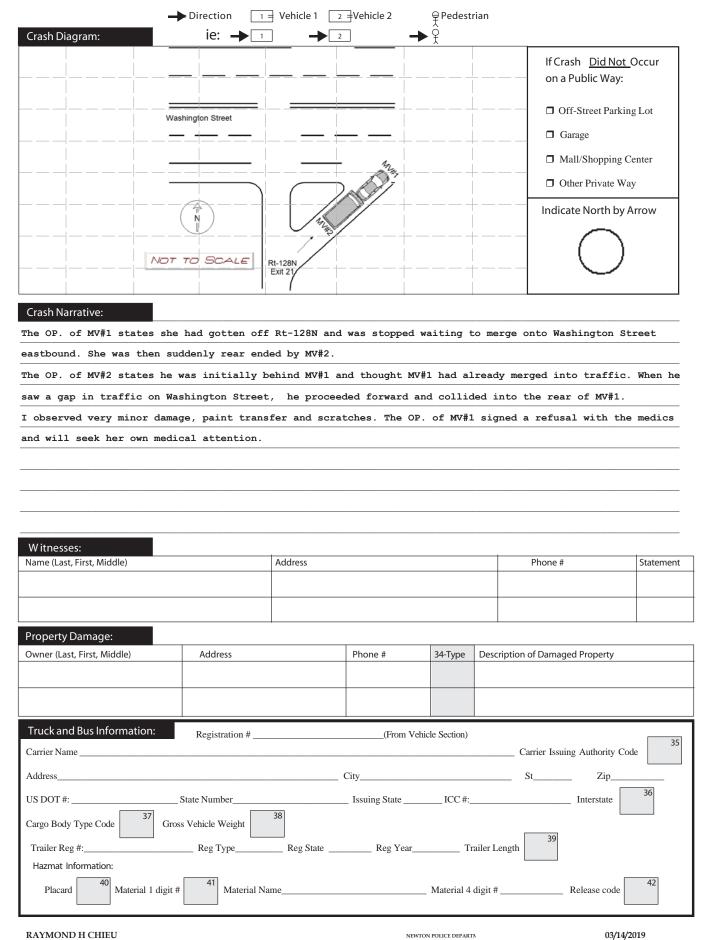
	Poli	ice Use Only		Commo	nwealt	h o	f Mass	ach	use	etts			RM	V Doct	ument	t Number			
	Date of Crash	Time of Crash	1	own N	Aotor V	⁷ ehi	icle Cra	ısh		mber	Numl		eed Lim		Sta	ate Police ocal Police BTA Police	□ Xi		
	03/14/2019	06:56 24HR	NEWTON	Police			Report	2		1		atitude _ongitude		MBTA Police 1					
		AT INTER	RSECTION:		< LO	CAT	ION	>			NC	ТАТ	INT	ERSI	ECTI	ON:	2		
	NOR	TH RTE 128	8			-											2		
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Str								ay/Stre	et			
	At EAST WASHINGTON ST					Feet NSEW of • or										_ _			
	Route# Direction Name of Intersecting Roadway/Street					ニト	Mile Marker Exit Numb									tit Number	_		
	Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street									y/Street	- -		
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Route# Direction Name of Intersecting Roadway/Street						Feet NSEW of										_ 2		
3	My 11 4 4 10 DYYON DY						Landmark												
	Vehicle1	_1_#Occupants			Case Nur	nber			190000	00284									
	License # St MA DOB/Age						Reg # 3GS312 Reg Type PAN Reg State MA 20												
	Sex_F Lic. Class D Lic. Restrictions 1 CDL Findersment						Veh Year 2010 Veh Make HONDA Veh Config. 1												
⁴ 5	Operator ELLIS LAKIA R				dle C	Owner .	(Same as ope		First				Middle						
	Address 1 WINDSOR WOODS LN (apt. 1313)					Address											_ 1		
	City CANTON State MA Zip 02021					City State Zip													
	Insurance Company METROPOLITAN PROP						Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)												
5 1	Vehicle Travel	Direction: N	S X W Res	ponding to Emerge	ency? E	Event S	Sequence 1		22	22	22		3		4				
	Citation # (If I	ssued)			N	Aost H	Iarmful Event	1	23			—	9	$\left \cdot \right $	l _	10 Undercarr 11 Totaled	iage		
6	Violation	1: ChSec	C Violatio	n 2: ChSec_	Г	Oriver (Contributing C		1	24	24		<u> </u>	\sum)				
⁶ 1				n 4: ChSec_	t	Jnderri	ide/Override			Towed	<u>N</u> _								
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Iress		Age/DOB	Sex	Seat Pos.	27 Safety A System	28 Airbag Ai Status Sv	29 Eje rbag Eje ritch Co	30 31 Ect Trap de Code	32 Injury Status	33 Fransp. Code	Medical Facili	ty 1		
	Operator			See Al	bove					1	4 4	0	0	4	1				
⁷ 6	Please Select C		2 <u>1</u> #Occupar	nts Non-Moto	orist A Type	14	4 Action	15 Lo	ocation		l6 Cor	dition	17		Hit/Ru	n Mop	ed		
	MA					Reg # R15669 Reg Type CON Reg State,							. MA						
	18 18 19					FORD								20	-				
8	Sex_M Lic. Class D M Lic. Restrictions 1 CDL					Veh Year 2012 Veh Make FORD Veh Config. 2 Owner NORTHERN LIGHTS ELECTRIC													
4	Operator Last First Middle Address 7 FONTNEAU AVE						S 50 ORNE ST	st	LIO L	LLCII	First			Mid	dle		-		
							. ATTLEBORG						C+-+-	MA	7: (02760	-		
	City ATTLEBORO State MA Zip 02703					-				21		Damas				e Up to Thre	ee)		
	Insurance Company COMMERCE						Action Prior to	o Crasi	22	22	22		3	couc.	4	c cp to rme			
	Vehicle Travel Direction: NSWW Responding to Emergency?						Sequence 1		23					\overline{A}		10 Undercarr	iage		
	Citation # (If Issued)					Most Harmful Event 1 24 24 5 11 Totaled													
		Violation 1: ChSecViolation 2: ChSec						ode [19		NT 8	3	7		6				
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override													
	Name (Last Fi	rst Middle)	operator and al	Ad	dress		Age/DOB	Sex	Seat Pos.	Safety A System	Airbag A Status S	rbag Eje witch C	ct Trap ode Code	Injury 1	Fransp. Code	Medical Facil	lity		
	Operator/	Non-Motorist		See Al	oove					1	4 4	0	0	5	1				



CDP1 11 ·24·00

Police Officer Name (Please Print)