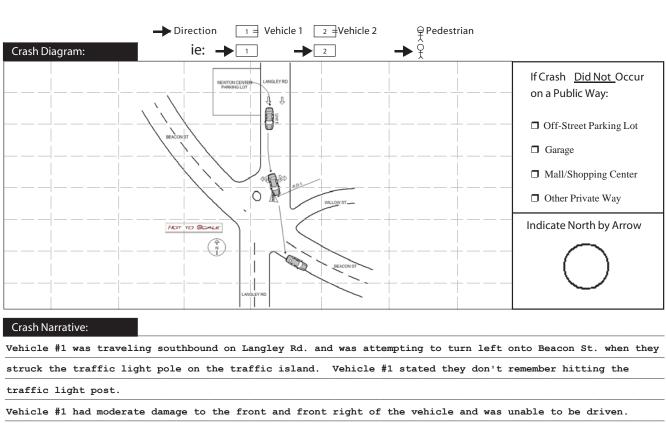
	Poli	ice Use Only		Commonweal	lth o	of Mas	ssac	hus	etts			RM	V Doc	cumen	ıt Number		
	Date of Crash 03/02/2020	Time of Crash 01:31 24HR	NEWTON	1410101		icle C Repor		$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber ehicles	Numb Injure 0	d Lati	ed Limi itude _ ngitude_		Si L N O	tate Police ocal Police IBTA Police other:	Xi D	
			RSECTION:		OCAT		>					INT		ECT	ION:		
		ВЕАСО	ON ST	_													2
<b>4</b>	Route# Direc			Loadway/Street	I	Route# Dir	rection	Addre	ss#		Na	ame of I	Roadw	ay/Stre	eet		2 10
	At LANGLEY RD				Feet NSEW of or							Ľ	_				
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Numl							xit Number				
		Feet N S E W of Route# Intersecting Roadway/Street							y/Street	-	_ 1:						
2 <b>1</b>	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									_ :	1	
3						Landmark									$\dashv$		
	XVehicle1	Moped Case N	Number			2000	000203							Ц			
	License#	18 1	St MA	DOB/Age	Reg # _8	85CB50				_Reg T	ype_PA	.N	R	eg Stat	MA 20	_	
	Sex_F_ Lic.	Class D 16 1	Lic. Restrictions	B CDL	Veh Ye	ear_2013		_ Veh M	ake_FC	ORD			Veh	Config	g. 1		
<sup>4</sup> 3	Operator CO	Last	MELAINA First	Endorsment ELIZABETH Middle		COOKE	Last		ESSIC	A First		L	Mie	ddle		-   ,	3 <sup>12</sup>
	Address 317 C					317 COR		5T								- 🗀	
	City ROSLIN		State	e MA Zip 02131	City R	OSLINDA	LE					State		_ ^		-	
[ E	Insurance Com					Action Pri			1 2		_			: (Circ	le Up to Thre	ee)	
5 <b>1</b>	Vehicle Travel	Direction: N	S X W Respo	nding to Emergency? N	Event S	Sequence [	20 22 2	22 22 20	22	22 @		<u> </u>	<u>,</u>		10 Undercarr	inge	
	1	ssued)		00/24/1		Harmful Eve		2	24		+	9	$\left( \ \ \right)$		11 Totaled	lage	
<sup>6</sup> <b>1</b>	1			2: Ch_90/24/gec		Contributing		de 14 10 8 7 6									
1			e Violation 4 ator and all occupa	: ChSec	Underr	ride/Override	e		Towe		29 3	0 31	32	33	Ι	_	1.
	Name (Last Fir		ator and an occupa	Address		Age/DOI			Safety System	28 Airbag Air Status Sw	29 30 bag Ejec itch Cod	0 31 Et Trap e Code	32 Injury Status	Transp. Code	Medical Facili	ity	22
	Operator		8 FA	See Above RNHAM ST					- 1	4 4	_	0	10	1			
	MYSLINSKI,	MARK	BOS	TON, MA 02119			M	6	1	4 4	0	0	10	1			
	POIRIER, BRI	AN		INCOLN ST (apt 202) VTON, MA 02461			М	3	1	4 4	0	0	10	1			
7																	
8	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	e 1	4 Action	15	Locatio		Con	dition	17		Hit/Ru	un Mop	ed	
	License#		St	DOB/Age	Reg #					Reg TypeReg State			te	-			
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh YearVeh MakeVeh Config.												
$^{8}_{1}$	Operator				Owner Last First Middle							-					
	Address				Addres	ss										-	
	City	eZip	City State Zip									-					
	Insurance Company					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								ee)			
	Vehicle Travel Direction: NSEW Responding to Emergency?				Event Sequence 22 22 22 22 3 4 10 Undercarriage								iage				
	Citation # (If Issued)				Most Harmful Event 5 11 Totaled												
	l	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 8 7 6										
		Violation 3: ChSecViolation 4: ChSec  Please fill out for operator and all occupants involved				Underride/Override Towed					33		_				
	Name (Last Fi	irst Middle)	operator and all o	Address		Age/DO		Seat ex Pos	Safety System	Airbag Air Status Sv	bag Ejec	0 31 Trap de Code	njury	Transp.	Medical Facil	lity	
	Operator/	Non-Motorist		See Above			-		-							$\perp$	
							$\perp$		-				-			_	



Vehicle #1 was towed by Tody's towing.

Both the operator and passengers were asked if they were injured in the crash to which they stated they were not hurt and refused any medical treatment. This accident report is in regards to incident report #20011285. Please see incident report for further details.

Witnesses:										
Name (Last, First, Middle)	Address		Phone #	Statement						
Property Damage:										
Owner (Last, First, Middle)		Phone #	34-Type	Description of Damage	ed Property					
, CITY OF NEWTON,	,			3	TRAFFIC LIGHT POLI	E				
Truck and Bus Information:  Carrier Name			(From Vehic		Carrier Issuin	ng Authority Code				
						ng Authority Code				
Carrier Name			City		St	ag Authority Code  Zip				
Carrier NameAddressUS DOT #:37			City		St	ag Authority Code  Zip				
Carrier NameAddressUS DOT #:37	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	ag Authority Code  Zip				
Carrier Name Address US DOT #: Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	ag Authority Code  Zip				
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State Reg Year	ICC#:Tr	St	Authority Code Zip Interstate 36				

DERICK ALAN SIEGAL		30878	NEWTON POLICE DEPARTM	03/02/2020	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date