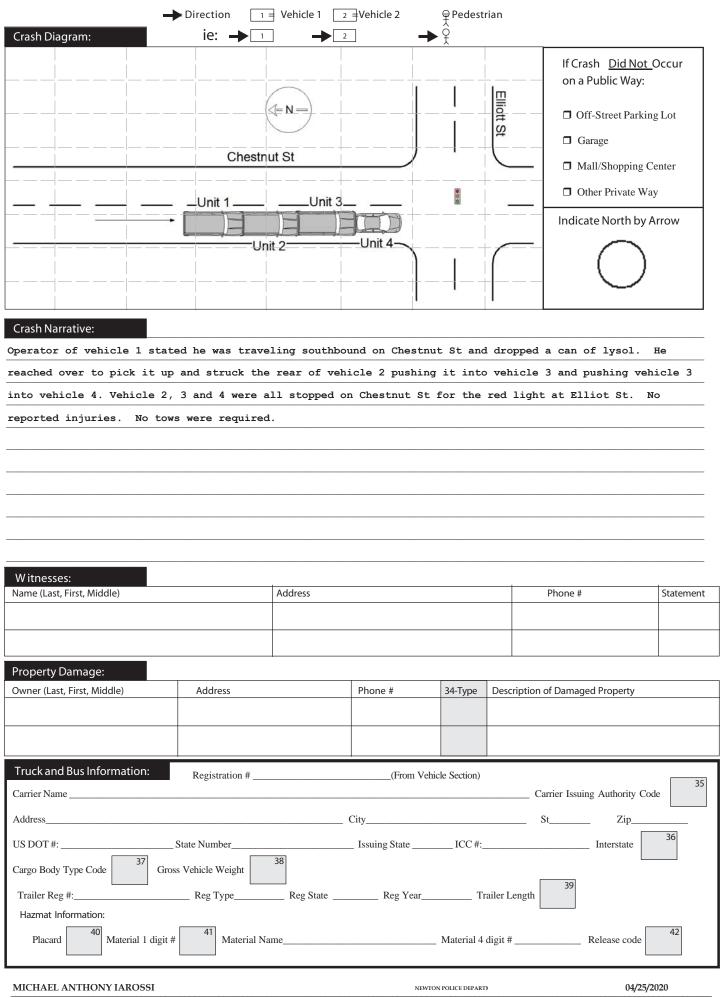
	Police Use Only		ıwealth	oi massac	muscu	3	KIVI	v Docume	nt Number						
	Date of Crash Time of Crash Ci 04/25/2020 10:09 NEWTON		Motor Vehicle Crash Police Report			r Number es Injured									
	24HR	<u>`</u>				0	Longitude_	Other:							
	AT INTERSECTIO	ON: <	LOCA	TION >		NOT	AT INT	ERSECT	TION:						
	SOUTH CHESTNUT ST														
\neg	Route# Direction Nar	me of Roadway/Street		Route# Direction	Address #		Name of I	Roadway/St	reet						
\dashv	ELLIOT ST	At		Feet N	S E W of		•	or							
		secting Roadway/Street				Mile M	arker		Exit Number						
	Also at	Intersection with		Feet N	E W of	Route#	Intersec	ting Roadw	av/Street						
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_	Route# Direction Name of In	ntersecting Roadway/Street					La	ndmark							
	XVehicle1 1_#Occupants	Run Moped	Case Number	ŗ	20000002	78									
	License #	St MA DOB/Age	Reg #	1AJ691		Reg Typ	e PAN	Reg Sta	ate_MA						
	Sex_M Lic. Class D 18 18 Lic. Restr		Veh	Year_2014	_ Veh Make_	HYUN		_ Veh Confi	g. 20						
	Operator HALLISEY KEVIN	Endorsm	Owne	(Same as operato	or)										
_	Address 26 WINFIELD ST	Middle Middle		Last		First		Middle							
		State_MA _ Zip_02026	City_				State	Zir)						
	Insurance Company COMMERCE			ele Action Prior to C					cle Up to Three)						
		Responding to Emergency	y? N Event	Sequence 1 22	22 22	22 2	3	4							
_	Citation # (If Issued)	1 0 0 .		Harmful Event 1	23			<u> </u>	10 Undercarriage						
	Violation 1: ChSec Viol	lation 2: ChSec		r Contributing Code	19 24	24	← 9	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11 Totaled						
	Violation 3: ChSec Violation 4: ChSec Underride/Override														
7	Please fill out for operator and all	occupants involved				7 28 29 y Airbag Airba	g 30 31 Eject Trap Code Code	32 33 Injury Transp	3						
ŀ	Name (Last First Middle) Operator	Addres See Abov		Age/DOB Se	x Pos. \$yste	m Status Switc	0 0	\$tatus Code 10 1	Medical Facility						
	operator	5551165			1	7 7		10 1							
	Please Select One of the Following: Vehicle 2 1 #Occ	eupants Non-Motoris	st A Type	14 Action 15	Location	16 Condi	tion 17	Hit/R	Run Moped						
	License # S	St MA DOB/Age DOB	Reg#	Reg # 8511TW Reg Type PAN Reg State MA											
	Sex_M Lic. Class D 18 18 Lic. Restri	19		Year_2015	Veh Make_			Veh Confi	20						
	Operator LEAHY WILLIA	nent Owne	Owner (Same as operator)												
			(Last First Middle Address								
		t Middle		Last		First		Middle							
	Address 195 NEHOIDEN ST		Addre	Last			State								
	Address 195 NEHOIDEN ST City NEEDHAM	State_MAZip_02492	Address City	Last				Zip	cle Up to Three)						
	Address 195 NEHOIDEN ST City NEEDHAM Insurance Company COMMERCE	State MA Zip 02492	Addro City_ Vehic	ess	rash 2			Zip							
