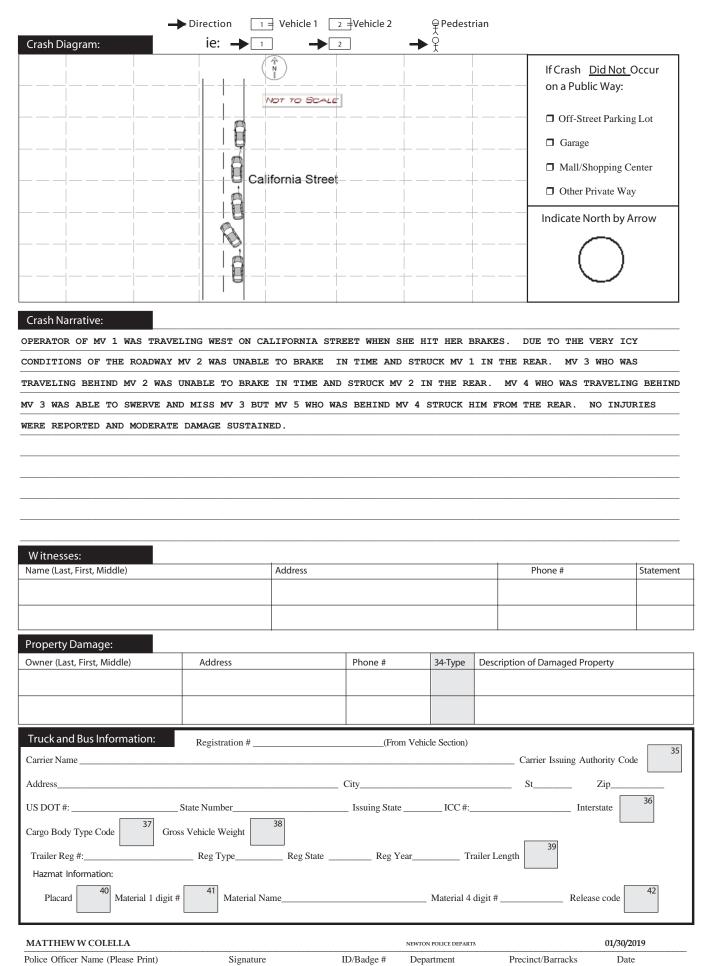
Poli	ce Use Only		Common	ıwealth	of Mass	achus	etts				ment Number	
Date of Crash 01/30/2019	Time of Crash 07:56	City/To NEWTON	own M	otor Vo	ehicle Cra	sh N		umber njured	Speed Lir Latitude		State Police Local Police MBTA Police	
01/00/2019	24HR				Report	5		-	Longitude		Other:	е 🔲
	AT INTER	RSECTION:	<	LOC	CATION	>]	NOT .	AT INT	ERSE	CTION:	
					WEST	317	CA	ALIFOR	RNIA ST			
Route# Direc	tion	Name of	f Roadway/Street		Route# Directi	on Addre	ss#		Name of	Roadway	y/Street	
_			At		Feet	N S E W	of		_ •	or		
Route# Direc	tion N	Name of Intersection	ng Roadway/Street		-		1	Mile Ma	rker		Exit Number	
		Also at Inte	rsection with		Feet	N S E W		Route#	Interse	ecting Roa	adway/Street	_
Route# Direct					Feet	N S E W						
Route# Direct	tion	Name of Interse	ecting Roadway/Street						L	andmark		
XVehicle1	1_#Occupants	Hit/Run	Moped	Case Numl	per	19000	000123					
License#		St M	A DOB/Age	Re	g # 7RP717		R	eg Tyne	PAS	Reg	State MA	
Sex_F Lic. 0	18 1		19		h Year_2008						20	
	NES Last		Endorsm	nent	ner (Same as ope							,
Address 125 B	Last ELMONTS ST	First	Middle		dress	st	F			Middl	e	_
City_BELMON		St	ate_MA Zip_02478		у					te	7in	_
	_{pany} OCCIDEN		atc2ip		hicle Action Prior to	-	21				(Circle Up to Th	
\neg	Direction: N		ponding to Emergenc			22 22	22 22	2	:	3	4	
	ssued)		politing to Emergenc		ost Harmful Event	23					10 Underca	ırriage
`			n 2: ChSec		l	ode 1	24 99 2	1 4	┡│┴	9	11 Totaled	
			1 2: ChSec 1 4: ChSec		derride/Override	25	Towed N	8	<u> </u>	7	6	
		ator and all occu			derride/Override	26		8 29 ag Airbag	30 3 Eject Trap	1 32 Injury T	33	\dashv
Name (Last Fire		1	Addres		Age/DOB	Sex Pos.	System Stati	us Switch	Code Code		ransp. Code Medical Fac	ility
Operator			See Abo	ve			- 1 4	99	0 0	5 1	1	
Please Select C of the Followi	IX Vobiclo	2 <u>1</u> #Occupan	ts Non-Motoris	st A Type	14 Action	Location	n 16	Condition	on 17	ППН	lit/Run Mo	ped
License#		St M	A DOB/Age	Po	g # 7TR597		D	eg Type	PAS	Poo	g State_MA	
Sex_F_ Lic. (Class D 18 1		19		h Year_2011	Vah M				Veh Co	20	
Operator RUS	•	THERESA	Endorsm	nent	n real		akc			ven ee	Jillig. –	'
	Last IANNON STRE	First	Middle		dress	st	F	irst		Middl	e	_
City BRIGHT			ate_MA Zip_02135		y				Sta	te	Zip	_
Insurance Com		50	atcZip_ <u>02100</u>		hicle Action Prior to	ı	21				(Circle Up to Th	mree)
Vehicle Travel		S E X Re	sponding to Emergence		ent Sequence 1	22 22	22 22		Ü	3	4	ĺ
Citation # (If Is		<u>5 E X</u>	sponding to Emergenc	•	ost Harmful Event	23					10 Underca	~
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					ver Contributing C	25	Towed N	8	V	7	6	
			on 4: ChSec l occupants involve		derride/Override	26 Seat			30 3 Eject Trap	1] 32 [33	
Name (Last Fi	rst Middle)	- Perator and ar	Addre	ess	Age/DOB	Sex Pos.	. System Sta	tus Switch	Code Cod	le Status (ransp. Code Medical Fa	cility
Operator/	Non-Motorist		See Abov	ve			- 1 4	99	0 0	5 1	1	
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Poli Date of Crash	ce Use Only Time of Crash	City/To	Common				setts Number	_	or Cno	RM ed Lim		nent Numbe	
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	24HR		<		Report		5	0 N(O		ngitude_		Other:	
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X Vehicle 3	1 #Occupants	Hit/Run	Moped	Core Namelo		100	0000122						
