	Poli	ce Use Only		Commonwea	alth o	of Massa	achu	isett	S		RM	V Docui	ment Number		
	Date of Crash 12/06/2019	Time of Crash 14:16 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicle	- 1	red La	eed Lim titude _ ongitude		State Police Local Police MBTA Police Other:	; Xi	
			RSECTION:		LOCAT		>						CTION:	\neg \vdash	
					\Box	WEST	130)9	WAS	SHINGT	ON ST			2	
1 1	Route# Direc	tion	Name o	f Roadway/Street	j	Route# Direction		ldress #			Vame of I	Roadway	/Street		
	At					Feet NSEW of • or									
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number							_		
			Also at Inte	rsection with	-	Feet [N S E	X of	Ro	ıte#	HESTNU Intersec		EET idway/Street	- -	
² 2	Route# Direct	oute# Direction Name of Intersecting Roadway/Street				Feet N S E W of									
3						Landmark									
4	X Vehicle 1	1_#Occupants	Hit/Run	Moped Case	Number		19	90000125	4						
	License # St MA DOB/Age					Reg # STJ711 Reg Type STN Reg State MA									
	Sex_M Lic. 0	Class D 18 1	Lic. Restrictio	ns 19 CDL		ear_2019						_ Veh Co	onfig. 20		
4 1	Operator GRA	ACE Last	CORNELIUS	S J Middle		COMMONW			ASS.			Middle	e	- 1	
	Address 96 STAR STREET					1 ASHBURT	ON RM	1.#1017						_	
	City FALL RIVER State MA Zip 02724					City BOSTON State MA Zip 02108								_	
_	Insurance Com	pany SELF INS	URED		Vehicle	Action Prior to		11	21			Code: (Circle Up to Thi	ree)	
5	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency? N	Event	Sequence 1	22 22		22	2	3		4		
	Citation # (If Is	ssued)			Most F	Harmful Event	1 23		24	1	9	1	10 Undercar 5 11 Totaled	riage	
6	Violation	1: ChSec	c Violation	n 2: ChSec	Driver	Contributing Co		1 24	24	8			6		
⁶ 2	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed N									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB		26 27 Seat Safety Pos. System	Airbag Status	29 Airbag Ejo Switch Co	30 31 Trap ode Code	32 Injury Tr Status C	33 ansp. ode Medical Facil	ility 1	
	Operator			See Above				1	4	99 0	0	10 1			
7 1	Please Select C of the Followin	IX Vehicle	e2 1_#Occupar	nts Non-Motorist A Ty	rpe 1	4 Action 1	Loca	ation	16 C	ondition	17	Н	it/Run Mop	ped	
	License # St MA DOB/Age					Reg # A878 Reg Type PAN Reg State MA						State_MA			
	Sex F Lic. Class D 18 18 Lic. Restrictions 9 CDL					Veh Year 2019 Veh Make BMW Veh Config. 2									
8 2	Operator GLADSTONE STEPHANIE Endorsment					Owner (Same as operator)									
	Address 62 WEBSTER ST					Last First Middle Address								_	
	City NEWTON State MA Zip 02465					CityStateZip								_	
	Insurance Company_AMICA MUTUAL					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ree)	
	Vehicle Travel Direction: NSEM Responding to Emergency? N					Event Sequence 2 22 22 22 2 2 4									
	Citation # (If Issued)					Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled							riage		
	Violation	n 1: ChS	Driver Contributing Code 1 24 24												
	Violation	n 3: ChS	Underride/Override 25 Towed N 8 7 6												
	Plo Name (Last Fi		operator and al	l occupants involved		Age/DOB		26 27 Seat Safety Pos. Syste	28 Airbag	29 Airbag Eje Switch C	30 31 Frap Code Code		33 ansp. Code Medical Fac	eility	
		Non-Motorist		See Above				1	4	4 0	0	10 1			
											-				

→	Direction 1 :	dericle 1 ≥ 2	≠Vehicle 2	Pedestria	an					
Crash Diagram:	ie: 🕕 🛚	2	□ →	₽						
					If Crash <u>D</u> — — on a Public	id Not_Occur Way:				
					Off Street	et Parking Lot				
						t I alking Lot				
WASHINGTON STREET (RT 16)			+	Garage					
					☐ Mall/Sho	opping Center				
	= = = = = = = = = = = = = = = = = = = =	P.O.L		_	☐ Other Pri	vate Way				
	1309 WASHINGTON STREET (NDC)					rth by Arrow				
			Νοτ τφ Sc.	ale						
		-								
Crash Narrative:										
Operator of MV1 (MA. reg.				L309 Washi	ngton Street when h	is ————				
drivers side mirror was si	de swiped by MV	2 (MA. reg.	A878.							
Witnesses										
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement				
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Prop	erty				
Truck and Bus Information:										
	Registration #		(From Veh	icle Section)		35				
Carrier Name					Carrier Issuing Auth					
Address			City		St	Zip				
US DOT #:	State Number		Issuing State	ICC #:	Inters	state 36				
Cargo Body Type Code Gros	ss Vehicle Weight	38								
Trailer Reg #:	Reg Type	 Reg State	Reg Year	Trai	ler Length 39					
Hazmat Information:		-		•						
Placard 40 Material 1 digit #	41 Material Na	ame		Material 4 di	git#Release	e code 42				
- mond manual rungh n	17thornal 14th			_ :::::::::::::::::::::::::::::::::::::	D ·· Release					
						40/06/87				
JUAN M GARCIA Police Officer Name (Please Print)	Signature			oartment	Precinct/Barracks	12/06/2019 Date				
TORCE OTHER TRAINE (FICASE FIIIII)	Signature		in/Dauge # De	an timent	1 ICCIICO DallaCKS	Date				

CDP1 11 ·24·00