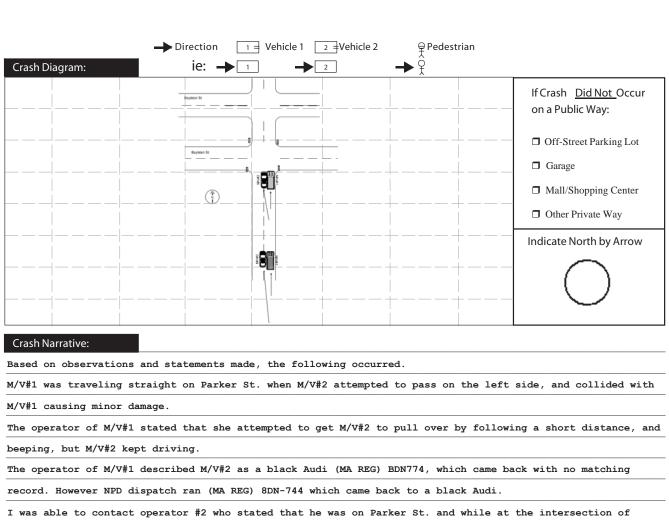
	Poli	ce Use Only		Commo	onweal	th o	f Massa	achu	sett	S		RM	V Doc	umen	t Number	
	Date of Crash 10/14/2019	Time of Crash 17:15	City/T NEWTON	own N	Motor '	Vehi	icle Cra	sh	Numbe			Speed Lim		St	tate Police ocal Police IBTA Police	N Xi
	10/14/2019	17.13 24HR			Poli	ce F	Report		2	0		ongitude_		O	ther:	
		AT INTE	RSECTION:		< Lo	OCAT	ION	>		N	OT A	T INT	ERSI	ECT	ION:	
							NORTH	288		PAR	KER S	Т				┢
1 L	Route# Direc	tion	Name o	of Roadway/Street			Noute# Direction	on Ad	dress #			Name of	Roadwa	ay/Stre	eet	_
\dashv	At					Feet NSEWof or									_	
	Route# Direc	tion 1	Name of Intersect	ing Roadway/Street		— <u> </u>	1 cct	10121	01	Mi	le Mark	er	or	Ez	xit Number	
				at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								v/Street	-
1						-	Feet	N S E	W of	100	acon	interse	oung ix	suu wu.	yrBireet	
	Route# Direct	Route# Direction Name of Intersecting Roadway/Street					Landmark									_
	XVehicle1	#Occupants	Hit/Ru	Moped	Case N	umber		19	0000104	.3						
	License#		St N	IA DOB/Age		Reg#3	CF348			Rec	Type 1	PAN	Re	o State	e MA	_
	Sex_F Lic. 0	18 1		19		_	ar_2018	Veh	Make 1					_	20	-
	Operator YER		YULIYA	Endor	rsment								_ ven e	Johns		_
3	Address 87 BC	DXBERRY LN	First	Mid	ldle	Owner TOYOTA LEASE TRU Last First Middle Address PO BX 105386 City ATLANTA State GA Zip 30348										-
	City ROCKLA			tate MA 7 in 023	370											_
	City ROCKLAND State MA Zip 02370 Insurance Company INTEGON NATIONAL					Valida Astina Drian to Carola 21 Damaged Area Code: (Circle Un to Three)										ee)
				sponding to Emerge	mov2 N		Sequence 1 2	22 22	22	22	2	3		4	•	
1		ssued)		sponding to Emerge	cy:		armful Event	23							10 Undercarri	iage
	,			n 2: ChSec_			L	ode 1	24	24	1	- / ⁹	4	5	11 Totaled	
1							Contributing Co	25		ed N	0	V 7	<u> </u>	6		
_	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					26 27 28 29 30 31 32 33 Sept.										
	Name (Last Fire		1	Add	lress		Age/DOB	Sex P						Code	Medical Facili	ty
	Operator			See Al	bove				1	4	4	0 0	10	1		-
1	Please Select C of the Followin	IX Vobicle	e2 <u>1</u> #Occupa	nts Non-Moto	orist A Type	14	Action 1	5 Loca	tion	16 C	ondition	17		Hit/Ru	ın Mop	ed
	License #St MA DOB/Age DOB/Age					Reg # 8DN744 Reg Type PAN Reg State Ma						e MA				
	Sex_M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2017 Veh Make AUDI Veh Config. 1										
	Operator ISRAELYAN HRAYAR Endorsment					Owner (Same as operator)										
<u> </u>	Address 69 NY	YARK ST	First	Mid	ldle	Address	Las	t		Firs			Mid	dle		
	City WATERTOWN State MA Zip 02472															
	Insurance Company SAFETY INS					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									ee)	
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 1 22 22 22 22 23 4										
		Citation # (If Issued)				Most Harmful Event 23									iage	
	,	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 19 24 24 5 11 Totaled									
	Violation 3: ChSec Violation 4: ChSec					Underride/Override Z5 Towed N 8 7 6										
ſ				ll occupants invol					26 27 eat Safet		29 Airbag I	30 31 Eject Trap	32 Injury	33 Fransp.		\dashv
ŀ	Name (Last Fi		-		ldress		Age/DOB		Pos. Syst	em Status	Switch	Code Code	Status	Code	Medical Facil	lity
	Operator/	JS170101VI-1VIOFIST		Sec At	0016			-	1	4	4	0 0	10	1		\dashv
Ī										+						\blacksquare
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I was able to contact operator #2 who stated that he was on Parker St. and while at the intersection of

Parker and Boylston, M/V#1 had it's right turn signal on, so he attempted to pass it to go straight, when

(Continued on next page)

Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # ______(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address___ US DOT #: __ Issuing State ____ ICC #:___ State Number Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State ____ Reg Year___ Trailer Length Trailer Reg #:_

STEVEN C EMMANUEL			NEWTON POLICE DEPARTM		10/14/2019	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date	
CDP1 11 ·24·00						

Material Name_____ Material 4 digit #_____ Release code

Hazmat Information:

Material 1 digit #

Placard

-	Direction 1		_ ≠Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: 🕕 1	-	□ →	PŶ			
Crash Diagram:				Pedestr O X	If C on	Grash Did Not Of a Public Way: Off-Street Parking Garage Mall/Shopping Ce. Other Private Way icate North by Ar	Lot
Crash Narrative:							
M/V#1 instead went straig	the He seed to	hat ha did	+ ****	two	mado contest		
	nt. he stated th	mat he did ho	t rearrize the	two cars	made contact.		
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Name (Last, 1 list, Middle)		ridaress			THORE	"	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	r'		+				
			(From Vel				35
Carrier Name					Carrier Iss	uing Authority Code	
Address			City		St	Zip	
			•				36
US DOT #:	_ State Number		Issuing State	ICC #:_		Interstate	
Cargo Body Type Code 37 Gr	ross Vehicle Weight	38					
Twiler Dec #1	Dag Torre	Dag State	D W	Tan.	39		
Trailer Reg #:	keg lype	Keg State	Keg Year_	Tra	aner Length		
Hazmat Information:							40
Placard 40 Material 1 digit	t # 41 Material N	[ame		_ Material 4	digit #	_ Release code	42
STEVEN C EMMANUEL			NEWI	ON POLICE DEPART?		10/14/20	19

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)