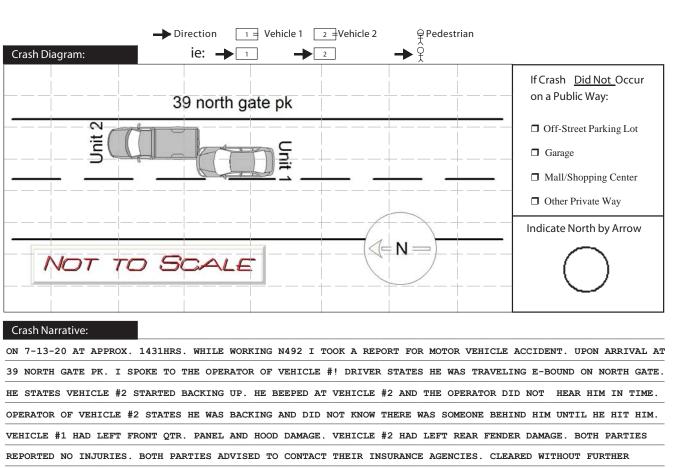
	Poli	ice Use Only		Commonwea	alth o	of Mass	achı	isetts	5		RM	V Docui	ment Number	
	Date of Crash 07/13/2020	Time of Crash 14:31 24HF	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		red Lat	ed Limitude _		State Police Local Police MBTA Police Other:	XI E
			RSECTION:		LOCA		>						CTION:	\Box
						EAST	39		NOF	TH GAT	E PK			2
1 1	Route# Direc	tion		Roadway/Street		Route# Direction	on Ad	dress #		N	me of I	Roadway	/Street	
	At				Feet NSEW of or Exit Number								_ 	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet NSEW of									
2	Also at meiscenon with				Route# Intersecting Roadway/Street								_	
² 1	Route# Direction Name of Intersecting Roadway/Street					Landmark								— -
3	XVehicle 1 1_#Occupants Hit/Run Moped Case					Number 200000376								
	MA MA					724FH A				т РА	N	D	State MA	-
	License # St MA DOB/Age Sex_M Lic. Class D				Reg # 724FHA Reg Type PAN Reg State MA Veh Year 2008 Veh Make HONDA Veh Config. 1								-	
4			JEFFREY	Endorsment D.										_
1	Address 120 C	Operator SILTON JEFFREY D. Last First Middle 120 CHERRY STREET				Owner SILTON NORINE M Last First Middle								
		City NEWTON State MA Zip 02465				NEWTON					State	MA	Zip 02465	_
	Insurance Com	npany STANDA	ARD			e Action Prior to	o Crash	1	21	Damag	ed Area	Code: (Circle Up to Thi	ree)
5	Vehicle Travel	Direction: N	S X W Res	oonding to Emergency? N	Event	Sequence 1	22 22		22	O	3		4	
	Citation # (If I	ssued)			Most I	Harmful Event	1 23						10 Undercar 5 11 Totaled	riage
	Violation	1: ChS	ec Violation	2: ChSec	Driver	Contributing C	ode :	24	24			\bigvee	3 11 Totaled	
1	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 8 7 6								
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB		26 27 Seat Safety Pos. Systen	28 Airbag	29 3 Airbag Ejec	0 31 Trap	32 Injury Tra	33 ansp. ode Medical Facil	lity 1
	Operator	st Middle)		Address See Above		Age/DOB		os. \$ysten	Status :	4 0	e Code 0	\$tatus Co		nty -
7 1	Please Select C	IX Vehic	le2 1_#Occupan	ts Non-Motorist A Ty	rpe 1	4 Action	15 Loca	ation	16 Co	ondition	17	Ні	it/Run Mo	ped
					D#	Reg # R90345 Reg Type CON Reg State M					State MA	-		
	18 18 19										20	-		
8	Sex_M Lic. Class D Lic. Restrictions 1 CDL				Veh Year 2015 Veh Make CHEVY Veh Config. 2 Owner (Same as operator)									
⁸ 2		Address 312 RIVER ST Middle Note the state of the state				Last First Middle								_
	City NEWTON State MA Zip 02465				Address								_	
	Insurance Company COMMERCE				Demagad Arga Code: (Circle Unite Three)								ree)	
	Vehicle Travel Direction: N S E N Responding to Emergency? N					vehicle Action Filot to Classi 10 10 2 3 4								
	Citation # (If Issued)				Most Hampful Fuent 23							riage		
	Violation 1: Ch Sec Violation 2: Ch Sec					Driver Contributing Code 19 24 24 5 11 Totaled								
	Violation 2: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 8 7								
		Please fill out for operator and all occupants involved						26 27 Seat Safety		29 30 Airbag Ejec	31 Trap	32 Injury Tra	33 ansp.	
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Syste	M Status	Switch Co	de Code		Code Medical Fac	ility
	Орегаюн	1.011-1910(01181		See Audve				1	12	4 0	U	10 1		
							+							



THE STATES VEHICLE WZ STAKTI	DACKING OI.	222122 111	VEHICLE #2 1111	J 11111 01		1101 1111111111111111111111111111111111						
OPERATOR OF VEHICLE #2 STATES HE WAS BACKING AND DID NOT KNOW THERE WAS SOMEONE BEHIND HIM UNTIL HE HIT HIM.												
VEHICLE #1 HAD LEFT FRONT QTR. PANEL AND HOOD DAMAGE. VEHICLE #2 HAD LEFT REAR FENDER DAMAGE. BOTH PARTIES												
REPORTED NO INJURIES. BOTH PARTIES ADVISED TO CONTACT THEIR INSURANCE AGENCIES. CLEARED WITHOUT FURTHER												
INCIDENT.												
Witnesses:												
Name (Last, First, Middle)	Address			Pł	Phone #							
Property Damage:												
Owner (Last, First, Middle)		Phone #	34-Type	Description of I	scription of Damaged Property							
Truck and Bus Information: Registration #(From Vehicle Section)												
Carrier Name					Carri	er Issuing Authority Cod	le					
Address City St Zip												
US DOT #:												
Cargo Body Type Code 37 Gross Vehicle Weight 38												
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length												
Hazmat Information:												
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42												

THOMAS P WALSH

Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks Date