Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street    Feet   N   S   E   W   of   Mile Marker   Exit Number		Poli	ice Use Only		Commonwea	alth	of Massa	achu	setts	8		RM	V Docu	ıment	Number		
AT INTERSECTION:    A			12:53	NEWTON	MIOTOI			sh	Vehicles	s Inju	ired La	ititude _		Lo MI	cal Police BTA Police	AN D	
Notified   1997   1998   1999   199			1	<u> </u>				>						ECTI	ON:	<u> </u>	
Rouse Direction Name of Intersecting Roadway/Street  Also as Intersecting Roadway/Street  Rouse Direction Name of Intersecting Roadway/Street  Roadway/Street  Rouse Direction Name of Intersecting Roadway/Street				NORTH 1269 CENTRE ST										2			
Rouse Direction Name of Intersecting Roadway/Street  Also as Intersecting Roadway/Street  Rouse Direction Name of Intersecting Roadway/Street  Roadway/Street  Rouse Direction Name of Intersecting Roadway/Street	1 <b>1</b>						Route# Direction Address # Name of Roadway/Street							et	-		
Alors of Intersecting Roadways/Street  Alors of Intersecting Roadways/Street  Alors of Intersecting Roadways/Street  Freet NSEW of Roads® Intersecting Roadways/Street  Landmark  1900000200  License # -		At															
Peer   N   E																$\neg$	
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Case Number   1000000200   1000000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   1000000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   100000200   1000000200   1000000200   1000000200   1000000200   1000000200   1000000200   10000000200   10000000200   10000000000	1	Route# Direction Name of Intersecting Roadway/Street															
Sex   F   Lic. Class   D   18   18   Lic. Restrictions   99   9   DL   Veh Year 2015   Veh Make   NFINITI   Veh Config   1	3	XVehicle1	2_#Occupants	Numbei	umber 1900000200												
Sex   F   Lic. Class   D   18   18   Lic. Restrictions   99   9   DL   Veh Year 2015   Veh Make   NFINITI   Veh Config   1		License #		Reg#													
Operator MANNE DIANA M Endosment Owner GROSS STEVEN  Address 34 MT VERNON ST (apt. 2)  Address 35 MT VERNON ST (apt. 2)  Address 36 MT VERNON ST (apt. 2)  Address 37 PARKER ST  Vehicle Travel Direction: [X] S [E] W Responding to Emergency? Event Sequence [2] 22 22 23 23 29  Address 37 PARKER ST  Vehicle Travel Direction: [X] S [E] W Responding to Emergency? Event Sequence [2] 22 22 23 29  Address 37 PARKER ST  Vehicle Travel Direction: [X] S [E] W Responding to Emergency? Event Sequence [2] 22 22 23 29  Address 37 PARKER ST  Vehicle Travel Direction: [X] S [E] W Responding to Emergency? Event Sequence [2] 22 22 23 29  Address 37 PARKER ST  Vehicle Travel Direction: [X] S [E] W Responding to Emergency? Event Sequence [2] 22 22 23 29  Address 37 PARKER ST  NewTon Central Province Travel Direction: [X] S [E] W Responding to Emergency? Event Sequence [2] 22 22 23 29  Address 37 PARKER ST  Address 38 Reg Type PAN Reg State MA  Veh Config 1  Address 37 PARKER ST  NewTon Central Province Travel Direction: [X] S [E] W Responding to Emergency? Event Sequence [2] 22 22 29  Address 37 PARKER ST  Address 38 PARKER ST  Address 37 PARKER ST  Address		18 18 19					20										
Address 38 MT VENIONS ST (apt. 2)  Address 38 MT VENIONS ST (apt. 2)  Address 39 MT VENIONS ST (apt. 2)  Address 39 MT VENION CENTER  State MA Zip 02125  City NEWTON CENTER  State MA Zip 02459  Vehicle Travel Direction: X S E W Responding to Emergency?  Citation # (If Issued)  Violation 1: Ch. Sec. Violation 2: Ch. Sec.  Violation 3: Ch. Sec. Violation 4: Ch. Sec.  Underride Override  Please fill out for operator and all occupants involved  Sec. App. Desc. Sec. Sec. Violation 4: Ch. Sec.  Underride Override  Age DOB. Sec. Sec. Sec. Sec. Sec. Violation 4: Ch. Sec.  Underride Override  Please fill out for operator and all occupants involved  Sec. App. Desc. Sec. Sec. Sec. Sec. Sec. Sec. Sec. Se	4	Endorsment					Owner GROSS STEVEN										
