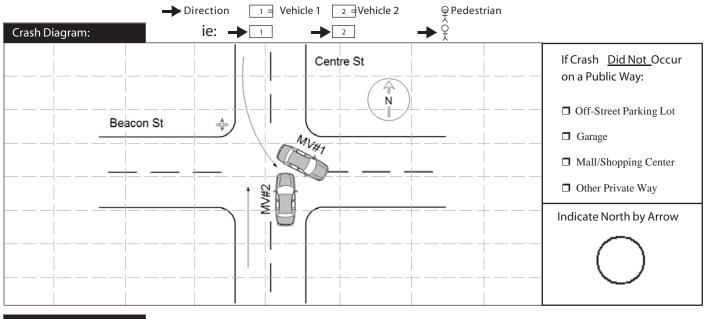
	Police Use Only		nweamn	of Massa	enusetts		RMV		nt Number		
	Date of Crash Time of Crash Ci 03/20/2020 10:42 NEWTON		lotor Vel	nicle Cras	h Number Vehicles	1	Speed Limit Latitude	30	State Police Local Police MBTA Police		
	24HR	`	Police Report			0	Longitude MBTA P Other:	Other:			
	AT INTERSECTIO	ON:	LOCA	TION >		NOT	AT INTI	ERSECT	TION:		
	EAST BEACON ST										
٦	Route# Direction Nar	me of Roadway/Street		Route# Direction	Address #		Name of R	oadway/Stı	reet		
\dashv	SOUTH CENTRE ST	At		Foot N	S E W of		•	nr.			
		rsecting Roadway/Street		1001	5 2 10 01	Mile Ma	rker	JII	Exit Number		
		t Intersection with		Feet N	S E W of			· D 1	(0)		
٦				Feet N	S E W of	Route#	Intersec	ting Roadw	ay/Street		
4	Route# Direction Name of In	ntersecting Roadway/Street	t	Landmark							
	XVehicle 1 1 #Occupants X Hit/I	Run Moped	Case Number	r	2000000243						
	License #S	St MA DOB/Age	Reg #	5SX953		Reg Type	PAN	Reg Sta	nte_MA		
	Sex_M Lic. Class D Lic. Restr.	19		Year_2019	Veh Make SI	JBARU		Veh Confi	g. 20		
\neg	Operator SLATER MICHAI	Endors	ment Owne	or (Same as operat					-		
	Address 34 COTTEN ST	t Middle	е	Last		First		Middle			
		State_MAZip_02458						7in			
	Insurance Company COMMERCE	StateZip		cle Action Prior to C	No. 1. 2				cle Up to Three)		
\neg		Responding to Emergence		t Sequence 1 22	22 22 22	22 2	0	4			
	Citation # (If Issued)	responding to Emergent		Harmful Event 1	23				10 Undercarriage		
	Violation 1: ChSec Viol	lation 2: Ch Sec			24	24 1	⊢ ∫ 9	5	11 Totaled		
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 99 Violation 3: ChSec Violation 4: ChSec Underride/Override										
	Please fill out for operator and all		Onde	inde/Overnde	26 27 Seat Safety		30 31 Eject Trap	32 33 Injury Transp	3		
	Name (Last First Middle)	Addre			ex Pos. \$ystem	Status \$witch	Code Code	Status Code	Medical Facility		
	Operator	See Abo	ove		99	4 4	0 0	10 1			
Ì											
	Please Select One Vehicle # Occ	DN-n Matani	int A. Tour	14 15	Lastina	16 Carditi	17	D Uit/D	DM		
4	of the Following:	cupants Non-Motori	ist A Type	Action	Location	Conditi	on	Hit/R	un Moped		
	License # S	St DOB/Age	Reg #	ŧ		Reg Type	e	Reg Sta			
	Sex Lic. Class Lic. Restr	rictions CDL_		Year	_ Veh Make			Veh Confi			
	Operator	Endorsr t Middle	ment Owne	erLast		First		Middle			
-	Address	Wilde		ess		11130		Middle			
	City	State Zip	City				State	Zip)		
	Insurance Company	Vehic	cle Action Prior to C	Crash 2	Dar	maged Area	Code: (Circ	cle Up to Three)			
			22 22 22 23 4								
	Vehicle Travel Direction: NSEW	Responding to Emergen	ncy? Even	t Sequence 22		Most Harmful Event 23					
	Vehicle Travel Direction: NSEW Citation # (If Issued)	Responding to Emergen	•	Sequence	23			/	- U		
		, ,	Most	Sequence	24	24 1	- 9	5	10 Undercarriage 11 Totaled		
	Citation # (If Issued) Violation 1: ChSec Vio	olation 2: ChSec_	Most Drive	Harmful Event er Contributing Code	24		9	5	11 Totaled		
	Citation # (If Issued)	olation 2: ChSec_ olation 4: ChSec_	Most Drive Unde	Harmful Event	24 Z5 Towed	8	7	6	11 Totaled		
	Citation # (If Issued) Violation 1: ChSecViolation 3: ChSecViolation 3: ChSecViolation 3: ChSecViolation 4: Characteristic Name (Last First Middle)	olation 2: ChSec_ olation 4: ChSec_ nd all occupants involve	Most Drive Unde	Harmful Event cr Contributing Code	24 Z5 Towed	8 29 Airbag Airbag	7 30 31 Eject Trap	6	11 Totaled		
	Citation # (If Issued) Violation 1: ChSecViolation 3: ChSecViolation 3: ChSecViolation 4: ChSecViolation 5: ChSecViolation 6: ChSecViolation 7: C	olation 2: ChSec_ olation 4: ChSec_ nd all occupants involve	Most Drive Unde	Harmful Event er Contributing Code	25 Towed 26 27 Seat Safety	8 29 Airbag Airbag	7 30 31 Eject Trap	6 32 33 Injury Transp	11 Totaled		
	Citation # (If Issued) Violation 1: ChSecViolation 3: ChSecViolation 3: ChSecViolation 3: ChSecViolation 4: Characteristic Name (Last First Middle)	olation 2: ChSec_ olation 4: ChSec_ nd all occupants involve	Most Drive Unde	Harmful Event cr Contributing Code	25 Towed 26 27 Seat Safety	8 29 Airbag Airbag	7 30 31 Eject Trap	6 32 33 Injury Transp	11 Totaled		



