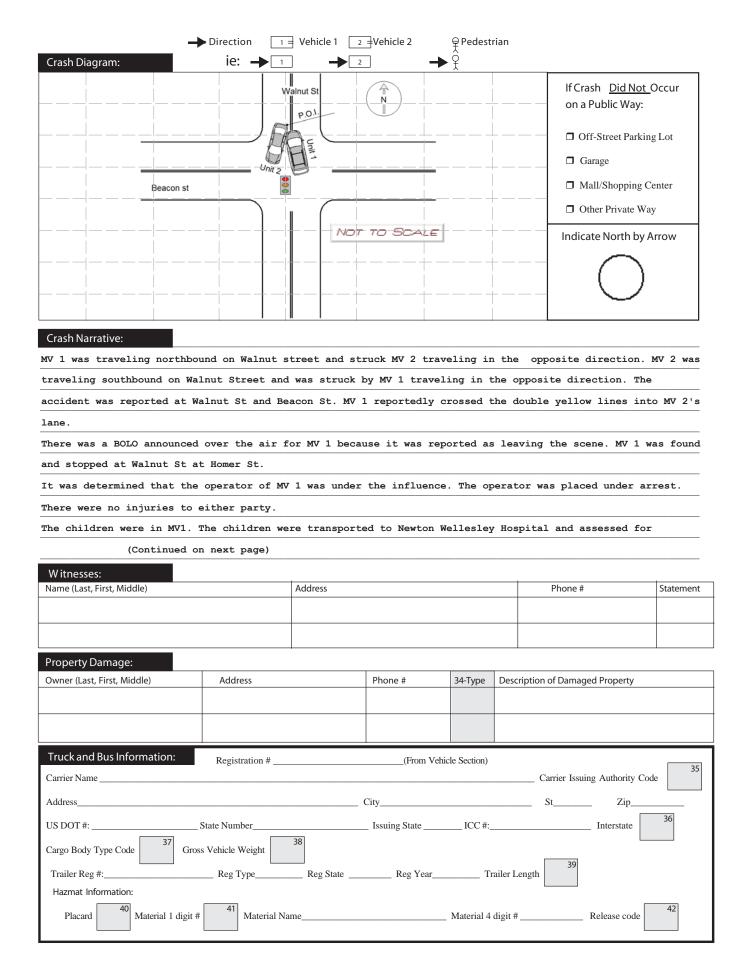
[	Poli	ce Use Only		Commo	nwealth	of Ma	ssac	huse	etts			RM	V Do		ıt Number				
	Date of Crash 11/01/2019	Time of Crash 17:59	City/To	wn M	otor Ve	hicle C	rash	Nu Ve	mber hicles	Numb		ed Lim		S	tate Police ocal Police IBTA Police	<u> </u>			
	11/01/2019	17:59 24HR			Police	Repor	t	2		0		ngitude			ABTA Police other:				
		AT INTER	RSECTION:	<	LOC	ATION	>			NO	ТАТ	INT	ERS	ECT	ION:				
	NOR'	TH WALNU	UT ST.													2			
1 <b>4</b>	Route# Direct	tion		Roadway/Street		Route# Dir	rection	Addres	s #		N	ame of l	Roadw	ay/Str	eet				
	EAST	BEACO		At		Fee	et N S	EW	of –			•	or						
	Route# Direc		Name of Intersectin	ng Roadway/Street		-				Mile	Marker			Е	Exit Number				
			Also at Inter	section with		Fee	et N S	EW	of	Route	#	Interse	ecting Roadway/Street						
2 1		<del></del>		D. 1. (G.		Fee	et N S	EW	of				3						
3	Route# Direct	ion	Name of Interse	cting Roadway/Street	:							La	ndmar	·k					
3	XVehicle1	4_#Occupants	X Hit/Run	Moped	Case Numb	er		19000	01123										
	License#		St_M	A DOB/Age	Reg	# 8PW722				_Reg T	ype_PA	N	R	eg Stat	te_MA				
	Sex_F Lic. 0	Class D 18 D 1	Lic. Restriction	19 CDL	Veh	Year_2007									20				
4		NZALEZ	LINDA	JOYCE Endorsn	nent Owr	ner (Same as	operato	r)								1			
3	Address #3 W	Last ILSON CIRCLE	First E	Middle		ress				First			Mi	ddle		1			
	City NEWTON			ate_MA Zip_02461	City	·						State	·	Zip					
	Insurance Com	pany GOVERNI	MENT EMPLOY	EE	Veh	icle Action Pri	or to Cr	ash	1 21		Damag	ed Area	Code	: (Circ	le Up to Three	e)			
5 1	Vehicle Travel	Direction:	S E W Rest	onding to Emergence	ey? N Eve	nt Sequence	1 22	22	22	<b>22</b> 2		3		4					
1		ssued) T 207988				ا t Harmful Eve	ent 1	23					$\mathcal{A}$	) _	10 Undercarria	ige			
	Violation	1: Ch90/245ec	Violation	2: Ch90/24/Cec	Driv	er Contributin		97	24 14	24				٦	11 Totaled				
<sup>6</sup> 1	Violation	3: Ch <del>90/24/</del> Fec	Violation	4: ChSec	Und	lerride/Overrid	e	25	⊐∟ Towed	Y		7		6					
		ill out for opera				26 Seat		28 Airbag Air	29 3 bag Eje	0 31	32 Injury	33 Transp.	.	1					
	Name (Last First Operator	st Middle)		Addres See Abo		Age/DOI		Pos.	System :	Status Sw 4 4	itch Coc	le Code 0	\$tatus	Code 1	Medical Facility				
	PITTS, AMIRA	ΛΗ		VILSON CIR			м	3	1	4 4	_	0	99	2	NEWTON WELLESL	EY			
	,			WTON, MA 024654 VILSON CIRCLE															
	HAYWOOD, T	RINITY	NI	EWTON, MA 02461			F	8	1	4 4	0	0	99	2	NEWTON WELLESL	EY			
7	JACOBS, NIN	JAH					F	5	1	4 4	0	0	99	2	NEWTON WELLSLE	Y			
2	Please Select O of the Followir		2 <u>1</u> #Occupan	Non-Motori	st A Type	e 14 Action 15 Location 16 Cond						ondition Hit/Run Mope							
	License#	10 1	St_M		Reg	Reg # TC80KE					Reg Type_PANReg S				State MA 20				
	Sex_F_ Lic. 0	$D_{\text{lass}} D D^{18} D^{1}$	Lic. Restriction	ns 19 CDL _ Endorsn		Year_2015		Veh Ma	ke_HC	ND			_Veh	Config					
