	Poli	ce Use Only		Comn	nonweal	lth o	f Massa	achus	etts	}		RM	V Doc	ument	Number		
	Date of Crash 09/27/2019	Time of Crash 15:40	City/1 NEWTON	Γown	Motor	Vehi	icle Cra	sh \[\frac{1}{3}	Number Vehicles			eed Lim		Sta Lo	nte Police cal Police BTA Police	N N	
ļ	09/27/2019	24HR					Report		3	0		ngitude		Ot!	her:		
		AT INTER	RSECTION:	1	< L	OCAT	TION :	>		N(T A	[INT	ERSI	ECTI	ON:	٦,	
	SOUT	ГН CHEST	NUT ST													2	
1 1	Route# Direct	tion	Name	of Roadway/Stree	et	F	Route# Direction	on Addr	ess#		N	lame of I	Roadwa	ay/Stree	et	$ \frac{1}{2}$	
-	At WEST PINE RIDGE RD						Feet N	N S E W	of			•	or				
	Route# Direct	tion N	Name of Intersec	ting Roadway/Str	eet				1 .	Mil	Marke	r		Ex	it Number	_	
			Also at Int	ersection with		-	Feet N	N S E W	of	Rou	e#	Intersec	cting Re	oadway	/Street	- _	
2 1	Don't # Divert		N Gl		(54	-	Feet N	N S E W	of							2	
3	Route# Direction Name of Intersecting Roadway/Street						Landmark										
3	XVehicle1	1_#Occupants	Hit/Ru	n Mop	ed Case N	lumber		1900	0000983								
	License#		St_	MA DOB/Age		Reg#_1	175LM3			Reg	Гуре_Р	AN	Re	eg State	MA		
	Sex_F_ Lic. (Class D 18 1	Lic. Restricti	ons B 19 C	DL		ar 2017								20		
4		FERNAN	MAGGIE		ndorsment H	Owner	(Same as open	rator)								- 1	
1	Address 113 W	Last First Middle ddress 113 WILLOW ST					Owner (Same as operator) Last First Middle Address										
	City WESTWOOD State MA Zip 02090																
	Insurance Company AMICA MUTUAL						Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)										
5	Vehicle Travel	Direction: N	X E W Re	esponding to Eme	ergency?_N	Event S	Sequence 1 2	22 22	22	22	2	3		4			
		ssued)				Most H	Iarmful Event	1 23				9			0 Undercarri	iage	
	Violation	1: ChSec	e Violati	on 2: ChS	lec	Driver	Contributing Co		24	24				اها	1 Totaled		
⁶ 1	Violation	3: ChSec	e Violati	on 4: ChS	lec	Underr	ide/Override	25	Towe	d N	8	7		6			
			ator and all occ	cupants involve				2 Sea			29 irbag Eje	30 31	32 Injury	33 Transp.		fy 1	
	Name (Last First Operator	st Middle)			Address Above		Age/DOB	Sex Pos	- 99	Status \$	witch Co	de Code 0	\$tatus	Code	Medical Facili	ty 1	
	1								-				10	-			
_																	
2	Please Select O of the Followir	I A Venicle	2 <u>1</u> #Occupa	ants Non-M	Notorist A Type	14	Action 1	5 Location	on	16 Co	ndition	17		Hit/Rur	Мор	ed	
	License # St MA DOB/Age					Reg#_	Γ10154			Reg	Гуре_С	ON	Re	eg State	MA 20	-	
	Sex_M_ Lic. Class D Lic. Restrictions B CDL					Veh Year 2009 Veh Make NISSAN Veh Config. 1											
8 1	Operator Luz JOE						Owner MMDS OF BOSTON Last First Middle										
	Address 14 EX	ETER ST				Addres	s 48 SILVER L	AKE AVI								-	
	City TAUNTON State MA Zip 02780					City NEWTON State MA Zip 02458										-	
	Insurance Company TRAVELERS IND CO					Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)										ee)	
	Vehicle Travel Direction: NXEW Responding to Emergency?N					Event Sequence 1 22 22 22 2 3 4											
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage										iage	
	Violation	n 1: ChSe	ec Violat	tion 2: Ch	Sec	Driver	Contributing Co	ode 1	24	24			<u> </u>				
	1	n 3· Ch Se	ec Violat	ion 4: Ch	Sec	Underr	ide/Override	25	Towed	<u>Y</u>	8	7		6			
	Violation	o.						Sea Sea	6 27 t Safety	28 Airbag A	29 3 irbag Eje	30 31 Trap	32 Injury	33			
	Ple	ease fill out for	operator and a	all occupants in			Age/DOB	Sey Do	c Syreton	Status	witch C	ode Codo	Status	Transp.	Medical Facil	lity	
	Ple Name (Last Fir	ease fill out for	operator and a		Address Above		Age/DOB	Sex Po	s. Systen	n Status	Switch C	ode Code 0	Status 10	Transp. Code	Medical Facil	lity	
	Ple Name (Last Fir	ease fill out for	operator and a		Address			Sex Po	s. Systen	n Status	Switch C	ode Code	Status	Code		lity	
	Ple Name (Last Fir	ease fill out for	operator and a		Address			Sex Po	s. Systen	n Status	Switch C	ode Code	Status	Code		lity	

Pol Date of Crash	Time of Crash	n City/Tow	Commonwea Motor		1 Massa icle Cra		Numbe	_	per Sne	RMV ed Limi		State Police		
09/27/2019	15:40	NEWTON	1410101		icie Cra Report	511	Vehicle 3		ed Lat	itude ngitude_		State Polic Local Polic MBTA Pol Other:	ce 🛣 lice 🗖	
	AT INTEL	RSECTION:		LOCAT		>	3					CTION:		
	AT IIVIE	RSECTION:						110	71 711	11111	ZKOL	C11011.		