Crash Narrative:

The operator of MV#1 stated he was travelling southbound on Centre St making a left turn onto Beacon St eastbound when he was struck by MV#2 travelling northbound on Centre St. The operator of MV#1 stated he slowed down to pull over and observed MV#2 leave the area northbound on Centre St.

The operator of MV#1 stated the accident happened so fast he could not provide me with any descriptions for MV#2. The operator of MV#1 stated a witness who was travelling directly behind him had video footages of the accident. The video footage shows of what is believed to be a black colored Honda Civic 4 door sedan and he was unable to identify its registration or its driver. The witness did not provide any personal information to the operator of MV#1 and only communicated via email. A copy of the video was emailed to the I.T Bureau to be attached to this report. MV#1 sustained heavy damages to its rear passenger side door area. There were no

(Continued of	on next page)					
Witnesses:						
Name (Last, First, Middle)	Addres	S		Phone #	Statement	
Property Damage:						
Owner (Last, First, Middle) Address		Phone #	34-Type D	scription of Damaged Property		
Truck and Bus Information:	Registration #	(From Vehi	cle Section)			
Carrier Name		`	<i>'</i>	Carrier Issuing Authorit	ty Code 35	
Address		City		St Zip)	
US DOT #:		Issuing State	ICC #:	Interstate	e 36	
Cargo Body Type Code 37 Gro	oss Vehicle Weight 38			39		
Trailer Reg #:	Reg Type Reg	State Reg Year	Traile			
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material Name		Material 4 dig	rit # Release co	ode 42	

	Direction	1 = Vehicle 1	2 =Vehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: →	1 -	2	₽Ŷ			
Crash Diagram:					on	Trash Did Not Occu a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Cate North by Arrow	
	_	 -					
Crash Narrative:	1						
reported injuries to th	e operator of MV	#1.					
Witnesses:		Address			Dhama	<u>"</u>	
Name (Last, First, Middle)		Address			Phone :	# Stat	ement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration # _		(From Ve	hicle Section)			35
Carrier Name					Carrier Issu	uing Authority Code	
Address			City		St		
US DOT #:	State Number		Issuing State	ICC #:_		Interstate 36	
Cargo Body Type Code 37	Gross Vehicle Weight	38					•
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length 39		
Hazmat Information:							_
Placard 40 Material 1 d	igit # 41 Material	Name		Material 4 o	digit #	_ Release code 42	2
GITA K SETIABUDI		251	111 NEW	TON POLICE DEPARTS	1	03/20/2020	

CDP1 11 ·24·00

Police Officer Name (Please Print)