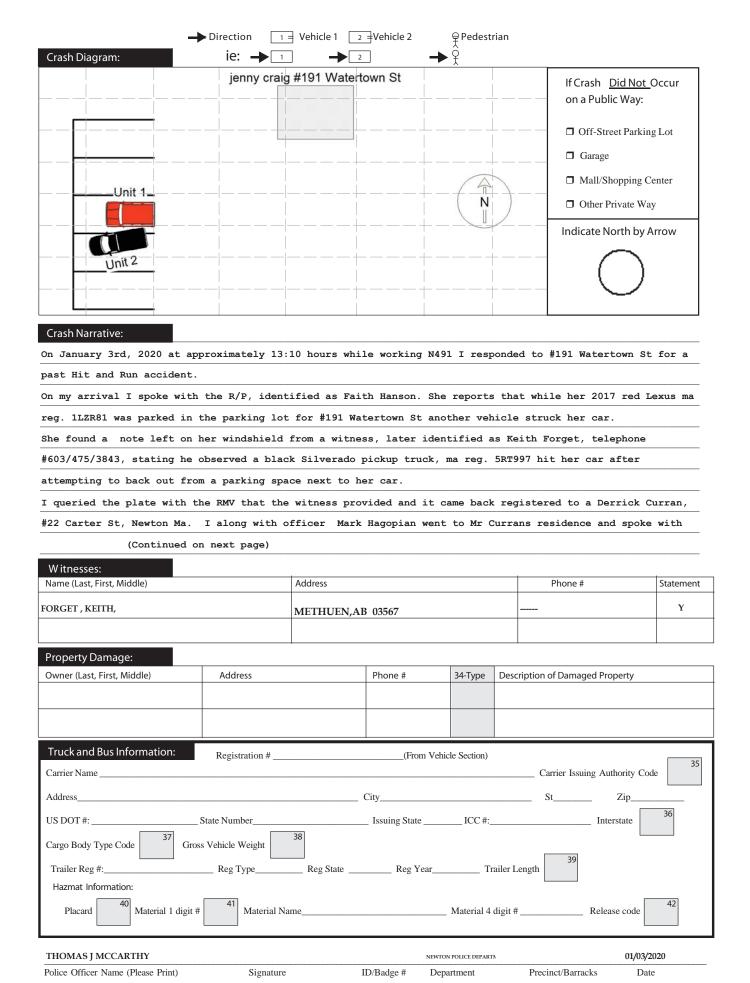
	Poli	ce Use Only		Commonwe	alth	of Massa	achus	etts			RMV	⁷ Docun	nent Number		
Ī	Date of Crash 01/03/2020	Time of Crash	City/To NEWTON	Moto	r Vel	nicle Cra	sh $\begin{bmatrix} N \\ V \end{bmatrix}$	lumber ehicles	Numbe Injured		d Limit ude		State Police Local Police MBTA Police		
	01/03/2020	13:35 24HR		P	olice	Report		2	0		gitude		- MBTA Police Other:		
		AT INTER	RSECTION:	<	LOCA	TION	>		NOT	AT	INTE	ERSEC	CTION:		
						WEST	191		WATE	TOWN	N ST			-	
1 1	Route# Direc	tion	Name of	Roadway/Street		Route# Direction	n Addre	ess#		Nar	ne of R	oadway/	/Street		
_	At					Feet NSEW of or									
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street								_ L	
2	1					Route# Intersecting Roadway/Street Feet N S E W of JENNY CRAIG									
	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	XVehicle1	_0_#Occupants	Hit/Run	Moped Cas	se Number		2000	000009						1	
	License#		St	DOB/Age	Reg#	1LZR81			Reg Ty	ne PAN	N	Reg	State MA		
	License # St DOB/Age Sex Lic. Class Lic. Restrictions 19 CDL				2017 157115										
				Endorsment								ven co	iiiig.	_	
1	Operator Last First Middle				Owner HANSON FAITH Last First Middle Address 7 BRADFORD ST										
	Address														
	City State Zip Insurance Company PROGRESSIVE DIRECT					Valida Asticus Brigada Const. 21 Damaged Area Code: (Circle Up to Three)									
		Direction: N		Vehicle Action Prior to Crash Line Damaged Area Code: (Circle Up to 1 hree) Event Sequence 1 22 22 22 22 3 4											
		ssued)		onding to Emergency:		Most Harmful Fuent 23									
	,			2: ChSec		L	1 ode 1	24	24	←	9		5 11 Totaled		
1				4: ChSec		r Contributing Co	25		8		O)	6		
1			Under	Underride/Override Towed N Towed N 26 27 28 29 30 31 32 33 32 33 34 32 53 34 32 53 34 34 34 34 34 34 34 34 34 34 34 34 34											
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility							ility		
	Operator			See Above				-							
1	Please Select C of the Followin	IX Vobiclo	22 <u>1</u> #Occupan	s Non-Motorist A T	Type	14 Action 1	5 Locatio	on 1	Cond	ition	17	Hit	t/Run Mo	ped	
	License # St MA DOB/Age				_ Reg#	Reg # 5RT997 Reg Type PAN Reg State M					State_MA	_]			
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions D 9 CDL				_ Veh Y	Veh Year 2015 Veh Make CHEV Veh Config. 20									
99	Operator CURRAN DERRICK WALTER Endorsment WALTER				_ Owne	Owner (Same as operator)								_	
