pate of (Crash T	Γime of Crash		City/Tow	n N	Intor V	Vehicle	Crack	h Nu	mber	Numbe	r Spec	ed Limi	it <u>30</u>		ate Police	
06/04/20		08:34	NEW:	•					Vel	nicles	Injure	l Lati	tude gitude		— MI	cal Police BTA Police	X
		24HR AT INTE F		ΓΙΩΝ:			ce Rep		2		2 NO		_		ECTI	her:	
		AI IIIIE	KOLC I	11011.							NO	AI	11111	LICOI	ECII	.011.	
				N. CF	1 /6			NORTH	118		WINC						
Route#	Directio	on		Name of F	Roadway/Street t		Route#	Direction	Addres	s #		Na	me of R	Roadwa	ay/Stree	et	
								_Feet N	S E W	of -		• Marker		or		it Number	-
Route#	Directio	on N		Intersecting	Roadway/Street			_Feet N S	S E W	of						ar i valliooi	
			Ai	iso at interse	action with			_Feet N S			Route	#	Intersec	ting R	oadway	//Street	_
Route#	Directio	on —	Name	of Intersect	ing Roadway/Stree	et		_1001 [11]	3 12 11	л			Lat	ndmark			
XVeh	nicle1 <u>1</u>	_#Occupants		Hit/Run	Moped	Case Nu	ımber		190000	00571			Lai	Humar	Λ.		
License #	#		<u> </u>	_C , MA	DOB/Age _ 		Reg # S33031				Dog Tr	CO	N	De	eg State	MA	
Sex_M		D 18 1	18		19		Veh Year_201					•			-	20	_
				Restrictions IN	Endors	ment	Owner US D			ке				_ ven c	conng.		
		QUES ^{Last} EPY HOLLOV		First	Midd	ie	Address 18 C	Last			First			Mid	ldle		_
City DA				Ctat	e MA Zip 0274		City S DAR						Stata	MA		02748	-
'		any ARBELLA			eZip <u>-</u>		Vehicle Actio		rach	21					_	e Up to Th	ee)
┪	•	Direction: X			nding to Emerger		Event Sequen		22	22	22 2		3		(4)	·	
		ued)		Kespo	manig to Emerger	icy:	Event Sequen		23				Λ) .	10 Undercar	
	π (11 1350	ucu)				1	Moet Harmful	Event 4	23				$ \downarrow \downarrow$	-/ I	ļ, ,		riage
I Vio	olation 1	· Ch Se		Violation 2	2: Ch Sec		Most Harmful			4	24 1	←	9			11 Totaled	rıage
1			c		2: ChSec 4: ChSec_	1	Driver Contri	buting Code	1 2			+	7			11 Totaled	riage
Vio	olation 3:	: ChSec	c	Violation 4	1: ChSec	1		buting Code	25	Towed	8 N 8	9 30	Ţ	<u>\</u>	6	11 Totaled	riage
Vio	olation 3: Please fill Last First	: ChSec	c	Violation 4	4: ChSec_ ants involved	ess	Driver Contril Underride/Ov	buting Code	25 26 Seat Pos.	Towed 27 Safety A	N 8 Airbag Airl Status Swi	ch Code	7	32 Injury Status	6 33 Transp. Code	Medical Faci	lity
Vio	olation 3:	: ChSec	c	Violation 4	4: ChSec ants involved	ess	Driver Contril Underride/Ov	buting Code erride	1 25 26 Seat	Towed	N 8	ch Code	7 0 31 1 Trap	32 Injury	6 33 Fransp. Code		lity
Vio	olation 3: Please fill Last First	: ChSec	c	Violation 4	4: ChSec_ ants involved	ess	Driver Contril Underride/Ov	buting Code erride	25 26 Seat Pos.	Towed 27 Safety A	N 8 Airbag Airl Status Swi	ch Code	7	32 Injury Status	6 33 Transp. Code	Medical Faci	lity
Vio	olation 3: Please fill Last First	: ChSec	c	Violation 4	4: ChSec_ ants involved	ess	Driver Contril Underride/Ov	buting Code erride	25 26 Seat Pos.	Towed 27 Safety A	N 8 Airbag Airl Status Swi	ch Code	7	32 Injury Status	6 33 Transp. Code	Medical Faci	lity