Insurance Company COMMERCE  Vehicle Travel Direction: X S E W Responding to Emergency?  Citation # (if Issued)  Violation 1: Ch. Sec. Violation 2: Ch. Sec. Dividence Travel Direction: X S E W Responding to Emergency?  Citation # (if Issued)  Violation 1: Ch. Sec. Violation 2: Ch. Sec. Dividence Travel Direction: X S E W Responding to Emergency?  Please fill out for operator and all occupants involved  Address Agerbon Sec. Subtraction Prior to Crash 2 2 1 Damaged Area Code: (Circle Up to Three)  Find the Following: Address Agerbon Sec. Subtraction Prior to Crash 2 2 1 Damaged Area Code: (Circle Up to Three)  Find Action Prior to Crash 2 2 1 Damaged Area Code: (Circle Up to Three)  Work Harmful Event 1 23	1	Address 34 M	T VERNON ST	windle	Last First Middle										.  -		
Vehicle Travel Direction:   X S EW   Responding to Emergency?   Event Sequence   1 22 22 22 22 23 3		City DORCHESTER State MA Zip 02125					NEWTON CENT	TRE				State	MA	_Zip_0	)2459	.	
Citation # (If Issued)  Citation # (If Issued)  Citation # (If Issued)  Most Harmful Event 1 23  Please Fill out for operator and all occupants involved  Name (Last First Middle)  Operator  See Above  Operator  GROSS, DAISY  NEWTON, MA 02459  Diver Contributing Code 1 24 24 24 9 9 0 0 5 1 1  Condition 1: Ch. Sec Underride/Override  Please Fill out for operator and all occupants involved  Age DOB See See See See See See See See See Se	5	Insurance Company_COMMERCE					vehicle Action Filor to Clash										
Citation 4 (if issued)  Most Harmful Event  Driver Contributing Code  1 24 24 24  Please fill out for operator and all occupants involved  Name (Last First Middle)  Operator  See Above  Operator  GROSS, DAISY  Please Select One of the Following  The Following of the Following  See F Lic Class D 18 18 Lic Restrictions  See F Lic Class D 18 18 Lic Restrictions  Operator  Operator  See Above  Owner (Same as operator)  Operator  Owner (Same as operator)  Operator  Owner (Same as operator)  Operator SCOTT-PENNINGTO KAYLEE  Address 20 COLDRONE RD  Address 20 COLDRONE RD  Insurance Company GEICO  Vehicle Travel Direction:  Most Harmful Event  1 24 24 24  Place Travel Middle)  Travel Middle Picture  Travel Middle Picture  Travel Middle Picture  Travel Middle Picture  Operator See Above  Owner (Same as operator)  Vehicle Action Prior to Crash  I 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction:  Most Harmful Event  1 1	2	Vehicle Travel	Direction:	S E W Respo	onding to Emergency?	Event	Sequence 1 2	22 22		22		3		)	IO Undercerri	200	
Violation 3: Ch							L	1	24	24	1	9		l _		age	
Please fill out for operator and all occupants involved   AgeDOB   Sex	6	1					٦			ı N	8	7	<u> </u>	<b>6</b>			
Operator  See Above  Table Please Select One of the Following:  Non-Motorist A Type  Table Please Select One of the Following:  Non-Motorist A Type  Table Please Select One of the Following:  Non-Motorist A Type  Table Please Select One of the Following:  Non-Motorist A Type  Table Please Select One of the Following:  Non-Motorist A Type  Table Please Select One of the Following:  Non-Motorist A Type  Table Please Select One of the Following:  Non-Motorist A Type  Table Please Select One of the Following:  Non-Motorist A Type  Table Please Select One of the Following:  Non-Motorist A Type  Table Please Select One of the Following:  Non-Motorist A Type  Table Please Select One of the Following:  Non-Motorist A Type  Table Please Select One of the Following:  Non-Motorist A Type  Table Please Select One of the Following:  Non-Motorist A Type  Table Please Select One of the Following:  Non-Motorist A Type  Table Please Select One of the First	1						rride/Override				29	30 31	32	33		_	
GROSS, DAISY  73 PARKER ST NEWTON, MA 02459  74 Please Select One of the Following The			st Middle)					Sex F	os. \$ysten	n Status	Switch Co	de code	Julius	Code	Medical Facilit	y 1	
