	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	setts	\$		RM	V Docui	ment Number			
	Date of Crash 10/07/2019	Time of Crash 09:31 24HR	City/To NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	N N		
			SECTION:		LOCAT		>		NC				CTION:	\neg		
		WALNU	UT ST											2		
1 1	Route# Direc	tion		Roadway/Street At		Route# Direction	on Ad	dress #		N	ame of F	Roadway	/Street	$ 2^1$		
	NOR	TH CENTR	Feet NSEW of or													
	Route# Direc	etion N	Mile Marker Exit Number													
			Feet N S E W of Route# Intersecting Roadway/Street													
² 2	Route# Direc	tion	Feet N S E W of													
3			Landmark													
	Wehicle1	1_#Occupants	Hit/Run St M.		Number		19	00001018	1					_		
	License#	18 1	Reg # V14646 Reg Type CON Reg State MA 20													
	Sex_M_ Lic.	Class D	Lic. Restriction	Endorsment	Veh Ye	ear_2000	Veh	Make_IS	UZU			_ Veh Co	onfig. 13			
⁴ 3	Operator VEI	R Middle	Owner	(Same as open	First			Middle	$ 1^1$							
	Address 23 ADAMS AVE					Address										
	City W. NEWTON State MA Zip 02465					City State Zip Vahicle Action Prior to Crash										
5	1	pany COMMER			Vehicle	Action Prior to		1		Damag 2	ed Area	Code: (Circle Up to Thr	ee)		
1	Vehicle Travel	Direction:	S E W Resp	onding to Emergency? N	Event	Sequence 1	22 22 23		22		\bigcap		10 Undercari	riage		
	,	ssued)				Harmful Event	1	24	24	1	9		5 11 Totaled	lage		
⁶ 1	1			2: ChSec		Contributing Co	ode 9			8	7		<i>)</i> 6			
1		3: ChSec	Underride/Override Towed N													
	Name (Last Fir		ator and an occu	Address		Age/DOB	Sex P	26 27 Seat Safety Sos. System	Airbag A Status Sv	irbag Ejec	t Trap e Code	32 Injury Tr Status C	ode Medical Facil	1 1		
	Operator			See Above				99	4 9	99 0	0	10 1	NONE	_		
7 1	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupan	Non-Motorist A Typ	pe 1	4 Action 1	Loca	tion	16 Cor	ndition	17	Пн	it/Run Mor	oed		
	License # St MA DOB/Age					Reg # EV822N Reg Type_CON Reg State_M							State MA	_		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 9 19 CDL					Veh Year 2019 Veh Make TESLA Veh Config. 1										
8 1	Operator JOSEPH ANDREW Last First Middle Middle					Owner TESLA MOTORS LEA Last First Middle										
_	Address 35 EVERETT ST					Address 3500 DEER CREEK RD										
	City NEWTON State MA Zip 02459					City PALO ALTO State CA Zip 94304										
	Insurance Company PROGRESSIVE DISTRICT					Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 1 22 22 22 22 3 4										
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled										
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 24 24 24 25 25 25 26 8										
	Violatio	Violation 3: ChSec Violation 4: ChSec					25	Towed	<u> </u>	8	v.	,				
		Please fill out for operator and all occupants involved Name (Last First Middle) Address					Sex	26 27 Seat Safety Pos. System	28 Airbag A n Status S	29 Switch Co	0 31 Trap de Code		33 ansp. Code Medical Faci	ility		
		Non-Motorist		See Above		Age/DOB		99		99 0	0	10 1				

Poli Date of Crash	ce Use Only Time of Crasl		Commonwea Motor				Setts Number	Number		RMV d Limi		State Police			
10/07/2019	09:31	NEWTON	1410101		icle Cra Poport	'	ehicles	Injured	Latit	ude		Local Police MBTA Police	X		
	24HI	RSECTION:		LOCAT	Report	>	3	0 NOT		gitude_		Other:			
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		N. CD.	1 (0)							CD	1 //	34			
Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street										
					Feet	N S E W	of -	Mile M	arker		or	Exit Number	-		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of										
		Route# Intersecting Roadway/Street Feet N S E W of													
Route# Direction Name of Intersecting Roadway/Street					Landmark										
XVehicle 3	_1_#Occupant	s Hit/Run	Number		190	001018									
J		St MA			43BV4			D	PAN	J	D (МА	_		
License #	18	18	DOB/Age		ar_2016							20	_		
1		Lic. Restrictions DAVID	CDL Endorsment								vencoi	ing			
Operator SLY Address 757 H	Last IIGHLAND A	First VE (apt. 1)	Middle		(Same as oper	First			Middle	Middle					
			MA Zip 02494									ip	_		
Insurance Company USAA CASUALTY					City State Zip Vehicle Action Prior to Crash										
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Violation	1: ChS	ec Violation 2:	ChSec	Driver	Contributing Co	ode 1	24	24		Ź					
Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 O										
Please f		rator and all occupa	nts involved Address		Age/DOB	Sex Pos	6 27 t Safety 2 . System	28 29 Airbag Airba Status Swite	g Eject h Code	31 Trap Code	32 Injury Trai Status Coo	33 1sp. le Medical Facili	lity		
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Please Select C	ne Vehic	le#Occupants	☐ Non-Motorist A Typ	14		5 Locati		Condi	ion	17	Hit	/Run Mop	and		
of the Followii	ng: Venic	ie# Occupants	Non-Motorist A Typ	De	Action	Locali)II	Collai				/Kull Iwop	jeu		
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_	Decrator Last First Middle					Owner Last First Middle									
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Ple	ease fill out fo	or operator and all of				2 Sea	6 27 t Safety	28 29 Airbag Airba	g 30 Eiect	31 Trap	32 Injury Trai	33 1sp.			
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