	Poli	ice Use Only		Commo	onweal	th o	f Massa	achu	isett	S		RM	V Docur	ment Number		
	Date of Crash Time of Crash City 09/19/2019 08:04 NEWTON			Motor Veh			icle Cra	sh	1			eed Limi		State Police Local Police MBTA Police	XI	
	0717/2017	24HR	NEWTON				Report		2	0		ongitude_		Other:	e <b>ப</b>	
		AT INTER	< Lo	LOCATION > NOT AT INTERSECTION							CTION:	_				
		CABOT	ST												ŀ	
1 <b>1</b>	Route# Direc	tion	Name o	f Roadway/Street		R	Route# Direction	on Ad	dress #		1	Name of I	Roadway	/Street		
_		LANGE	OON ST	At			Feet 1	N S E	W of			•	or		_	
	Route# Direc	etion N	Jame of Intersecti	ng Roadway/Street		╌┞				Mil	e Marke	r		Exit Number		
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street										
<b>1</b>	D:		N GI	D 1/St-		[-	Feet [	N S E	W of							
3	Route# Direction Name of Intersecting Roadway/Street					Landmark										
,	XVehicle1	#Occupants	Hit/Run	Moped	Case N	umber		19	00000095	8						
	License#		St_N	IA DOB/Age		Reg#1	FLJ61			Reg	Туре_Р	AN	Reg	State_MA		
	Sex_F_ Lic.	Class D 18 18	8 Lic. Restriction	ns 1 CDL	,	Veh Ye	ar_2012	Vel	Make_	NISSAN			Veh Co	onfig. 2		
4	I			Endo	rsment										_	
1	Operator         SOTO         ELIZABETH           Last         First         Middle           Address         499 WASGINTON ST					Owner (Same as operator)  Last First Middle  Address										
	City BRIGHT	ON	S	tate MA Zip 02	135	City						State		Zip	_	
	Insurance Company SAFETY					CityStateZip  Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)										
5	Vehicle Travel	Direction: N	S E X Res	ponding to Emerge	ency?_N	Event S	Sequence 1	22 22		22	<b>0</b>	3		4		
	Citation # (If I	ssued)				Most H	Iarmful Event	1 23			1			10 Underca	rriage	
	Violation	1: ChSec	Violatio	n 2: ChSec_		Driver	ا Contributing Co	ode 1	24	24	<b>y</b>	`		5 11 Totaled		
<sup>6</sup> 1	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed N 6									
	Please fill out for operator and all occupants involved								26 2' Seat Safet	7 28 y Airbag A m Status \$	29 irbag Ej	30 31 ect Trap ode Code	32 Injury Tra	33 ansp.	ility	
	Name (Last Fir	st Middle)		See A	bove		Age/DOB		os. \$yste		99 0		\$tatus   Co	ode Medical Faci	ility	
7																
3	Please Select C of the Followi	IX Vobiclo	2 <u>1</u> # Occupar	nts Non-Mot	orist A Type	14	Action 1	Loca	ation	16 Co	ndition	17	Пні	it/Run 🔲 Mo	ped	
	License#St MA_DOB/Age					Reg#3	SH929		Reg Type PAN				Reg State_MA			
	Sex_F_ Lic. Class D 18 18 Lic. Restrictions 9 CDL					Veh Year 2015 Veh Make TOYOTA Veh Config						20				
8_	Operator DIAZ MARGERIS  CDL					Owner (Same as operator)										
1	Last First Middle Address 50 KENNEDY ST					Counter to operatory  Last First Middle  Address										
	City NEWTON State MA Zip 02461					CityStateZip										
		npany COMMER				-				21				Circle Up to Th	ree)	
	Vehicle Travel			ency?N	Vehicle Action Prior to Crash  Sequence  1 22 22 22 22 22 22 22 22 22 22 22 22 22											
	Vehicle Travel Direction: NSWW Responding to Emergency?N  Citation # (If Issued)					Most Hermful Event 1 23										
	Violation 1: Ch Sec Violation 2: Ch Sec					Driver Contributing Code 4 24 24 5 5 11 Totaled										
				on 4: ChSec			ide/Override	25	L	ed_N_	8	7		6		
				l occupants invol				,	26 2 Seat Safet		29 irbag Ej	30 31 ect Trap	32 Injury Tra	33 ansp.		
	Name (Last Fi	Non-Motorist		See A	hove		Age/DOB		Pos. Syst	em Status	Switch C	Code Code	Status C	Code Medical Fac	cility	
	Operator	1 1011-11101011181		See A	5576				1	4	ט פפ	U	10 1	-		
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