	Address 195 NEHOIDEN ST City NEEDHAM Insurance Company COMMERCE Vehicle Travel Direction: N K E W		Address City Vehicles Property No. 100 Events	Last Cle Action Prior to C Sequence 1 22 1	rash 2	21 D.	amaged Area	Zip Code: (Cir	cle Up to Three) 10 Undercarriage						
	Address 195 NEHOIDEN ST City NEEDHAM Insurance Company COMMERCE Vehicle Travel Direction: N X E W Citation # (If Issued)	State_MAZip_02492 Responding to Emergence	Addro City Vehic cy? N Event Most	Last cle Action Prior to C Sequence 1 22 Harmful Event 1	rash 2 22 22 23 24 [24]	21 D	amaged Area	Zip Code: (Cir	cle Up to Three)						
	Address 195 NEHOIDEN ST City NEEDHAM Insurance Company COMMERCE Vehicle Travel Direction: NXEW Citation # (If Issued) Violation 1: ChSec Vio	State_MAZip_02492 Responding to Emergence colation 2: ChSec	Address City Vehic cy? N Event Most Drive	cle Action Prior to C Sequence 1 22 1 Harmful Event 1 r Contributing Code	rash 2 22 22 23 23 24 [1 24]	21 D	amaged Area	Zip Code: (Cir	10 Undercarriage						
	Address 195 NEHOIDEN ST City NEEDHAM Insurance Company COMMERCE Vehicle Travel Direction: NXEW Citation # (If Issued) Violation 1: ChSec Violation 3: ChSec Violation 3: ChSec Violation 4: ChSec Violation 5: ChSec Violation 7: ChSe	State MA Zip 02492 Responding to Emergence olation 2: Ch Sec olation 4: Ch Sec	Address City Vehic Sy? Event Most Drive Unde	Last cle Action Prior to C Sequence 1 22 Harmful Event 1	rash 2 22 22 23 23 24 Tow	21 D. 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	amaged Area	Zip Code: (Cir	10 Undercarriage 11 Totaled						
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	Address 195 NEHOIDEN ST City NEEDHAM Insurance Company COMMERCE Vehicle Travel Direction: NXEW Citation # (If Issued) Violation 1: ChSec Vio Violation 3: ChSec Vio Please fill out for operator an	State_MAZip_02492 Responding to Emergence colation 2: ChSecolation 4: ChSe	Addro City Vehic Sy? Event Most Drive Unde	ele Action Prior to C Sequence 1 22 1 Harmful Event 1 r Contributing Code rride/Override	rash 2 22 22 23 23 25 Tow 25 Seat 8afe	21 D. 22 2 24 8 ed N 7 28 29 7 Airbag Airba	amaged Area 3 7 7 8 8 9 10 11 12 13 13 15 15 15 16 17 17 17 18 18 18 18 18 18 18	Zip Code: (Cir 4 6 6 6 6 132 33 131) Injury Fransp	10 Undercarriage 11 Totaled						
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Date of Crash	lice Use Only		ity/Tow	Common					_				State Police		
04/25/2020			VTON			Vehicle Crash		1		ed Lati	eed Limit <u>25</u> titude	State Police Local Police MBTA Police	ce X		
	24HR				Police Report								ngitudeOther:		
	AT INTER	RSECTIC)N:	<	LOCA	ATION	>		NO	ТАТ	INTI	ERSE	CTION:		
Route# Dire	ction	Na	ime of R	oadway/Street		Route# Direction	on Add	lress#		Na	me of R	Roadway	/Street		
			A	L		Feet []	N S E V	W of		Marker		or			
Route# Dire	ection N		Foot [u e e l		Mile	Marker			Exit Number	er				
