CORNELL ST  Name of Roadway/Street  Also at Intersecting Roadway/Street  I andmark    Feet   N   S   E   W   of		Poli	ice Use Only		Comn	nonwea	lth (	of Massa	achi	use	tts			RMV	Docui	ment N	umber			
AT INTERSECTION:  CORNEL ST  CORNEL ST  Note of Readway-Street  Also at Intersecting Readway-Street  The Note of Technology Also at Intersecting Readway-Street  The Note of Intersecting Readway-Street  The Note of Intersecting Readway-Street  Also at Intersecting Readway-Street  The Note of Intersecting Re			16:01	_	own				sh	Vehi	icles In		Latitu	de		Loca MBT	l Police A Police	N Xi		
CORNILL ST				SECTION:					>			TOI	_					$\neg$		
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NORTH   MOULTON ST   For   Name of Intersecting Roadway/Street   For   NS   E W   of   Miles Marker   For   NS   E W   o	1	Route# Direc			of Roadway/Stree	et		Route# Direction	on A	ddress	#		Nam	e of Ro	oadway	/Street			_	
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Operator OUSSALAH SIDAH Endorsment Address 22 BRADLEERD (apt. 4B)  Sinte MA 7 jp 02155 City MEDORD Insurance Company COMMERCE  Vehicle Travel Direction: X S W Responding to Emergency?  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Underride Override  Please fill out for operator and all occupants involved  New that First Mahlor  See Above  Non-Motorist A Type  Address  Please Select One of the Following:  Address 1 Chalut August 2 Best Insurance Company SLIE Insurance  Operator MATTERAZZO EUGENE  Address  Non-Motorist A Type  Address  Operator MATTERAZZO EUGENE  Most Harmful Event  I 1 Onder Contributing Code  License # Decument of the Following:  Address Indicated August 2 Best Insurance Company SLIE Insurance  City Wobulant  Operator MATTERAZZO EUGENE  Most Harmful Event  I 1 Onder Contributing  Operator MATTERAZZO EUGENE  Most Harmful Event  I 1 Onder City Operator  Non-Motorist A Type  I 1 Onder City Operator  Operator MATTERAZZO EUGENE  Most Harmful Event  I 1 Onder City Operator  Operator MATTERAZZO EUGENE  Most Harmful Event  I 1 Onder City Operator  Operator MATTERAZZO EUGENE  Most Harmful Event  I 1 Onder City Operator  Operator MATTERAZZO EUGENE  Most Harmful Event  I 1 Onder City Operator  Operator MATTERAZZO EUGENE  Most Harmful Event  I 1 Onder City Operator  Operator MATTERAZZO EUGENE  Most Harmful Event  I 1 Onder City Operator  Operator MATTERAZZO EUGENE  Most Harmful Event  I 1 Onder City Operator  Operator MATTERAZZO EUGENE  Most Harmful Event  Operator MATTERAZZO EUGENE  Most Harmful Event  I 1 Onder City Operator  Operator MATTERAZZO EUGENE  Most Harmful Event  I 1 Onder City Operator  Operator Mattera Event Maloic  Operator Mattera Event		18 18 19						20												
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Insurance Company COMMERCE  Vehicle Travel Direction: X S E W Responding to Emergency?  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 2 2 2 2 2 2 2 2 3 4 10 Undercarriage  None Harmful Event 1 2 3 1 1 Totaled  Please fill out for operator and all occupants involved  Name (Last First Middle)  See Above  Please Select One of the Following: X Vehicle 2 1 # Occupants  Non-Motorist A Type	1	Last First Middle Address 22 BRADLEE RD (apt. 4B)																	_	
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Sex_M_Lic. Class   A 18   18   Lic. Restrictions   1   19   CDL   Veh Year 2007   Veh Make INTL   Veh Config.   6   0    Operator   MATTERAZZO   EUGENE   M   Middle   Endorsment   Address   14 CHAUTAUQUA AVE   Address   14 CHAUTAUQUA AVE   Address   110 CRAFTS ST    City   FRAMINGHAM   State   MA   Zip   01702   City   NEWTON   State   MA   Zip   02458    Insurance Company   SELF INSURED   Vehicle Action Prior to Crash   10   21   Damaged Area Code: (Circle Up to Three)    Vehicle Travel Direction:   N   E   W   Responding to Emergency?   Event Sequence   1   22   22   22   22   22   22   23   4    Violation 1: Ch   Sec   Violation 2: Ch   Sec   Underride/Override   Sec   Seat   Safety   Address   Seat   Safety	3		I X Vehicle	2 <u>1</u> # Occupa	nts Non-M	Motorist A Typ	e		Loc	cation	10	Conditio	on	17	П	it/Run	Мор	ed		
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Operator MATTERAZZO EUGENE M  Operator Last First Middle  Address 14 CHAUTAUQUA AVE  Address 10 CRAFTS ST  City FRAMINGHAM  State MA Zip 01702  City NEWTON  State MA Zip 02458  Vehicle Action Prior to Crash  Vehicle Travel Direction: NXEW Responding to Emergency?  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Owner CITY OF NEWTON  State MA Zip 02458  Vehicle Action Prior to Crash  10 Undercarriage  First Middle  Address  10 Undercarriage  Towed N  Totaled  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility		Sex_M Lic. Class A Lic. Restrictions 1 CDL					Veh Y	Veh Year 2007 Veh Make INTL Veh Config. 6												
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