8 1	Operator FRE	Last	<b>LEAH</b> First	Middle	Own	ner FREEMA	Last		COTT	First			Mi	ddle					
_	Address 10 KE	NDALL RD	Add	Address 10 KENDALL RD															
	City NEWTO	City	City NEWTON State MA Zip 02459							02459									
	Insurance Company PLYMOUTH ROCK					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)									e)				
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					Event Sequence 1 22 22 22 22 3 4													
	Citation # (If Is	Mos	Most Harmful Event 1 23 10 Undercarriag 5 11 Totaled								ige								
	Violation	Driv	Driver Contributing Code 1 24 24																
	Violation	1 3: ChSe	Unc	Underride/Override															
	Ple Name (Last Fi		operator and all	occupants involve		Age/DOB			27 Safety A System	28 Airbag Air Status S	29 Eje witch Co	0 31 Ct Trap ode Code	1 32 3 Injury Tran le Status Co			.v			
		Non-Motorist		See Abo				ex Pos.					10	1					
	operator.	WOII-IVIOTOTIST							_ '		!		10	_		!			
	- Sperator.	VOII-IVIOTOTIST											10	1					
	эрчины	NOII-WIOTOTIST																	

Date of Crash 11/01/2019	17:59	City/Town NEWTON	<sup>1</sup> Motor	· Vehi	icie ( 'ra	en IN	umber	Number	Speed L	11IIII <u>43</u>	plate Pulle	~ II
	24110					V	ehicles	Injured	Latitude		State Polic Local Polic MBTA Pol	ce 🛣
I	24HR			nce i Locat	Report		2	0	Longitu		Other:	
	ALINIER	RSECTION:		LUCAI	IION -	>		NOI	ALIN	TERSE	CTION:	
ļ 												
Route# Dire	ction	Name of R	oadway/Street	F	Route# Direction	n Addre	ess#		Name o	of Roadway	//Street	
				-	Feet N	SEW	of –	Mile M	• orker	or	Exit Numb	
Route# Dire	ction N	Name of Intersecting  Also at Intersec		<b>-</b>	Feet N	SEW	of	11110 111			LAR I VAINO	-
		Also at linersec	cuon with			SEW	,	Route#	Inter	secting Roa	adway/Street	
Route# Direc	ction	Name of Intersecti	ng Roadway/Street	-	reet I	3 E W	J 01			Landmark		
<b>Vx</b> <sub>2</sub> , <b>1</b> , 2, 1, 2	1.4.40	<b>V</b>	Dyna							Lanumark		
Venicie	1 4_#Occupants		Moped Case	Number		1900	001123					
License#	10 1	St MA		Reg # _8	3PW722			_Reg Typ	e_PAN_	Reg	State MA	20
	Class D 18 D 1	Lic. Restrictions	1 CDL	Veh Ye	ar_2007	Veh M	lake_HC	NDA		Veh C	onfig. 2	20
Operator GC		LINDA First	Endorsment JOYCE Middle	Owner	Last			First		Middl	e	
Address #3 W	VILSON CIRCLI	E		Address	s							
City NEWTO			MA Zip 02461	City					St	ate	Zip	
Insurance Con	npany GOVERN	MENT EMPLOYEE		Vehicle	Action Prior to		1 21		maged A		Circle Up to	Three)
Vehicle Trave	l Direction:	S E W Respon	nding to Emergency?_N	Event S	Sequence 1 2		22	22 2		3	4	
Citation # (If	Issued) T 207988			Most H	Iarmful Event	1 23		1	← 🗎	9	10 Under 5 11 Totale	_
Violation	n 1: ChSec	C Violation 2	: ChSec	Driver	Contributing Co		24 14				6	
			: ChSec	Underri	ide/Override	25	Towed			,		