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street									
Route# Dire	ection ———	Name of I	ntersecti	ing Roadway/Street		Feet []	N S E V	W of							
		Ι									Laı	ndmark			
XVehicle:	3 1_#Occupants	Hit/	/Run	Moped	Case Numbe	r	200	00000278	3						
License#			St MA		Reg	_‡ 177ГВ7			Reg	Type_PAl	N	Reg			
Sex_F_ Lic.	. Class D 18 18	8 Lic. Restr	rictions			Year_2013	Veh	Make_H	ONDA			Veh Co	nfig. 1	20	
Operator MA	ACARO	SESTIN		Endorsmo	ent Own	er (Same as ope	rator)		First			Middle			
	DAK STREET	Firs	st	Middle	Addr	ess						Middle			
City NEWTO			State	MA Zip 02464	City						_State		Zip		
Insurance Cor	mpany SAFETY				Vehi	cle Action Prior to	Crash	2	21	Damage	d Area	Code: (Circle Up to T	Three)	
Vehicle Trave	el Direction: N	X E W	Respon	nding to Emergency	? N Even	t Sequence 1	22 1 22		22	9	3		4		
Citation # (If	Issued)					Harmful Event	1 23				9		10 Under	_	
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Violatio	n 3: ChSec	: Vic	olation 4	: ChSec	Unde	erride/Override	25	Towe	ed N	3	7		6		
	fill out for opera	ator and all	occupa					26 27 eat Safety	28 Airbag A	29 30 rbag Eject	31 Trap	32 Injury Tra	33 insp.		
Name (Last Fi			1	Address See Abov		Age/DOB		os. \$ysten	1 Status S	vitch Code	Code 0	\$tatus Co	ode Medical F	acility	
Please Select of the Follow		4 <u>1</u> #Occ	cupants	Non-Motoris	t A Type	14 Action 1	Locat	tion	16 Co.	ndition	17	□ні	t/Run 🔲 N	Noped	
License#			St MA	DOB/Age	Pagi	Reg # 6MV267 Reg Type PAN Reg State MA									
	18 18	.8		19	_					турс			2	20	
Sex_F Lic. Class D Lic. Restrictions 1 CDL Operator FRIEDMAN RACHEL Endorsment						Veh Year 17 Veh Make BMW Veh Config. 1 Owner (Same as operator)									
Address 1 STANDISH RD						Last First Middle Address									
City NEEDHAM State MA Zip 02492						CityStateZip									
Insurance Company COMMERCE						Damaged Area Code: (Circle Un to Three)									
Vehicle Travel Direction: NXEW Responding to Emergency? N						vehicle Action Filor to Crash 2									
						Event Sequence 1 10 Undercarriage									
Ì.	Citation # (If Issued)					Most Harmful Event 1 9 9 11 Totaled									
Violation 1: ChSec Violation 2: ChSec						er Contributing Co	ode 1 25		ı N	3	7	لا	6		
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						Underride/Override Towed N								
Violatio	lease fill out for	Operator of	411 0	coupanto mvorvet	•	1	Se	eat Safety Pos. Syste	Airbag A	rbag Eject	Trap		insp.		
Violatio P Name (Last 1	First Middle)	operator a	1	Addres		Age/DOB	Sex F	os. Syste	m Status :	witch Cod	e Code	Status C	Code Medical	Facility	
Violatio P Name (Last 1		operator a		See Abov		Age/DOB	Sex F	1	4		0	10 1		Facility	
Violatio P Name (Last 1	First Middle)	operator a				Age/DOB	Sex F							Facility	



MICHAEL ANTHONY IAROSSI

Police Officer Name (Please Print)

Signature

ID/Badge # Department

Precinct/Barracks

Date