	Police Use Only	Common	wealth o	of Massa	chusetts	8	RMV	Document l	Number	
		y/Town M o	otor Veh	icle Cras	Number Vehicles	1	Speed Limit Latitude	25 Stat Loc	re Police al Police Al TA Police	
	01/09/2019 15:31 NEWTON 24HR		Police 1	Report	2	0	Longitude_	MB Oth	TA Police aer:	
	AT INTERSECTION	AT INTERSECTION: <		LOCATION > NOT AT INTERSECTION					ON:	
	SOUTH OTIS ST									
1 1		ne of Roadway/Street		Route# Direction	Address #		Name of Ro	oadway/Street	<u> </u>	
	At EAST WALNUT ST			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						
2 2				Feet N	S E W of	Routen	merseen	ing Roadway/	Succe.	
	Route# Direction Name of Int	ersecting Roadway/Street					Land	dmark		
3	▼ Vehicle1 1_#Occupants	dun Moped	Case Number		1900000034	1				
		t MA DOB/Age	Reg#	T69062		Reg Typ	_e CON	Reg State_	MA	
	Sex_M Lic. Class D 18 18 Lic. Restric	ctions 19 CDL	Veh Y	ear_2018	Veh Make_R	AM		Veh Config.	2 20	
4_	Operator GOOD CHRISTO	DPHER T Endorsme	0	MERCHANTS	AUTO	First		Middle		
3	Address 534 BLUE HILL AVE	Middle		SS 1278 HOOKSI	ETT RD	First		Middle		
	City BOSTON	_State_MA _Zip_02121	City_I	HOOKSETT			State_	NH Zip 03	3106	
	Insurance Company EMPIRE FIRE		Vehicl	e Action Prior to	Crash 2	21 Da	ımaged Area (Code: (Circle	Up to Three)	
5	Vehicle Travel Direction: NXEW Responding to Emergency?			Event Sequence 1 22 22 22 22 3 4						
1	Citation # (If Issued)				23) Undercarriage	
	Violation 1: ChSec Viola	ation 2: Ch Sec		Contributing Cod	24	24	← <u> 9</u>	5 11	1 Totaled	
⁶ 1	Violation 3: ChSec Viola			ride/Override	25	ed_N_8	7	6		
	Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.						
	Name (Last First Middle) Operator	Address See Above	<u> </u>	Age/DOB	Sex Pos. System	n Status Switch	Code Code S	Status Code N	Medical Facility	
	Орстаю	See Above			1	4 99	0 0	5 1		
⁷ 3	Please Select One of the Following: Vehicle 2 1 # Occu	ipants Non-Motorist	A Type	14 Action 15	Location	16 Condit	ion 17	Hit/Run	Moped	
8		t MA DOB/Age	D #	TA27380		D T	e_TAN	Dec State	MA	
	18 18	19			Vah Maka F				20	
	Endorsment			Veh Year 2013 Veh Make FORD Veh Config. 1 Owner HARRISON TRANSP						
⁸ 2	Last First Middle			Address 224 CALVARY ST						
	•		•	City WALTHAM State MA Zip 02452 Value Action Prior to Cresh 21 Damaged Area Code: (Circle Up to Three)						
				Venicle Action From to Crash 1						
				Event Sequence 1 10 Undercarriage						
	Citation # (If Issued)			Most Harmful Event 1 24 5 11 Totaled						
				Driver Contributing Code 5						
	Violation 3: ChSec Violation 4: ChSec			Underride/Override Towed N						
	Please fill out for operator and Name (Last First Middle)	d all occupants involved Address		Age/DOB	Sex Pos. Syste	28 29 Airbag Airbag m Status Swite	30 31 Eject Trap II Code Code	32 33 njury Transp. Status Code	Medical Facility	
	Operator/Non-Motorist	See Above	•					5 1		