Vio	olation 3: Please fill Last First	: ChSec	c	Violation 4	4: ChSec_ ants involved	ess	Driver Contril Underride/Ov	buting Code erride	25 26 Seat Pos.	Towed 27 Safety A	N 8 Airbag Airl Status Swi	ch Code	7	32 Injury Status	6 33 Transp. Code	Medical Faci	lity
Please Se	olation 3: Please fill Last First	ChSea	c c ator and	Violation 4	4: ChSec_ ants involved Addr See Ab	ess	Driver Contril Underride/Ov	buting Code erride e/DOB Se	25 26 Seat Pos.	Towed 27 Safety A System 1	N 8 Airbag Airl Status Swi	0	7	32 Injury Status	6 33 Transp. Code 1	Medical Faci	SELEY
Please Se	Please fill Last First erator Select One	e Vehicle	c rator and	Violation 4	4: ChSecants involved Addr See Ab Non-Moto	ess ove	Driver Contri Underride/Ov Ag	buting Code erride e/DOB Se	25 25 25 26 Seat Pos.	Towed 27 Safety A System 1	N 8 Airbag Airbag Airbag 4 999	0 lition	7 31 Trap Code 0	32 Injury Status 9	6 33 Transp. Code 1	Medical Faci	SELEY
Please Se of the Fo	Please fill Last First erator Select One	e X Vehicle	cc cator and	Violation 4	A: ChSecants involved Addr See Ab Non-Moto DOB/Age 19 1 CDL	ess ove	Driver Contri Underride/Ov Ag	buting Code erride e/DOB Se sion 15	25 25 26 Seat Pos.	Towed 27 Safety A System 1	N 8 28 Airbag Airbag Airls Status Swi 4 999	0 lition	7 31 Trap Code 0	32 Injury y Status 9	6 33 Transp. Code 1 Hit/Rur	Medical Faci	SELEY
Please Se of the Fo	Please fill Last First erator Select One following # Lic. Cla	e X Vehicle	cc cator and	Violation 4 I all occup Cocupants St MA Restrictions	A: ChSecants involved Addr See Ab Non-Moto DOB/Age 19 1 CDL M	ess ove	Driver Contri Underride/Ov Ag 14 Act Reg # 26Z280	buting Code erride e/DOB Se sion 15 4 ILAN	25 26 26 Seat Pos. Location	Towed 27 Safety A System 1	N 8 Airbag Airl Status Swi 4 999 Conc Reg Ty	0 lition	7 31 Trap Code 0	32 Injury status 9	6 33 Transp. Code 1 Hit/Rur eg State Config.	Medical Faci	SELEY
Please Se of the Fo	polation 3: Please fill Last First erator selectOnt collowing # Lic. Cla or DONI	e X Vehicle	c c ator and 2 1_# Lic. F	Violation 4 I all occup FOccupants St MA Restrictions	A: ChSecants involved Addr See Ab Non-Moto DOB/Age 19 1 CDL Endors	ess ove rist A Type	Driver Contri Underride/Ov Ag 14 Act Reg # 26Z280 Veh Year 200	buting Code erride e/DOB Se sion 15 4 NLAN Last	25 25 26 Seat Pos. Location Veh Ma	Towed 27 Safety A System 1	8 Airbag Airls Status Swi 4 999 Reg T:	0 lition	7 31 Trap Code 0	32 Injury y Status 9	6 33 Transp. Code 1 Hit/Rur eg State Config.	Medical Faci	SELEY
