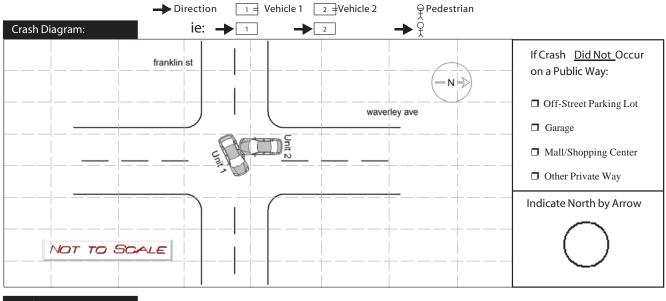
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	setts			RM	V Docui	ment Number		
	Date of Crash 09/17/2019	Time of Crash 08:58 24HR	City/Tov NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		d Lati	ed Limi itude _ igitude_		State Police Local Police MBTA Police Other:	XI XI	
			SECTION:		LOCA'		>						CTION:	\neg \vdash	
	EAST	Γ FRANK	TIN ST											2	
1	Route# Direc			Roadway/Street		Route# Direction	on Ado	lress #		Na	ame of I	Roadway	/Street	2	
1	SOUTH WAVERLEY AVE				Feet NSEW of or								$ \frac{2}{}$		
	Route# Direc		Jame of Intersecting	Roadway/Street					Mile	Marker			Exit Number	_	
			Also at Interse	ection with		Feet [N S E	W of	Route	#	Intersec	ting Roa	idway/Street	- 1	
2 1	Route# Direc	tion	Name of Intersec	ing Roadway/Street		Feet [N S E V	W of						3	
3	Route# Direction Name of Intersecting Roadway/Street					Landmark									
	XVehicle1	1_#Occupants	Hit/Run	Moped Case	Number		190	00000949						_	
	License#	18 1	St MA	DOB/Age	Reg#	9JT744			Reg T	ype_PA	N	Reg	State MA		
	Sex_M_ Lic.	Class D 18 15	Lic. Restrictions		Veh Y	ear_2016	Veh	Make_H	ONDA			_Veh Co	onfig. 20		
⁴ 2	Operator WA	NG Last	MINXIAN First	Middle	Owner	(Same as open	rator)		First			Middle	e	- 1	
	Address 332 E	LLIOTT ST. (ap	t. 2)		Address								-		
	City NEWTO	N	Stat	e_MA _ Zip_02464	City State Zip									-	
	Insurance Company GEICO					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
5	Vehicle Travel	Direction: N	S X W Respo	nding to Emergency? N	Event	Sequence 1	22 22	22	22 2		3		4		
	Citation # (If I	ssued)			Most I	Harmful Event	1 23	24	24	+	9	1	10 Undercar 5 11 Totaled	riage	
6	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co	ode 1				$\frac{\sqrt{1}}{7}$	\mathcal{L}	6		
⁶ 1				1: ChSec	Under	ride/Override		Towe	d <u>Y</u>		,	Laal			
	Please 1 Name (Last Fir		ator and all occup	ants involved Address		Age/DOB	Sex Se	26 27 eat Safety os. System	28 Airbag Air Status Sw	29 30 bag Ejec itch Code	0 31 t Trap e Code	32 Injury Tr Status C	33 ansp. ode Medical Facil	lity 1	
	Operator			See Above				1	2 1	0	0	10 1			
⁷ 2	Please Select C of the Followi		2 <u>1</u> #Occupants	Non-Motorist A Ty	pe 1	Action 1	Locat		16 Con	dition	17	Н	it/Run Mop	ped	
	License#		St_NY	DOB/Age	Reg # 1HLC31 Reg Type PAN						Reg	Reg State_MA			
	Sex_F Lic. Class D 18 Lic. Restrictions 19 CDL				Veh Y								onfig. 20		
⁸ 2	Operator WINDELS EMILY Endorsment				Owner (Same as operator)									_	
Address Last First Middle Last Address Address									First Middle						
	City NEWTO	N	Stat	e_MAZip_02458										_	
	Insurance Company GEICO				Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ree)		
	Vehicle Travel Direction: $N \times W$ Responding to Emergency? N					Event Sequence 1 22 22 22 2 3 4									
	Citation # (If I	Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled								riage					
	Violatio														
	Violatio	Underride/Override 25 Towed Y 8 7 6													
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB		26 27 eat Safety Pos. System	28 Airbag Air Status Sv	29 30 bag Ejec vitch Coo) 31 Trap de Code		33 ansp. Code Medical Fac	eility	
		Non-Motorist		See Above		Agorbob		1	4 4	0	0	10 1			



Crash Narrative:

ON 9-17-19 AT APPROX. 0858HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF WAVERLEY AND FRANKLIN I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS STOPPED TRAVELING E-BOUND ON FRANKLIN ST. HE STATES HE LOOKED LEFT AND RIGHT AND WAS TRYING TO MERGE INTO THE TRAFFIC ON WAVERLEY AVE. AS HE ENTERED THE TRAFFIC LANE HE WAS HIT ON THE LEFT SIDE BY VEHICLE #2. DRIVER OF VEHICLE #2 STATES SHE WAS TRAVELING S-BOUND ON WAVERLEY. SHE STATES VEHICLE #1 ENTERED THE TRAFFIC LANE AND SHE WAS UNABLE TO AVOID HITTING HIM. VEHICLE #1 HAD LEFT REAR SIDE DAMAGE AND AIRBAG DEPLOYMENT. VEHICLE #1 WAS TOWED BY TODYS. VEHICLE #2 HAD FRONT END DAMAGE BUT WAS STILL OPERATIONAL. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

Witnesses:											
Name (Last, First, Middle)	Address				Phone #	Statement					
Property Damage:											
Owner (Last, First, Middle)	Owner (Last, First, Middle) Address			Phone # 34-Type Des							
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								
Cargo Body Type Code Gross Vehicle Weight 38											
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					

THOMAS P WALSH		NEWTON POLICE DEPARTM	09/17/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date