	Poli	ice Use Only		Comn	nonwea	lth (of Massa	achi	use	tts			RMV	/ Docu	ıment	Number			
	Date of Crash 03/11/2019	Time of Crash 09:56	City/I NEWTON	'own	Motor	Veh	icle Cra	sh			Number Injured		d Limit		Sta Lo	ate Police cal Police BTA Police	□ X ì		
	03/11/2019	24HR Po				olice Report					0		gitude_	eMBTA Police Other:					
		AT INTER	< I	OCA'	ΓΙΟΝ		NOT AT IN				NTERSECTION:				2				
	WES	T DEDHA	AM ST															2	
1 1	Route# Direction Name of Roadway/Street At SOUTH GREENWOOD ST						Route# Direction	on A	ddress	; #		Nan	ne of R	e of Roadway/Street				2 1	
							Feet N S E W of —				• or								
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit N								it Number	_			
	Also at Intersection with						Feet NSEW of Route# Intersecting Roadway/Stree								/Street	-			
2 1							Feet NSEW of										3		
	Route# Direction Name of Intersecting Roadway/Street						Landmark										\dashv		
3	XVehicle 1	1_#Occupants	Hit/Ru	п	ed Case N	Number		1	90000	0269									
	License#		St ^N	MA DOB/Age		Reg#	9BV610				Reg Tvr	e PAN	1	Res	g State	MA			
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL						Reg # 9BV610 Reg Type PAN Reg State MA Veh Year 2011 Veh Make HONDA Veh Config. 1												
4	Endorsment Operator PAPADAKIS APRIL						Owner (Same as operator)												
2	Address 374 EAST ST						Last First Middle Address												
	City DEDHAM State MA Zip 02026					CityStateZip													
	Insurance Company AMICA						Valida Astina Driva to Carola 21 Damaged Area Code: (Circle Up to Three)												
5	Vehicle Travel Direction: N S E ▼ Responding to Emergency?					Event Sequence 1 22 22 22 22 2 3 4													
1		(ssued)			8,		Harmful Event	1 23	3				\bigvee	Λ		10 Undercar	riage		
	`	1: Ch Sec		on 2: Ch S	lec		Contributing Co		1 2	4	24	←	9		5 1	11 Totaled			
⁶ 1	1	3: Ch Sec		Underride/Override 25 Towed N 6															
_	Please fill out for operator and all occupants involved					Chach	inde/ 5 verride				28 29 rbag Airba	30 Eject	31 Trap Code	32 Injury T	33 ransp.		\dashv	_	
	Name (Last First Middle) Address Operator See Above						Age/DOB	Sex	Pos. \$	System St 1 4	atus Switc	Code 0	Code	Status (Code	Medical Facil	ity	1	
	Орегию				710010					1 4	99	0	0	5	1				
⁷ 3	Please Select C of the Followi		2 <u>1</u> #Occupa	nts Non-M	lotorist A Type	e 1	Action 1	Loc	cation	16	Condi	tion	17	اٰت	lit/Rur	n Mop	oed		
	License # St MA DOB/Age					Reg#	900ENY			Reg Typ	e_PAN	1	Reg State_MA						
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2010 Veh Make FORD Veh Config. 20													
8 1	Operator MASTROPIERI ROCCO Endorsment						(Same as oper	rator)			First			Midd	10		_		
1	Last First Middle Address 15 HARTMAN RD					Addre	SS				rirst			Midd			_		
	City_NEWTON State_MA Zip_02459					City_							_State_		_Zip_		_		
	Insurance Company COMMERCE					Vehicl	e Action Prior to	Crash		4 21	D	amaged	l Area	Code:	(Circle	e Up to Thr	ee)		
	Vehicle Travel Direction: N K E W Responding to Emergency?					Event	Sequence 1	22 2	22	22 2	22 2		3	$\overline{}$	4				
	Citation # (If Issued) T1440993					Most I	Harmful Event	1 23	3							10 Undercari	riage		
	Violation 1: Ch_89/9 Sec Violation 2: ChSec						Driver Contributing Code 4 24 24 5 11 Totaled												
	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed Y 8 0 6												
		Please fill out for operator and all occupants invol							26 27 Seat Safety		28 29 rbag Airba	g 30 Eject	31 Trap	32 33 Injury Transp		p.			
		Non-Motorist		See	Address Above		Age/DOB	Sex	Pos.	System S 1 4	Status Swit	ch Code 0	Code 0	Status	Code 1	Medical Faci	ility		
	*									- ⁻	-			\Box					
												+		\vdash			\dashv		

