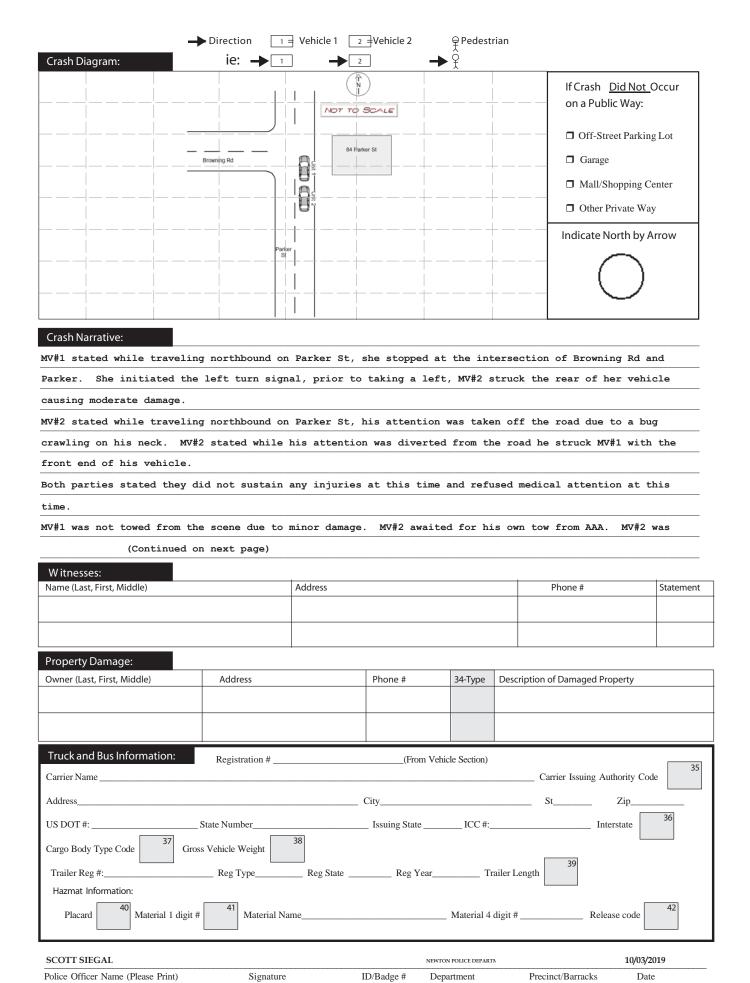
	Poli	ice Use Only		Commo	onweal	th o	f Massa	achı	ıse	tts			RMV	Docun	nent Number	
	Date of Crash 10/03/2019	Time of Crash 21:24	City/I NEWTON	own	Motor '	Vehi	icle Cra	sh	Nun Vehi		umber njured	Speed Latitu			State Police Local Police MBTA Police	XI
	10/03/2019	24HR	NEWTON		Poli	ce F	Report		2)	Longi			Other:	е 🔟
	AT INTERSECTION: <						LOCATION > NOT AT INTERSECTION:									
							NORTH	1 84		PA	ARKER	ST				-
1 1	Route# Direc	tion	Name o	of Roadway/Street		R	Route# Direction	on Ac	ddress	#		Nam	e of Ro	oadway/	Street	
	At					Feet NSEW of or										
	Route# Direction Name of Intersecting Roadway/Street					— [Mile Marker Exit Number									
	Also at Intersection with					-	Feet NSEW of Route# Intersecting Roadway/Street									
3	 					Feet NSEW of										
	Route# Direction Name of Intersecting Roadway/Street					Landmark										
•	XVehicle1	#Occupants	Hit/Ru	Moped	Case N	umber		19	900001	1004						- 1
	License#		St N	IA DOB/Age		Reg#7	7HN328			R	eg Tyne	PAN		Reg	State MA	
	Sex_F Lic. Class D 18 18 Lic. Restrictions I P CDL					Reg # 7HN328 Reg Type PAN Reg State MA Veh Year 2014 Veh Make JEEP Veh Config. 1										
ļ				JADE Endo	rsment		WINSTON		DA	ΔN						'
1	Address 89 ER	erator WINSTON-KHAN VIVECA JADE Last First Middle dress 89 ERIE AVE				Owner WINSTON DAN Last First Middle Address 89 ERIE AVE										_
	City NEWTON State MA Zip 02461					City NEWTON State MA Zip 02461										
	Insurance Company PROGRESSIVE					Vehicle Action Prior to Crash Vehicle Action Prior to Crash										
	1	Direction: X		sponding to Emerge	ency? N		Sequence 1	22 22		22 22	2 _		3		(4)	
		ssued)		ponding to Emerge			farmful Event	23	<u> </u>				$\downarrow \downarrow$		10 Underca	rriage
				n 2: ChSec_			Contributing Co		1 24	1 2	1 4		9		11 Totaled	
2	1			n 4: ChSec_			ide/Override	25	1	owed N	8 		7		0	
_	Please fill out for operator and all occupants involved					Age/DOB Sex Post System Status Switch Code Code Status Code Medical Facility										
	Name (Last Fir				hove		Age/DOB	Sex		ystem Stat	us Switch			status Co	de Medical Fac	ility
	Орегатог			Sec 11					- 1	1 4	99	U	U	10 1		
3	Please Select C of the Followi		2 <u>1</u> #Occupa	nts Non-Mote	orist A Type	14	Action 1	Local	ation	16	Conditi	on	17	Hit	t/Run Mo	ped
	License#						Reg # 2NR333 Reg Type PAN Reg State					State MA	_			
	Sex M Lic. Class D 18 18 Lic. Restrictions B CDL					Veh Year 2011 Veh Make LEXUS Veh Config. 1										
1	Operator SWAIN ANTHONY Last First Middle Middle					Owner (Same as operator)									_	
	Address 6 BRYON RD					Address									_	
	City NEWTON State MA Zip 02467					City State Zip									_	
	Insurance Company SAFETY					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									nree)	
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 1 22 22 22 23 4										
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								rriage		
	Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code 19 24 20 24									
	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed Y 6								_	
	Pl Name (Last Fi		operator and a	ll occupants invol	ved		A co/DOD		26 Seat Sa Pos. S	27 2 afety Airb System Sta	8 29 ag Airbag itus Switch	30 Eject		njury [Tra	33 nsp.	oilite
		Non-Motorist		See A			Age/DOB		1		99			10 1	ode Medical Fa	cinty
									\dashv							\neg
									_							
								1 1								



-	Direction 1	■ Vehicle 1 2	Vehicle 2	₽ Pedestria	n	
Crash Diagram:	ie: → 1	2	□ →	▶Ŷ		
					If Crash <u>Did Not</u> O on a Public Way:	Occur
					Off-Street Parking	Lot
					Garage	
 		 			☐ Mall/Shopping Cen	nter
					☐ Other Private Way	
					Indicate North by Ar	row
	 	 		- -		
Crash Narrative:						
placed on the side of Bro	wning Rd in a sa	afe location	to await his	tow.		
<u>-</u>						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		25
Carrier Name					Carrier Issuing Authority Code	35
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	
Hazmat Information:	41					42]
Placard 40 Material 1 digit	# Material N	ame		_ Material 4 dig	it # Release code	42
SCOTT SIEGAL			NEWI	ON POLICE DEPARTS	10/03/20:	19
Police Officer Name (Please Print)	Signature			partment	Precinct/Barracks Date	

CDP1 11 ·24·00