Route# Direct	rtion	Name of R	oadway/Street		Poute# Direction	n A	ddress #		N	ame of F	oadway	/Street		
- Routen Brief	741011	Route# Direction Address # Name of Roadway/Street												
Route# Direc		Name of Intercepting	Dag dayay / Staget	L	Feet [NSE	w of	Mile	Marker	<u> </u>	or	Exit Numb	er	
Koute# Direc	ction .	Name of Intersecting Also at Interse	·	-	Feet [N S E	W of					1 /0		
				-	Feet [N S E	W of	Rout	2 #	Intersec	ting Koa	dway/Street		
Route# Direc	etion	Landmark												
XVehicle 3	_2_#Occupants	Hit/Run	Moped Case !	Number		1	90000098	3						
License#		St MA	_ DOB/Age	Reg#8	VEW20			Reg	vne PA	N	Reg	State MA		
Sex_M Lic.	18		19	_	ar 2008								20	
	GRON-MATOS	DAYNEZ	Endorsment		(Same as open									
	Address 250 QUINCY ST (apt. 2)					Owner (Same as operator) Last First Middle Address								
City FALL RI	City FALL RIVER State MA Zip 02720									State		Zip		
Insurance Com	Insurance Company ARBELLA MUTUAL					Crash	2	21	Damag	ed Area	Code: (Circle Up to	Three)	
Vehicle Travel	Direction: N	X E W Respo	nding to Emergency?_N	Event Sequence 22 22 22 22 3 4)			
Citation # (If I	(ssued)			Most H	armful Event	1 23		(•	9		10 Under 5 11 Totale	_	
Violation	1: ChSe	ec Violation 2	:: ChSec	Driver	Contributing Co		19 24	24	3	$\sqrt{1}$	\sum	6		
	3: ChSe	Underri	de/Override	25	Tow	ed N		0 21	T 22 T					
Please Name (Last Fir		rator and all occupa	Ants involved Address		Age/DOB	Sex	26 Seat Safety Pos. System	28 Airbag A n Status Sv	29 S rbag Ejec vitch Coc	0 31 Trap le Code	32 Injury Tr. Status C	33 ansp. ode Medical I		
Operator		250.0	See Above QUINCY ST (apt 3)				99	4 9	9 0	0	10 1			
ROSADO, HA	AROLD, F		L RIVER, MA 02720			M	3 99	4 9	9 0	0	10 1	NON	E	
Please Select (of the Followi	I Vehicl	e# Occupants	Non-Motorist A Typ	e 14	Action 1	5 Loc	ation	16 Cor	ndition	17	Пн	it/Run 🔲 N	Noped	
		G,	DOD/A	D //							D	G		
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions CDL				<i>U</i> –	Reg # Reg Type Reg State Veh Year Veh Make Veh Config.							2	20	
Operator		Owner												
Address	Last	Last First Middle Address												
City														
Insurance Com	Insurance Company					Crash		21	Damag	ed Area	Code: (Circle Up to	Three)	
Vehicle Travel	Vehicle Travel Direction: NSEW Responding to Emergency?					22 23	2 22	22	2	3		4		
Citation # (If I	Citation # (If Issued)					23			-	9		10 Under 5 11 Totale	_	
Violatio	on 1: ChS	Sec Violation	2: ChSec	Driver	Contributing Co		24	24	,	VŢ	\sum			
			4: ChSec	Underri	ide/Override	25	Towe	d		7	1 22 1	6		
Name (Last F		r operator and all o	eccupants involved Address		Age/DOB	Sex	26 27 Seat Safety Pos. Syste	28 Airbag A m Status S	29 3 rbag Ejec witch Co	0 31 Trap de Code		33 ansp. Code Medical	Facility	
Operator	Non-Motorist		See Above											
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