99	Last First Middle Address 22 CARTER ST				_ Addre	ess			First			Middle		_	
	City NEWTON State MA Zip 02458				_ City _	StateZip								_	
	Insurance Company VERMONT MUTUAL				_ Vehic	Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)								ree)	
	Vehicle Travel Direction: NSEW Responding to Emergency?N				_ Event	Sequence 2 2	22 22	22	22 2		3		4		
	Citation # (If Is	Citation # (If Issued)					Most Harmful Event 2 23								
	Violation	n 1: ChSe	Drive	Driver Contributing Code 19 24 24 1 5 11 Totaled											
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7									
			operator and all	occupants involved			26 Seat	5 27 Safety	28 2 Airbag Airb	9 30 Eject	31 Trap I	njury Tra	33 insp.	\neg	
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex Pos	s. System	Status Swi	tch Code	e Code 0		ode Medical Fac	eility	
	o perator.			200 110010				77	2 99		3	10 1			
										+					



-	Direction 1	1 = Vehicle 1	2 =Vehicle 2	Pedestri	ian							
Crash Diagram:	ie: →□	→	2	Ŷ								
					If Crash on a Pub	Did Not_Occur ic Way:						
		<u> </u>			Off-Str	eet Parking Lot						
					☐ Garage							
	i		j	İ	☐ Mall/S	hopping Center						
						Private Way						
						orth by Arrow						
	_					<u> </u>						
					()						
		<u> </u>			·							
Crash Narrative: him. He first denied ever	r leaving his h	ouso today. I	However Mr Cur	ran aft	or I informed him s							
witnessed his truck hit the	-											
further stated if I did h					- -							
realize it.												
I provided both Mr Curran and MS Hanson a copy of each ones information for their insurance companies.												
Witnesses:												
Name (Last, First, Middle)		Address			Phone # Stateme							
Property Damage:					L							
Owner (Last, First, Middle)		Phone #	34-Type	Description of Damaged Pr	operty							
Truck and Bus Information:	Dogistration #		(From Volsi	ala Castian)								
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code												
Address			City		St	Zip						
US DOT #:			-			36						
37	oss Vehicle Weight	38										
Trailer Reg #:		Pag Stata	Dag Vang	Tro	ilor Longth							
Hazmat Information:	Neg 1 ype	Reg state	Reg Teaf	112	mer Length							
Placard 40 Material 1 digit	# 41 Material N	Name		Material 4 d	ligit#Rele	ase code 42						
THOMAS J MCCARTHY			NEWTO	N POLICE DEPARTA		01/03/2020						

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)