	Poli	ce Use Only		Commonwe	alth	of Mas	ssach	ıuse	etts			RM	V Doc	umen	t Number		
	04/14/2019 14:45 NEWTON			venicie Crasii _{Ve}			mber Number nicles Injured		_ ^	Longitude			ate Police ocal Police IBTA Police	N X			
	.,,	24HR Pe				Police Report			1 0				Other:				
		AT INTER	RSECTION:	<	LOCA	TION	>			NO'	ГАТ	INTI	ERSI	ECT	ION:		
	EAST	DEDHA	AM ST														
$\begin{array}{ c c } 1 \\ 1 \end{array}$	Route# Direc	oute# Direction Name of Roadway/Street At				Route# Direction A				Nam Nam				ame of Roadway/Street			
	NOR	TH NAHAN				Fee	t NS	E W	of -				or Exit Number				
	Route# Direction Name of Intersecting Roadway/Street												xit Number	_			
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street								y/Street	-		
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									4		
3	Koute# Direc	Market Day 1						Landmark								\dashv	
	XVehicle1	2_#Occupants	X Hit/Run	Moped Cas	se Number			190000	00377							1	
	License#		Reg#	Reg # 415IPL Reg Type PAN Reg State MA													
	License # St MA DOB/Age Sex_F Lic. Class D					Veh Year 2000 Veh Make MERCEDEZ Veh Config. 1 20											
4_		RATHIAS	THIAS SOFIA Endorsment Owner (Same as operator) SOFIA Owner Last First Middle Last First Middle							- 1							
3	ll .	STY FARM RD		Last First													
	City NEWTON State MA Zip 02459					CityStateZip										.	
	Insurance Com	pany_VERMON				cle Action Prior to Crash Damaged Area Code: (Circle Up to The Sequence 22 22 22 22 22 24 25 4			le Up to Thre	ee)							
5 1	Vehicle Travel	Direction: N	S X W Respon	nding to Emergency?	_ Event	Sequence	1 22			22 E		3	<u> </u>	4			
1	Citation # (If I	ssued)			Most	Harmful Ever	nt 1	23		_ 1					10 Undercarri	age	
	Violation	1: ChSec	Violation 2	: ChSec	Drive	r Contributing	g Code	1 2	4	24	_				11 Totaled		
⁶ 1	Violation	3: ChSec	Violation 4	: ChSec	Unde	rride/Override		25	Towed	8		7		6			
	Please fill out for operator and all occupants involved					26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.									v 1		
	Name (Last Fir Operator	st Middle)		Address See Above		Age/DOB	25 Towed N 8 7 6	<u> </u>									
	MARATHIAS	, SOHPIA					1 4 99 0 0 10 1										
		,									+			_			
7																	
3	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A	Type	14 Action	15 L	ocation		Conc	lition	17		Hit/Ru	ın Mop	ed	
			St	DOD/4							-						
	License#	18 1	DOB/Age								20						
8	Sex Lic. Class Lic. Restrictions CDL Endorsment					Veh YearVeh MakeVeh Config. Owner Last First Middle											
⁸ 1	Operator	Last						First			Mid	ldle		-			
	Address					ess						G		7.			
	CityStateZip					1 A .: D:		, [21			State			le Up to Thre	- :e)	
	Insurance Company Valida Traval Direction: N. S. F. W. Postpording to Emergency?					le Action Prio	or to Cras	sh	22	22 2	C	3		4	r		
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 10 Undercarriage											
	Violation 1: Ch Sec Violation 2: Ch Sec					Most Harmful Event 9 5 11 Totaled											
				Driver Contributing Code 25 8 7 6													
		Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override							_			
	Name (Last First Middle)			Address		Age/DOB Se		Pos. System		Airbag Airbag E Status Switch		Eject Trap Injui Code Code Sta		Transp.		ity	
	Operator/	Non-Motorist		See Above							+						
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