Poli	ce Use Only		Commo	onweal	th o	f Massa	achu	setts					nent Number	
Date of Crash 10/04/2019	Time of Crash 16:04	City/T NEWTON	own			cle Cra	sh	Number Vehicles			ed Limi itude		State Police Local Police MBTA Police	X
10/04/2017	24HR			Police Repo				2 0			gitude_		MBTA Police Cother:	
	AT INTER	RSECTION:		< Lo	OCAT	ION :	>		NO	T AT	INTI	ERSE	CTION:	
						SOUTH	525		WALT	HAM S	ST .			
Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street								
						Feet NSEW of or								
Route# Direc	tion N	Name of Intersect	ing Roadway/Street		<u>—</u> [10121.	V 01	Mile	Marker		01	Exit Number	_
Touten Dill			ersection with	•	-	Feet N	SEV	V of	Route		Y+	· · · · · · · · · · · · · · · · · · ·	dway/Street	_
					-	Feet N	SEV	V of	Koun	#	Intersec	ting Koa	dway/Sireei	
Route# Direct	tion	Name of Inters	ecting Roadway/Str	reet							Laı	ndmark		
XVehicle1	1_#Occupants	Hit/Rur	n Moped	l Case N	umber		190	0001009						
License#		St_N	MA DOB/Age		Reg # 2	89XJ6			Reg T	vpe_PA	N	Reg	State_MA	
Sex_M Lic. 0	Class D 18 1		19		-	ar 2009	Veh	Make H					20	
Operator NO		— MATTHEW	L Endo	orsment		NORCROSS Last		SHELL	.EY				·	
Address 6 MC	Last CARTHY RD R	First RD	Mie	ddle	Address	6 MCCARTH	Y RD		First			Middle		_
City NEWTO			tate_MA Zip_02	459	City NEWTON State MA Zip 02459									
,	pany PLYMOUT		Valida Assissa Brianta Coral. 21 Damaged Area Code: (Circle Un to Three)											
\neg			sponding to Emerge	ency? N		equence 1 2	2 22	22	22 ()	0)	4	
	ssued)		sponding to Lines.	elicy:			1 23				Λ	>	10 Undercar	rriage
`			on 2: ChSec_			Contributing Co		24	24	←	9		5 11 Totaled	
			on 4: ChSec_			de/Override	25	Towe	8 d N		7		6	
			upants involved		Ulideiii	de/Override		26 27 at Safety		29 3 bag Ejec	0 31	32 Injury Tra	33 unsp.	\dashv
Name (Last Fire			Ad	Idress		Age/DOB	Sex Po	at Salety s. System	Airbag Air Status \$w	tich Cod	O 31 Trap e Code	Status Co	de Medical Faci	ility
Operator			See A	Above						+		10 1		
								_		_				
Please Select C of the Followin		2 <u>1</u> #Occupa	nts Non-Mot	torist A Type	14	Action 1	5 Locat	ion	16 Con	dition	17	☐ Hi	t/Run Mo	ped
License#	License # St MA _ DOB/Age					Reg # 314AL8 Reg Type PAN Reg St						State_MA		
Sex F Lic. Class D 18 Lic. Restrictions 19 CDL					<i>-</i>	eh Year 2019 Veh Make HONDA Veh Config. 1								_
Operator VEC	-	BARBARA	M	orsment	Owner _	(Same as oper	ator)							_
Address 8 LAI	Last	First	Mi	iddle	Address	Last			First			Middle		
City NEWTO			state MA Zip 024	465							State		Zip	_
Insurance Com	_{pany} ARBELLA	MUTUAL INS			-	Action Prior to		3 2	1	Damage	ed Area		Circle Up to Th	ree)
Vehicle Travel			esponding to Emerg	ency?N		equence 2 2	2 22	22	22 2		3		4	
Citation # (If Is		<u> </u>	soponamy to Emerg	,eney		armful Event	23					A	10 Undercar	rriage
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Name (Last Fi	rst Middle)		A	ddress		Age/DOB		os. Systen	Status S	vitch Co	de Code	Status C	ode Medical Fac	cility
Operator/	Non-Motorist		See A	bove				1	4 9	9 0	0	10 1		

