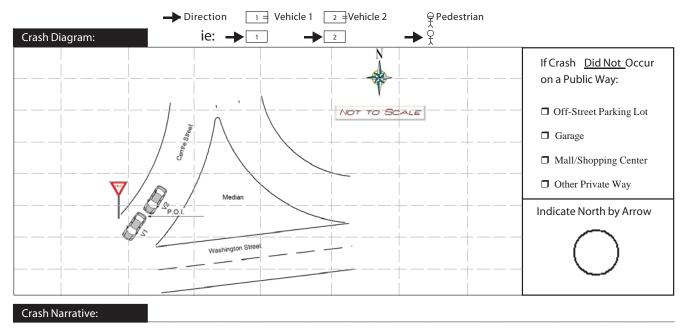
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Po	lice Use Only		Commonwe	alth o	f Massa	achuset	tts	RMV	V Docume	nt Number		
Date of Crasl	h Time of Crash	City/Town	Motor	r Vehi	icle Cra	sh Num			tS	State Police [Local Police [MBTA Police [		
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	AT INTER	SECTION:	<	LOCAT	ION	>	NOT	AT INTI	ERSECT	TON:		
Route# Dire	ection	Name of Ro	padway/Street	F	Route# Direction	on Address ‡	#	Name of R	Roadway/Str	reet		
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Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of								
Vehicle	#Occupants	Hit/Run	Moped									
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City		State	Zip	_ City				State	Zip	)		
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		Violation 4:	Underr	de/Override		owed		6				
Please Name (Last F		tor and all occupa	nts involved Address	Age/DOB Sex Pos. system Status \$witch Code Status Code Me								
Operato	r		See Above									
Please Select of the Follov	I Vehicle	# Occupants	Non-Motorist A Ty	ype 97	Action 97	5 Location	16 Condi	tion 17	Hit/R	Run Mope		
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Name (Last	First Middle)	<u> </u>	Address See Above		Age/DOB	Sex Pos. S	ystem Status Swit	ch Code Code	Injury Transp Status Code			
Operato	r/Non-Motorist		See Above						5 1			



Opr of V2 stated he was behind V1 on Centre Street. Opr states both vehicles were waiting to turn right onto Washington Street. Opr states he was looking left waiting for an opening and did not look to see if V1 was moving. At this time, Opr of V2 started to travel forward and made contact with the rear of V1.

Opr of V1 was not on scene due being pregnant. Her father Tom Sharpe was on scene and stated his daughter was waiting to turn right and was struck from behind. Sharpe stated his daughter had some pain to her neck and stomach region and his wife took her to the hospital.

Both vehicles suffered minor damage and were not towed. Opr of V1 sustained minor injuries and went to the hospital with her mother. I was unable to make contact with Opr of V1, but Opr of V2 stated he knew he was at

(Continued o	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Pro	operty
Truck and Rus Informations						
Truck and Bus Information:			(From Vel	,	Carrier Issuing Ar	othority Code
Carrier Name						uthority Code
						zip
Carrier NameAddressUS DOT #:	State Number		_ City		St	uthority Code
Carrier NameAddressUS DOT #:	State Number		_ City		St Into	Zip
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight	38	_ City Issuing State	ICC#:_	St Into	Zip
Carrier Name  Address US DOT #: Cargo Body Type Code37 Gro	State Numberss Vehicle Weight	38	_ City Issuing State	ICC#:_	St Into	Zip
Carrier Name	State Numbersss Vehicle Weight Reg Type	38 Reg State _	_ City Issuing State Reg Year	ICC #:Tr	St Into	ziperstate 36

	Direction	1 =	Vehicle 1	2	_≠Vehicle 2	₹ Pedest	rian		
Crash Diagram:	ie: 🗕	1	] _	2	¬ →	₽Ŷ			
								If Crash Did Not Con a Public Way:  Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	Lot
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Crash Narrative	<u></u>								
Crash Narrative:									
fault.									
Witnesses:								1 2	
Name (Last, First, Middle)			Address					Phone #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address				Phone #	34-Type	Dos	cription of Damaged Property	
Owner (Last, First, Middle)	Address				FIIOTIE #	34-1ype	Desi	cription of Damaged Property	
Truck and Bus Information:	Registration	#			(From Vel	nicle Section)			
Carrier Name	_				(110111 701	ŕ		Carrier Issuing Authority Code	35
Carrier Name								Carrier issuing Audiority Code	
Address					City			St Zip	
US DOT #:	State Number				Issuing State	ICC#		Interstate	36
US DOT #:	State INHIIDEI		38		_ issuing state	ICC #: <sub>-</sub>		interstate	
Cargo Body Type Code	Gross Vehicle Weight	t	30						
Trailer Pag #:	Dag T		Doc Co	to	Dag V	T.	eoila - T	angth 39	
Trailer Reg #:	Keg Type		reg sta		Keg rear_	1:	тан <b>с</b> Г І	Zengui	
Hazmat Information:									
Placard 40 Material 1 dig	git # 41 Mater	rial Na	me			_ Material 4	digit #	# Release code	42
							_		
DANIEL ANDERSON				32456	NEWI	ON POLICE DEPART	ΓN	02/16/20	119

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)