	occupania			Case Numbe			0000123			_			
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Sex_M_ Lic. (Lic. Restriction	S CDL Endorsme	ent	Year 2018		Make_H	UNDA			_ Veh Co	nfig. 1	
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			NH 02212		ress								
City CONTOC			te_NH Zip_02319		1 A C D' (Zip Circle Up to T	
Insurance Com			T . F		cle Action Prior to	Crash	22	22 2		3	Couc. (I	4	. 111(0)
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Operator			See Above				1	4 9	9 0	0	5 1		
Please Select C of the Followir	I X Vehicle	e4 1_#Occupan	S Non-Motorist	A Type	14 Action 1	5 Locat		Cor	dition	17	Ні	t/Run M	loped
License#		St_M		Reg	5BC297			Reg T	ype_PA	s	Reg	State_MA	
Sex_M_ Lic. 0	Class D 18 1	Lic. Restriction			Year_2014	Veh	Make_St	JBARU			_Veh Co	20	0
Operator LOR	REAUX	GREGORY	Endorsme	ent Own	er (Same as oper	rator)		First			Middle		
Address 63 PE	NNY LANE	rifst	Middle	Addı	ess	•		FifSt			witaate		
City DUXBUR	ΥΥ	Sta	te MA Zip 02332	City						State	::	Zip	
Insurance Com	pany GARRISC	ON		Vehi	cle Action Prior to	Crash	1 2	1	Damage	ed Area	,	Circle Up to T	Three)
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Ple Name (Last Fin		r operator and all	occupants involved		Age/DOB		26 27 at Safety os. System	28 Airbag Ai Status S	29 30 bag Eject witch Co	0 31 Trap de Code	Injury Tra	33 insp. ode Medical I	Facility
	Non-Motorist		See Above		Age/DOB		1		9 0	0	5 1		Lucinty
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1					1	1 1	1	1 1			1 1	1	

Date of Cra	olice Use	Only of Crash	City	/Town	Commo					_	Sett:		nber	Speed				t Number	
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	AT	24HR INTED	SECTION	J•			LOCAT	Repor	:l >		5	0 N		Longi				ther:	
	AI	INTER	SECTION			`	LUCA	HON				11	O1 F	XII	NII	INSI	LC I	ION:	
			N	. CD	1/Ctt			Dt.# D		- A.1	I			NI	CD	1	/04		
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			St	MA	DOD/4			257LT2					<i>m</i>	PAS			g	МА	
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	_		Lic. Restrict	lions	Endor	sment					Make_					venc	omig		l
Address 12	Last		First		Mide	ile		(Same as				Firs				Mide	ile		_
City NEW				State	MA Zip 024	60											Zip		_
Insurance C					23.p			Action P				21						le Up to Th	
Vehicle Tra					nding to Emerge		Event	Sequence	1 22	22	22	22	2	Λ	3	$\overline{}$	4		
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	se fill out First Middl		ator and all oc	cupa	nts involved	ress		Age/DO	ов 5	Sex S	26 27 eat Safety os. \$yster	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury 1 Status	33 Fransp. Code	Medical Faci	ility
Opera					See Al	oove				-	1	4	99	0	0	5	1		
Please Sele	ct One	Vehicle	#Occup	ante	☐ Non-Moto	riet A Tva	1 ne	4 Action	15	Loca	ion	16 C	onditio	n l	17		Hit/Ru	ın 🗆 Moj	ned
of the Follo	wing:	vernicie	#Оссир	ants	Non-word	JIISCA IY	рс	Action		Loca	.1011		onditio			_	III/ Nu	III III III	peu
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Operator _	Last		First		Mid	dle						Firs	t			Mide	ile		_
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			operator and	all o	ccupants involv						26 27 eat Safety	28 Airbag	29 Airbag	30 Eject	31 Trap		33 Transp.		
	or/Non-M				Ad See Al	oove		Age/D		Sex 1	os. Syste	m Status	Switch	Code	Code	Status	Code	Medical Fac	cility
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