Please Select One of the Following: Vehicle 2 1_# Occupants		CROSS DAISY 73			ARKER ST		F 4		+						_		
1 of the Following: X Vehicle 2 1 #Occupants Non-Motorist A Type Action Location Condition Metallian Moped  License # — St FL DOB/Age — Reg # 9KM958 Reg Type PAN Reg State MA  Sex F Lic. Class D			<u> </u>	NE	VTON, MA 02459				+	1	33 0			-		$\dashv$	
1 of the Following: X Vehicle 2 1 #Occupants Non-Motorist A Type Action Location Condition Metallian Moped  License # — St FL DOB/Age — Reg # 9KM958 Reg Type PAN Reg State MA  Sex F Lic. Class D																_	
Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL Veh Year 2016 Veh Make BMW Veh Config. 1  Operator SCOTT-PENNINGTO KAYLEE A Endorsment Address 20 COLBORNE RD Owner (Same as operator)  City BRIGHTON State MA Zip 02135 City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: X S E W Responding to Emergency? Event Sequence 1 22 22 22 22 22 20 3 4 10 Undercarriage 5 11 Totaled  Veh Year 2016 Veh Make BMW Veh Config. 1  Owner (Same as operator)  Last First Middle  Address State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: X S E W Responding to Emergency? Event Sequence 1 22 22 22 22 20 3 4 4 10 Undercarriage 5 11 Totaled  Violation 1: Ch 19/71 Sec Violation 2: Ch Sec Underride/Override 25 Towed Y 9 7 6 6  Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Medical Facility	7 <b>1</b>		I A Venicia	e2 <u>1</u> #Occupants	Non-Motorist A Ty	ре			ition	16 C	ondition	17		Hit/Rur	п Море	ed	
Sex F Lic. Class D Lic. Restrictions 99 CDL Veh Year 2016 Veh Make BMW Veh Config. 1  Operator SCOTT-PENNINGTO KAYLEE A Middle Address 20 COLBORNE RD  City BRIGHTON State MA Zip 02135 City State Zip  Insurance Company GEICO Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: Y S E W Responding to Emergency? Event Sequence 1 22 22 22 22 22 22 20 3 4 10 Undercarriage  Citation # (If Issued) T0340420 Most Harmful Event 1 23							Reg # 9KM958         Reg Type_PAN         Reg State_MA										
Operator SCOTT-PENNINGTO KAYLEE A  Owner (Same as operator)  Last First Middle  Address 20 COLBORNE RD  Address 20 COLBORNE RD  City BRIGHTON State MA Zip 02135 City State Zip  Insurance Company GEICO  Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: X S E W Responding to Emergency? Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2		Sex_F Lic. Class D Lic. Restrictions 99 CDL					Veh Year 2016 Veh Make BMW Veh Config. 1										
Address  City BRIGHTON  State MA Zip 02135  City State Zip  Insurance Company GEICO  Vehicle Travel Direction:  Vehicle Action Prior to Crash  Totaled  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Totaled  Vehicle Travel Direction:  Vehicle Travel Direction:  Vehicle Travel Direction:  Vehicle Action Prior to Crash  Totaled  Violation 1: Ch. 19/71 Sec. Violation 2: Ch. Sec. Driver Contributing Code  Violation 3: Ch. Sec. Violation 4: Ch. Sec. Underride/Override  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	8 <b>1</b>	Operator SCOTT-PENNINGTO KAYLEE A  Last First Middle					Owner (Same as operator)  Last First Middle										
Insurance Company GEICO  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  I 21  Damaged Area Code: (Circle Up to Three)  Event Sequence  I 22 22 22 22  O 3 4  O Undercarriage  In Oundercarriage  In							ess										
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Vehicle Travel Direction:    X   E   W   Responding to Emergency?   Event Sequence   1							Vehicle Action Phot to Clash										
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Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age/DOB  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Age/		l		Driver Contributing Code 19													
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