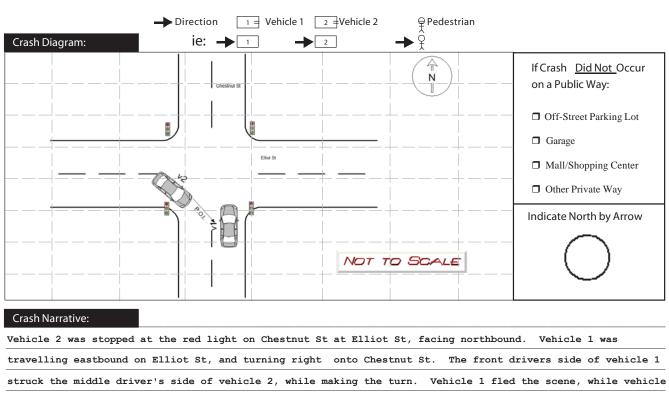
	Poli	ice Use Only		Commonwea	lth o	of Mass	achı	isetts	5		RMV	V Docun	nent Number	
	Date of Crash 10/11/2019	Time of Crash 15:14	City/To	wn Motor	Veh	icle Cra	ısh	Number Vehicles			ed Limi		State Police Local Police MBTA Police	NA NA
	1914-019	24HR				Report		2	0	Lon	gitude_		Other:	
		AT INTER	SECTION:	< I	LOCAT	ΓΙΟΝ	>		NO	T AT	INTI	ERSEC	CTION:	2
	NOR	TH CHEST	NUT ST											
${f 1}^{1}$	Route# Direc	tion		Roadway/Street		Route# Direction	on Ad	ldress #		Na	ime of F	Roadway/	Street	2
	Route# Direction				Feet NSEW of • or							_		
					Mile Marker Exit Num Feet N S E W of						Exit Number	_		
			Also at Inter	section with	ľ				Route	#	Intersec	ting Road	dway/Street	- 3 ¹
² 3	Route# Direc	tion	Name of Intersec	eting Roadway/Street	l	Feet	N S E	w of				1 1		3
3	,					Landmark								\neg
	A Vehicle1	#Occupants	X Hit/Run	Moped Case I	Number		19	900001035	5					
	License#	18 18	St	DOB/Age	Reg#	7VV929			Reg T	ype_PA	N	Reg	State MA 20	_
	Sex_M_ Lic. 0	Class D 16	Lic. Restriction		Veh Ye	ear_2002	Vel	n Make_H	YUNDA	AI		Veh Co	nfig. 1	
⁴ 3	Operator BOS		MATTHEW First	Middle		BOSSELMAI	St	LYND	A First			Middle		- 1
	Address 145 C				Address 445 OAK ST							-		
	City NEWTO			te_MA Zip_02464	City NEWTON State MA Zip 02464							-		
		pany QUINCY N			Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)								ree)	
5 1	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency? N	Event	Sequence 1	22 22		22	!	3	$\overline{\mathcal{I}}$	4	
	`	ssued)		00/04/5	Most I	Harmful Event	1 23		24	←	9	[10 Undercarr 5 11 Totaled	nage
⁶ 2	1			2: Ch90/24/Sec	Driver	Contributing C	ode = 25	10 24			<u> </u>		6	
2				4: ChSec	Underr	ride/Override		Towe	ed _N		21	22		1:
	Name (Last Fir		ator and all occu	Address		Age/DOB	Sex I	26 27 Seat Safety Pos. Systen	28 Airbag Ai Status Sv	29 30 Frbag Ejec Fitch Code) 31 t Trap e Code	32 Injury Tra Status Co	33 insp. ide Medical Facili	1 1
	Operator			See Above				99	4 9	9 0	0	10 1		
⁷ 2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> # Occupant	s Non-Motorist A Typ	ne 1	14 Action	Loca	ation	16 Cor	dition	17	Hit	t/Run Mop	ped
	License#	cense#St NYDOB/Age			Reg # JLT4255 Reg Type_PAN					N	Reg	State_NY	_	
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL				Veh Ye	Veh Year 2016 Veh Make MER				20				
⁸ 2	Operator PAGANO ANTONIO Endorsment Last First Middle				Owner (Same as operator) Last First Middle							_		
	Address 222 M	ACDOUGAL S	T (apt. 1)	Middle	Addres	SS			riist			Middle		_
	City BROOKLYN State NY Zip 11234													_
	Insurance Com	pany UNKNOW	/N		Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)								ree)	
	Vehicle Travel	Event Sequence 1 22 22 22 2 3 4												
	Citation # (If Issued) Most Harmful Ev						I — 9 5 11 10tated						riage	
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed N 6													
									6					
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB	Sex	26 27 Seat Safety Pos. Syste	28 Airbag Ai m Status S	29 Signature 29 Signature 29 Eject 20 Cook) 31 t Trap de Code	Injury Tra	33 insp. ode Medical Faci	ility
		Non-Motorist		See Above				99		9 0	0	10 1		



Crash Narrative:											
Vehicle 2 was stopped at the red light on Chestnut St at Elliot St, facing northbound. Vehicle 1 was											
travelling eastbound on Elliot St, and turning right onto Chestnut St. The front drivers side of vehicle 1											
struck the middle driver's side of vehicle 2, while making the turn. Vehicle 1 fled the scene, while vehicle											
2 chased after them to Williams St. Once on scene, I observed moderate damage to the front drivers side of											
vehicle 1, and moderate damage to the center drivers side of vehicle 2. No one was inured due to the											
accident. No vehicles towed.											
Witnesses: Name (Last, First, Middle) Address Phone # Statement											
Name (Last, First, Middle)		Address				Phone #					
Property Damage:											
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	escription of Damaged Property					
Truck and Bus Information:	Registration #		(From Vehic	le Section)							
Carrier Name			(110111 + 01111		Ca	urrier Issuing Authority Co	de 35				
Address		(City		S	5t Zip					
US DOT #: State Number Issuing State ICC #: Interstate							36				
Cargo Body Type Code 37 Gross	s Vehicle Weight	38	-								
	Reg Type	Pag State	Pag Vaar	Tra	iler I ength	39					
Hazmat Information:	кед туре	Reg State	Reg real	11a.	noi Longui						
Placard 40 Material 1 digit #	41 Material Na	me		Material 4 d	igit #	Release code	42				

TIMOTHY ROCHE			NEWTON POLICE DEPARTS		10/11/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date