Hit/I	Run Moped	Case Number	r	19000009	31				
	License # 5	St DOB/Age	Reg #	6YL425		Reg Тур	e PAN	Reg Sta	ate_MA	
	Sex Lic. Class	rictions CDL _	Veh `	Year_2018	_ Veh Make_	VOLK		Veh Confi	g. 20	
\dashv	Operator	Endors		POWERS Last		N				
_	Last First Address		Owne Addr	ess 272 EASTFORD	RD	First		Middle		
	City			SOUTHBRIDGE			State_	MA Zir	01550	
	Insurance Company PREFERRED MUTUA	_		cle Action Prior to C	rash 44	21 Da		_	cle Up to Three)	
\neg		Responding to Emerger		t Sequence 1 22	22 22 22		3	4	-	
_	Citation # (If Issued)	responding to Emerger			23				10 Undercarriage	
	Violation 1: ChSec Viol	lation 2: Ch Sec		Harmful Event 1 er Contributing Code	1 24	24 1	← 9	5	11 Totaled	
	Violation 3: ChSec Viol			erride/Override	25	wed N 8	7	6		
\dashv	Please fill out for operator and all	Unde	erride/Override		27 28 29 ty Airbag Airbag	30 31 Eject Trap I	32 33 njury Transj	3		
	Name (Last First Middle)	Addr		Age/DOB Se	Seat Safe Pos. Syst	em Status Switch	g Eject Trap I n Code Code S	tatus Code	p. Medical Facility	
-	Operator	See Ab	oove							
7	Please Select One Vehicle # Occ	DN Mata	wist A. Tour	14 15	T ti	16	. 17	□ U;4/0) DM	
4	of the Following:	eupants Non-Moto	orist A Type	Action	Location	Condit	ion	Hit/R	Run Moped	
	License #S	Reg #	Reg #							
	Sex Lic. Class			Year	_ Veh Make_			Veh Confi	g. 20	
	Operator	Endors	sment Owne	er		First		Middle		
\dashv	Address		Address							
	City	City	CityStateZip							
	Insurance Company	Vehic	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							
	Vehicle Travel Direction: NSEW	ency? Even	Event Sequence 22 22 22 22 3 4							
	Citation # (If Issued)			Most Harmful Event 23						
- 1	Violation 1: ChSecVio		Driver Contributing Code 24 24 5 11 Totaled							
	Violation 3: ChSec Violation 4: ChSec			Underride/Override 25 Towed 8 7 6						
	7.10.11.10.11.15.10.11.15.10.15.10.15.10.15.10.15.15.15.15.15.15.15.15.15.15.15.15.15.		26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.							
	Please fill out for operator an			· '				ш т и гангы		
	Name (Last First Middle)	Add	dress		ex Pos. Sy	stem Status Switch	ch Code Code	Status Code		
	1		dress	Age/DOB S	ex Pos. Sy	Status Switch	ch Code Code	Status Code	Medical Facility	
	Name (Last First Middle)	Add	dress		ex Pos. Sy	tem Status Swite	ch Code Code	Štatus Code	Medical Facility	



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	→ Direction 1	= Vehicle 1	2 =Vehicle 2	⊋ Pedestria	n		
Crash Diagram:	ie: → 1	→[2	₽Ŷ			
						rash <u>Did Not</u> a Public Way:	Occur
						Off-Street Parkin	g Lot
						Garage	
						Mall/Shopping C	enter
						Other Private Wa	
					Indi	cate North by A	Arrow
		 				\bigcirc	
Crash Narrative:	civilians and th	at he would	need to repor	t the incid	dent to the po	olice. It sh	ould be
noted that this crash							
9/12/2019. I will be	contacting Village	Bank on 09/	13/2019 regar	ding the su	rveillance vi	deo.	
pdate:							
n 09/13/2019 I spoke	with Lisa Bocabell	a of the Vil	lage Bank. Ms	. Bocabella	states that	the exterior	
urveillance video at	their Newtonville	Branch only	captures imag	es of their	front doorway	y and the ad	jacent
idewalk. Ms Bocabella	states that their	surveillanc	e did not cap	ture this c	rash.		
At this time the owner	and operator of V	ehicle 2 is	unknown. The	owner of Vel	nicle 1 was no	otified of t	hese
results.							
Witnesses:		1					Statemer
Name (Last, First, Middle)	Address		Phone #	Phone #			
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type [Description of Damaged Property		
Truck and Bus Information:	Designation #		(France V	(did Costion)			
Carrier Name	Registration #		(From V	enicie Section)	Carrier Issu	ning Authority Cod	de
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length 39		
Hazmat Information:						_	
Placard 40 Material 1	digit # 41 Material N	Jame		Material 4 dig	git #	Release code	42
JASON M. SCHLEGEL			NE	WTON POLICE DEPARTS		09/12/2	:019

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Signature