Please Se of the Fo	electOnfollowing Lic. Clarent DONI 133 CH.	e W Vehicle ass D 18 1 LAN Last ARLEMONT	c c ator and 18 Lic. F ERIO	Violation 4 I all occup First William St MA Restrictions C First	A: ChSecants involved Addr See Ab Non-Moto DOB/Age 19 1 CDL M	rist A Type	Driver Contri Underride/Ov Ag 14 Act Reg # 26Z280 Veh Year 200 Owner _DON	buting Code erride e/DOB Se sion 15 4 NLAN Last CHARLEMO	25 25 26 Seat Pos. Location Veh Ma	Towed 27 Safety A System 1	N 8 Airbag Airl Status Swi 4 999 Conc Reg Ty	0 lition	7 2 31 3 Trap Code 0	32 Injury Status 9 Re	6 33 Transp. Code 1 Hit/Rur eg State Config.	Medical Faci	oed
Please So of the Fo License # Sex_M Operator Address City_NE	Please fill Last First erator Select One Following # Lic. Cla or DONI 133 CH.	e W Vehicle ass D 18 1 LAN Last ARLEMONT	e2 1 # Lic. F ERIO	Violation 4 I all occup For Occupants St MA Restrictions C First Stat	Ascenta involved Addr See Ab Non-Moto DOB/Age 19 1 CDL Endors Midd	ess ove rist A Type	Driver Contri Underride/Ov Ag 14 Act Reg # 26Z280 Veh Year 200 Owner DON Address 133 0	buting Code erride e/DOB Se sion 15 4 NLAN Last CHARLEMO ON	25 Seat Pos. Location Veh Ma S. ONT STI	Towed 27 Safety A System 1	N 8 28 Airbag Airl Status Swi 4 999	lition PA	7 2 31 Trap Code 0	32 Injury Status 9 RecVeh C	33 Transp. Code 1 Hit/Rur eg State Config.	Medical Faci NEWTON WELL:	oed
Please Se of the Foundation of	Please fill Last First erator Select One Following # Lic. Cla or DONI 133 CH.	e Vehicle ass D 18 1 LAN Last ARLEMONT	e2 1 # Lic. F ERIO	Violation 4 I all occup FOccupants St MA Restrictions C First Stat V PROP	Ascenta involved Addr See Ab Non-Moto DOB/Age 19 1 CDL Endors Midd	ess ove rist A Type sment le	Driver Contri Underride/Ov Ag 14 Act Reg # 26Z280 Veh Year 200 Owner DON Address 133 (City NEWTO	buting Code erride e/DOB Se	25 Seat Pos. Location Veh Ma S. ONT STI	Towed 27 Safety A System 1 1 1 Ke GM ANDR	N 8 28 Airbag Airl Status Swi 4 999	lition PA	7 2 31 Trap Code 0	32 Injury Status 9 Rec_Veh G	33 Transp. Code 1 Hit/Rur eg State Config. Zip _ (Circle 4	Medical Faci NEWTON WELLI MA MA 20 2	oed — — — — eee)
Please Se of the Foundation of	Please fill Last First erator Select One Following # Lic. Cla or DONI 133 CH. EWTON	e Vehicle ass D 18 1 LAN Last ARLEMONT any METROPO irection: X	e2 1 # Lic. F ERIC	Violation 4 I all occup FOccupants St MA Restrictions C First Stat V PROP	A: ChSecants involved Addr See Ab Non-Moto DOB/Age ToDL Endors Midd e MA Zip 0246	ess ove rist A Type	Driver Contri Underride/Ov Ag 14 Act Reg # 26Z280 Veh Year 200 Owner DON Address 133 (City NEWTO Vehicle Actio	buting Code erride e/DOB Se	Location Veh Ma S. ONT STI	Towed 27 Safety A System 1 1 1 Ke GM ANDR REET 21	N 8 28 Airbag Airbag Airbag Status Swi 4 999 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lition PA	7 2 31 Trap Code 0 17 N State d Area	32 Injury Status 9 Rec Web C	33 Transp. Code 1 Hit/Rur eg State Config. (Circle 4	Medical Faci NEWTON WELL	oed — — — — eee)