Please Name (Last Fi		ator and all occupa	nts involved Address		Age/DOB	Sex Pos.	Safety A	28 29 Airbag Airbag Status Switch	30 Eject Tra Code Co	31 32 ip Injury Tr de Status C	33 cansp. code Medical F	<sup>2</sup> acility
Operator			See Above				-					
Please Select	One Vehicle	e# Occupants	Non-Motorist A Typ	14				6 Condit		17	it/Run \Bun	Лореd
of the Follow	ing:	e# Occupants	Non-Motorist A Typ	pe	Action	Locatio	011	Condit	IOII		It/Kull	тореа
License#	18 1	St		Reg#_				_Reg Typ	e	Reg		20]
Sex Lic.		Lic. Restrictions	CDL Endorsment		ar		Iake			Veh Co		
Operator	Last	First	Middle	Owner	Last			First		Middl	e	
Address				Address	s							
City		State	Zip	City						ate	. ———	
Insurance Con				Vehicle	Action Prior to		21		maged A		Circle Up to '	Three)
Vehicle Travel	Direction: N	Event Sequence 22 22 22 22 2 2 3 4 10 Undercarriage										
1	Issued)				Iarmful Event		24	1 -	← 🗀	9	5 11 Totale	_
1			2: ChSec		Contributing Co	25		24 8		7	6	
			4: ChSec	Underri	ide/Override		Towed		30	31 ] 32 [	33	
Name (Last F		operator and all o	ccupants involved  Address		Age/DOB	Sex Pos	Safety A System	28 29 Airbag Airbag Status Swite	Eject Tra	p Injury Tr	ansp. Code Medical	Facility
Operator	/Non-Motorist		See Above				-					



DONALD MURPHY 11/01/2019 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

•	→ Direction	1 =	Vehicle 1	2 =Vehicle	2	Pedesti	ian		
Crash Diagram:	ie: <b>→</b> [	1	-	2	<b>→</b>	<b>₽</b>			
				<u> </u>				If Crash <u>Did</u> on a Public V	
				_				☐ Off-Street I	Parking Lot
									arking Lot
		_ -		_	_ + _			☐ Garage	
		_		_				☐ Mall/Shopp	
								☐ Other Priva	te Way
					-+-			Indicate Nortl	h by Arrow
		-    -			- <del> </del> -	   			
Crash Narrative:									
possible injuries.									
Both vehicles were towed	by Tody's.								
MV1 sustained significant	damage and wa	as n	not able	to be drive	n away	. The op	erator	would have been	aware of
the accident based on the	e level of dama	age.							
Witnesses:									
Name (Last, First, Middle)			Address					Phone #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address			Phone #		34-Type	Description	on of Damaged Proper	ty
Truck and Bus Information:  Carrier Name	Registration #			(	From Veh	icle Section)		Carrier Issuing Author	ity Code 35
Address				City				StZi	p
US DOT #:	State Number			Issuing S	tate	ICC #:_		Intersta	te 36
Cargo Body Type Code 37 G	ross Vehicle Weight		38						
The state of the s	٦ [		Dog Stat	n Do	v Voor	Т.,	ilan I an ath	39	
Trailer Reg #: Hazmat Information:	keg iype		Keg Stat	с Ке	g rear	1r	mei Lengti	1	
Placard 40 Material 1 digi	t # 41 Materia	ıl Nan	me			_ Material 4	ligit#	Release c	ode 42
DONALD MURPHY					NEWTO	ON POLICE DEPART		:	11/01/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)