		e Use Only	T				chus						nt Number	
		Time of Crash 12:10	City/ NEWTON	Town	Motor V	ehicle Cra	$\mathbf{sh} \mid_{\mathbf{v}_{\mathbf{c}}}^{\mathbf{N}}$		Number Injured		Limit <u>25</u> de		State Police Local Police MBTA Police	□ XI
	7/10/2019	24HR			Police	e Report	2		0		itude		MBTA Police Other:	ш
		AT INTER	RSECTION	:	< LOC	CATION	>		NOT	AT I	NTER	SECT	TON:	
						WEST	1411]	BEACON	ST				
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-	At					- I	lelelw			•				
	Route# Direction Name of Intersecting Roadway/Street				not .	Feet NSEW of or or Mile Marker Exit Number						_		
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1						Feet I	SEW	of	Route#	In	tersecting	Roadwa	ay/Street	
Ro	oute# Direction	on —	Name of Inte	rsecting Roadway/S	Street	_		-			Landm	ark		
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⊥ ≌	venicie i _	=_#Occupants	Піукі	iii	Case Num	ber	19000	000505						
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	perator REISI		ELAINE First		Ov	vner <u>(Same as oper</u>	ator)		First			Middle		_
Ad	ldress 444 BR	USH HILL RE)			ldress								_
Cit	ty MILTON			State_MA_Zip_	02186 Ci	ty					State	Zip		
Ins	surance Compa	any COMMER	RCE		Ve	chicle Action Prior to	Crash	1 21	Da	maged	Area Co	de: (Circ	cle Up to Thr	ee)
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						nderride/Override	25	Towed	8 <u></u>		7	6		
\vdash	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					luerride/Override	26		28 29 rbag Airbag	30 Eject	31] 3	2 33	:	
N	Name (Last First			<u>-</u>	Address	Age/DOB	Sex Pos.	System S	rbag Airbag atus Switch	Eject Code	31 3 Trap Injur Code State	ry Transp us Code	Medical Facili	ity
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Ple	ease Select On	ie 🖘		15		14 1	5	16			17			
	the Following		2 <u>0</u> #Occup	pants Non-M	otorist A Type	Action	Locatio	n	Conditi	on		Hit/R	un Mop	ed
	cense#		St_	DOB/Age	Re	g# <u>387XTL</u>			Reg Type	PAN		Reg Sta	nte_MA	_
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Unit 2 #1411 Crash Narrative: Operator of vehicle 1 state struck it and was unsure of Vehicle 2 was parked legal1	d she was trave	ling westbou					ng Lot Center ay Arrow
1.							
Operator and passenger of v	ehicle 1 were e	valuated by	medics and si	gned ref	usals. V	ehicle 1 was tow	ed by
Todys. Vehicle 2 was towed	by AAA.						
Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:					1		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	of Damaged Property	
Truck and Bus Information:	Registration #		,	,			. 35
Carrier Name						arrier Issuing Authority C	ode
Address		(City			St Zip	26
US DOT #:S			_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gross Trailer Reg #:	Vehicle Weight	Pag State	Pag Vaar	Т-	oiler Langth	39	
Hazmat Information:	reg type	_ reg state	Keg I ear	1r	anci Lengui		
Placard 40 Material 1 digit #	41 Material Nan	ne		Material 4	digit #	Release code	42