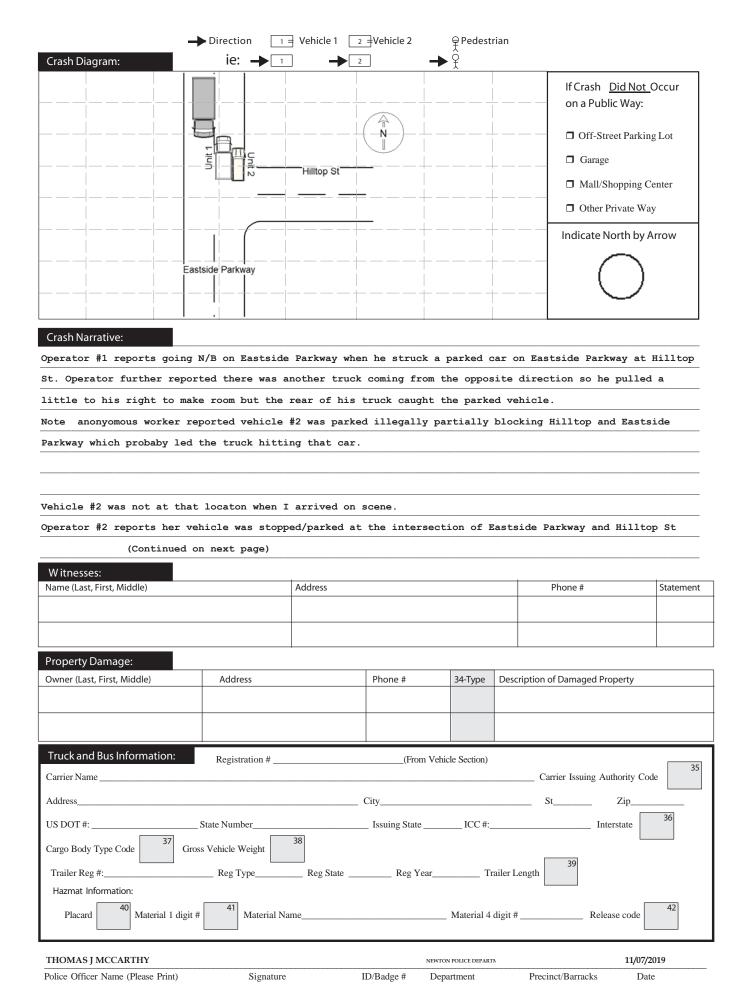
| | Poli | ice Use Only | | Commonwea | lth o | f Massa | achu | isetts | 5 | | RM | V Docur | ment Number | |
|--------------------------------------|--|--|---|-----------------------|---|--|---------|-------------------------------------|-----------------------------|---------------------------------|--|-------------------------------|---|--------------------------|
| | Date of Crash 11/07/2019 | Time of Crash 12:02 24HR | NEWTON | MIOTOI | | icle Cra Report | sh | Number Vehicles | | ed Lat | ed Limitude _ | | State Police Local Police MBTA Police Other: | Xi O |
| | | | RSECTION: | | LOCAT | | > | | N(| | | | CTION: | — —, |
| | | EAST S | SIDE PKWY | | | | | | | | | | | 2 |
| $egin{pmatrix} 1 \\ 1 \end{bmatrix}$ | Route# Direc | | | Roadway/Street | I | Route# Direction | on Ad | dress # | | N | ame of I | Roadway | /Street | 2 ¹⁰ |
| | At HILLTOP ST Route# Direction Name of Intersecting Roadway/Street | | | | Feet NSEWof or | | | | | | | | _ 2 | |
| | | | | | Mile Marker Exit Number Feet NSEW of | | | | | | | | | _ |
| | | | Also at Inter | section with | - | | | | Rou | te# | Intersec | ting Roa | dway/Street | - 11 |
| 2 2 | Route# Direction Name of Intersecting Roadway/Street | | | | | Feet N S E W of | | | | | | | | |
| 3 | | | | | | Landmark | | | | | | | | |
| | XVehicle1 | 1_#Occupants | Hit/Run | Moped Case I | Number | | 19 | 000001147 | 7 | | | | | _ |
| | License # | 18 1 | St M | A DOB/Age | Reg# | V31634 | | | Reg | Type_CC |)N | Reg | State MA 20 | _ |
| | Sex_M_ Lic. 0 | Class | Lic. Restriction | ns 9 CDL | Veh Ye | ear_2020 | Vel | Make_H | IINO | | | _ Veh Co | onfig. 6 | - 1 ¹² |
| 4 1 | | Operator ASARO ANTHONY Endorsment Last First Middle | | | Owner TOYOTA INDUSTRIA Last First Middle | | | | | | | | | |
| | Address 212 HESPERUS AVE | | | | 8951 (apt. 300 | 00) CYPI | RESS BL | | | | | | - | |
| | City GLOUCESTER State MA Zip 01930 | | | | City DALLAS State TX Zip 75019 | | | | | | | | - | |
| | Insurance Com | pany SAFETY | | | Vehicle Action Prior to Crash | | | | . 1 | | | | ode: (Circle Up to Three) | |
| 5 | Vehicle Travel | Direction: | Event Sequence 2 22 22 22 22 2 2 3 4 10 Undercarriage | | | | | | | | | | | |
| | Citation # (If I | ssued) | | | Most E | Iarmful Event | 2 23 | | 24 | 1 | 9 | [] | 5 11 Totaled | 1age |
| 6 | | | | 2: ChSec | Driver | Contributing Co | ode 9 | 97 24 | | 8 | <u>/ </u> | | 6 | |
| ⁶ 1 | Violation | Underride/Override Towed N | | | | | | | 13 | | | | | |
| | Please fill out for operator and all occupants involved Name (Last First Middle) Address | | | | | Age/DOB | Sex S | 26 27 Seat Safety Pos. System | 28 Airbag A Status \$ | 29 3 irbag Ejec witch Coc | 0 31 Ct Trap le Code | 32 Injury Tra Status Co | 33 ansp. ode Medical Facili | 1 2 |
| | Operator | | | See Above | | | | 1 | 4 | 99 0 | 0 | 10 1 | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| ⁷ 3 | Please Select C of the Followi | I A Venicle | 2 <u>1</u> #Occupan | ts Non-Motorist A Typ | pe 1 | 4 Action 1 | I5 Loca | ation | 16 Co | ndition | 17 | Hi | t/Run Mop | ed |
