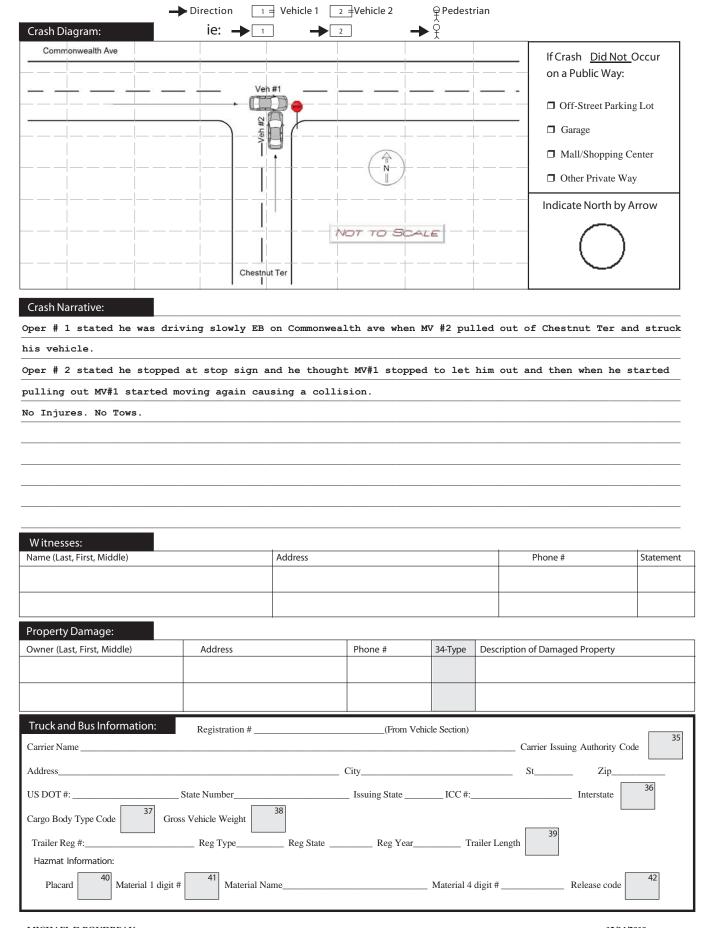
	Poli	ce Use Only		Commonwea	alth o	of Massa	achu	setts	\$		RM	V Docui	ment Number		
	Date of Crash 12/13/2019	Time of Crash 14:50	City/To	Motor Motor	· Veh	icle Cra	sh	Number			ed Limi		State Police Local Police MBTA Police	<u> </u>	
	12/13/2019	14:50 24HR		Po	lice 1	Report		2	0		ngitude_		Other:		
		AT INTER	RSECTION:	<	LOCA	ΓΙΟΝ	>		NO	T AT	INT	ERSE	CTION:	2	
	NOR	TH CHEST	NUT TER											2	
1 1	Route# Direction Name of Roadway/Street At EAST COMMONWEALTH AVE					Route# Direction Address #				Name of Roadway/Street					
						Feet N S E W of • or								2 ¹	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street									
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of									
	Route# Direc	tion	Landmark												
3	XVehicle1	1_#Occupants	Hit/Run	Moped Case	Number		19	00001285	i						
	License#		Reg#	Reg # 1KRW90 Reg Type PAN Reg State MA											
	License # St MA DOB/Age Sex M Lic. Class D					Veh Year 2015 Veh Make BMW Veh Config. 1									
4	Operator WHELAN TERENCE X Endorsment					Owner (Same as operator)									
2	Last First Middle Address 452 WOODWARD ST					Last First Middle Address									
	City NEWTON State MA Zip 02468					CityStateZip									
	Insurance Company_USAA CASUALTY					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									
5 1	Vehicle Travel	Direction: N	S X W Res	oonding to Emergency? N	Event	Sequence 1	22 22		22 6	0	6)	4		
1	Citation # (If I	ssued)			Most I	Harmful Event	1 23				9	$\langle $	10 Undercar 5 11 Totaled	riage	
	Violation	1: ChSec	c Violation	2: ChSec	Driver	Contributing Co	ode 9	99 24	24			\bigvee	3 11 Totaled		
⁶ 1	Violation	3: ChSec	c Violation	4: ChSec	Under	ride/Override	25	Towe	ed_N_ 8	3	7		6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex F	26 27 Seat Safety Pos. System	28 Airbag Ai	29 3 rbag Ejec	0 31	32 Injury Tra	33 ansp. ode Medical Facil	lity 1	
	Operator	st Middle)		See Above				os. \$ystem 99	Status Sw		e Code 0	\$tatus Co		nty -	
											+				
7															
3	Please Select One of the Following: Vehicle 2 1_# Occupants			ts Non-Motorist A Ty	rpe 1	14 Action 15 Location 16 Co.				ndition Hit/Run Mo			it/Run Mo	ped	
	License#St MA_ DOB/Age					Reg # 8HFZ90					N	Reg State MA			
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 1 CDL					Veh Year 2006 Veh Make TO						Veh Co			
⁸ 1	Operator PAUL HEROLD Endorsment					Owner (Same as operator)									
1	Address 113 FLORENCE ST (apt. 1) Last First Middle					Last First Middle Address									
	City ROSLINDALE State MA Zip 02131					CityStateZip									
	Insurance Company COMMMERCE					Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: XSEW Responding to Emergency?N					Event Sequence 1 22 22 22 22 22 4									
	Citation # (If Issued) Most Harmful Event 1 23								9 10 Undercarriage 5 11 Totaled						
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 4 24 24														
		n 3: ChSe		Underride/Override 25 Towed N 7 6											
			operator and al	occupants involved				26 27 2 Seat Safety Airb		28 29 30 rbag Airbag Eject			33 ansp.		
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. System	Status S	witch Co	0 31 Trap de Code		Code Medical Fac	ility	
	1 3337								- -						
										+		+			
									1 1						



MICHAEL D BOUDREAU 12/14/2019 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date