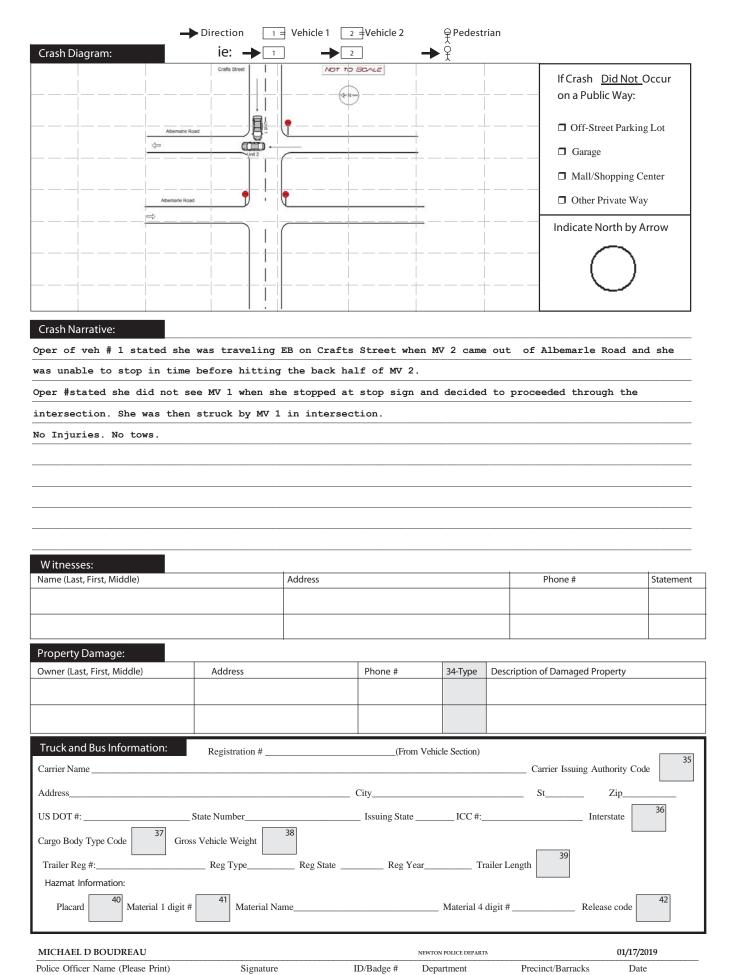
Date of Crash   Time of Crash   NEWTON   NEWTON   Police Report   Speed Limit 25   Latitude   Local Police Local Police Report   Loc	
AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:    SOUTH   ALBEMARLE RD     Route#   Direction   Name of Roadway/Street   At     Feet   N   S   W   Of	
Route# Direction Name of Roadway/Street At  WEST CRAFTS ST  Route# Direction Address # Name of Roadway/Street  Feet N S E W of or	
Route# Direction Name of Roadway/Street At  WEST CRAFTS ST  Route# Direction Address # Name of Roadway/Street  Feet N S E W of	—⊢
Mest Crafts stFeet N S E W of or or	
	<u> </u>
Route# Direction Name of Intersecting Roadway/Street Mile Marker Exit Number	er
Also at Intersection with  Feet NSEW of  Route# Intersecting Roadway/Street	_ L
Feet NSEW of	
Route# Direction Name of Intersecting Roadway/Street Landmark	
Wehicle 1 1 #Occupants Hit/Run Moped Case Number 1900000059	
License # St MA DOB/Age Reg # 866HW7 Reg Type PAN Reg State MA	
	20
4 Operator SANTANA MARIA A Endorsment Owner (Same as operator)	_  -
2 Last First Middle Last First Middle Address SOBRIEN WAY Address	
City DEDHAM State MA Zip 02026 City State Zip	
Insurance Company ALLSTATE  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to 7)	Three)
Vehicle Travel Direction: XSEW Responding to Emergency? Event Sequence 1 22 22 22 22 22 0 3 ①	
Citation # (If Issued) Most Harmful Event 1 23 10 Under 5 11 Totale	~
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24	u
1 Violation 3: ChSec Violation 4: ChSec Underride/Override	
Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Ag	Facility
Operator   See Above	
Please Select One of the Following: X Vehicle 2 1_#Occupants  Non-Motorist A Type	Moped
License # St MA DOB/Age Reg # FF222M Reg Type PAS Reg State MA	_
	20
Operator GARCIA LAURA J Owner ZAGAMI MATT	
Last First Middle Last First Middle Address  Address 181 LEXINGTON ST (apt. 31)  Address 33 KEEFE AVE.	
City NEWTON State MA Zip 02465 City NEWTON State MA Zip 02464	
Insurance Company COMMERCE Vehicle Action Prior to Crash T Damaged Area Code: (Circle Up to 7	Three)
Vehicle Travel Direction: NXEW Responding to Emergency? Event Sequence 1 22 22 22 22 22 20 Q	
Citation # (If Issued) Most Harmful Event 1 23 10 Under 5 11 Totale	~
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 4 24 24	
Violation 3: ChSec Violation 4: ChSec Underride/Override	
Violation 3: ChSec Violation 4: ChSec Underride/Override Towed N	$\overline{}$
Please fill out for operator and all occupants involved    26   27   28   29   30   31   32   33     Seat   Safety Airbag Airbag Airbag   Eject   Trap   Injury   Transp.	Facility
	Facility
Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Sex  Pos.  System  Status  Switch  Code  Code  Status  Code  Medical	Facility
Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Ag	Facility



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