| | License# St MA DOB/Age | | | | Reg # EDELMAN Reg Type PAN Reg State MA | | | | | State_MA | _ | | | |
| | Sex F Lic. Class D 18 18 Lic. Restrictions 9 CDL | | | | Veh Ye | Veh Year 2017 Veh Make MERCEDES Veh Config. 2 | | | | | | | | |
| ⁸ 1 | Operator EDELMAN CAROL Endorsment Last First Middle | | | | Owner DAIMLER TRUST | | | | | | | | _ | |
| 1 | Address 816 C | COMMONWEA | Address PO BOX 685 | | | | | | | | _ | | | |
| | City NEWTON State MA Zip 02459-1020 | | | | City_ROANOKE State_TN Zip_76262 | | | | | | | | _ | |
| | Insurance Company COMMERCE | | | | | Vehicle Action Prior to Crash 11 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 2 3 4 | | | | | | | | |
| | Citation # (If Issued) | | | | | Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled | | | | | | | iage | |
| | Violation 1: ChSec Violation 2: ChSec | | | | | Driver Contributing Code 1 24 24 | | | | | | | | |
| | Violatio | n 3: ChS | Underride/Override 25 Towed N 8 7 | | | | | | | | | | | |
| | Pl Name (Last Fi | | operator and al | occupants involved | | Age/DOB | Sex | 26 27 Seat Safety Pos. Syste | 28 Airbag A m Status | 29 3 irbag Ejec Switch Co | 0 31 Trap de Code | | 33 ansp. Code Medical Faci | ility |
| | | Non-Motorist | | See Above | | | | 99 | | 99 0 | 0 | 10 1 | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |



CDP1 11 ·24·00

| • | → Direction | 1 = Vehicle 1 | ≥ =Vehicle 2 | Pedestr | ian | |
|---|---------------------|---------------|---------------|-----------------|----------------------|---|
| Crash Diagram: | ie: →□ | 1 - | □ ⊣ | ₽Ŷ | | |
| | | | | | | ash <u>Did Not</u> Occur Public Way: |
| | | | | | по | ff-Street Parking Lot |
| | | | | | | Garage |
| | | | | | | Mall/Shopping Center |
| | | | | | | Other Private Way |
| | | - | | | | |
| | į | | į | į | Indic | ate North by Arrow |
| | | | | | | |
| | | <u> </u> | - | - | - — — | |
| | | | | | | |
| Crash Narrative: when her vehicle was hit | hy vehicle #1 | She was stor | ned attemptin | og to loca | te a parking sp | |
| No tows and no injuries. | by venicie #1. | | | 19 00 1000 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Witnesses: | | | | | | |
| Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Damag | ed Property |
| | | | | | | |
| | | | | | | |
| Truck and Bus Information: | Registration # | | (From Ve | chicle Section) | | 25 |
| Carrier Name | | | | | Carrier Issui | ing Authority Code |
| Address | | | City | | St | |
| US DOT #: | State Number | | Issuing State | ICC #:_ | | _ Interstate 36 |
| Cargo Body Type Code 37 G | ross Vehicle Weight | 38 | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year_ | Tra | ailer Length | |
| Hazmat Information: | | | | | | |
| ■ D1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 41 | | | | | 47 |
| Placard Material 1 digi | it # 41 Material N | Name | | Material 4 o | ligit # | Release code 42 |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)