Please Se of the Fo License # Sex_M Operator Address City_NE Insurance Vehicle T	Please fill Last First erator SelectOne Following # Lic. Cla or DONI 133 CH. EWTON Travel Di # (If Issu	e X Vehicle ass D 18 1 LAN Last ARLEMONT uny METROPe irection: X	e2 1 # 18 Lic. F ERIO ST OLITAN	Violation 4 I all occup For Occupants St MA Restrictions C First Stat N PROP Resp	A: ChSecants involved Addr See Ab Non-Moto DOB/Age ToDL Endors Midd e MA Zip 0246	ess ove	Driver Contri Underride/Ov Ag 14 Act Reg # 26Z280 Veh Year 200 Owner DON Address 133 (City NEWTO Vehicle Actio Event Sequen	buting Code erride e/DOB Se sion 15 A SLAN Last CHARLEMO ON In Prior to Code 1 22 Levent 1	Location Veh Ma S. ONT STI	Towed 27 Safety A System 1 1 1 Ke GM ANDR REET 21	N 8 28 Airbag Airl Status Swi 4 999	lition PA	7 2 31 Trap Code 0 17 N State d Area 3	32 Injury Status 9 Rec Web C	33 Transp. Code 1 Hit/Rur eg State Config. (Circle 4	Medical Faci NEWTON WELLI MA MA 20 2 E Up to The	oped — — — — — — — — — — — — — — — — — — —
Please Se of the Formal License # Sex_M Operator Address City NE Insurance Vehicle To Citation # Vi	Please fill Last First erator SelectOne Following # Lic. Cla or DONI 133 CH. EWTON Travel Di # (If Issu Violation 1	ChSeal out for oper Middle) Pass D 18 1 LAN Last ARLEMONT METROPO irection: X ued)	e2 1 # Itic. F ERIC ST OLITAN S E W	Violation 4 I all occup FOCCUPANTS St MA Restrictions C First Stat J PROP Resp Violation	As ants involved Addr See Ab Non-Moto DOB/Age 19 1 CDL Endors Midd e MA Zip 0246 conding to Emerger	ess ove rist A Type sment le incy?	Driver Contri Underride/Ov Ag 14 Act Reg # 26Z280 Veh Year 200 Owner DON Address 133 (City NEWTO Vehicle Actio Event Sequen Most Harmful	buting Code erride e/DOB Se	25 25 25 20 25 25 25 25 25 25 25 25 25 25 25 25 25	Towed 27 Safety J System 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N 8 28 Airbag Ai	lition PA	7 2 31 Trap Code 0 17 N State d Area 3	32 Injury Status 9 Rec Web C	33 Transp. Code 1 Hit/Rur eg State Config. (Circle 4	Medical Faci NEWTON WELLI MA MA 20 2 E Up to The	oped — — — — — — — — — — — — — — — — — — —
Please Se of the Fo License # Sex_M Operator Address City_NE Insurance Vehicle To Citation # Vi	Please fill Last First erator SelectOne Following # Lic. Cla or DONI 133 CH. EWTON Travel Di # (If Issu Violation 3 Plea	e X Vehicle ass D 18 1 LAN Last ARLEMONT irection: X ued) 1: ChSe se fill out for	c c ator and 18 Lic. F ERIO ST OLITAN S E W ec ec	Violation 4 I all occup I occupants St MA Restrictions C First Stat N PROP I Resp Violation Violation	Addr See Ab Non-Moto DOB/Age 19 1 CDL Endors Midd e MA Zip 0246 conding to Emerge 2: Ch Sec 4: Ch Sec coccupants involved	ess ove rist A Type ment le ncy?	Driver Contri Underride/Ov Ag 14 Act Reg # 26Z280 Owner _DON Address _133 (City _NEWTO Vehicle Actio Event Sequen Most Harmful Driver Contri Underride/Ov	buting Code erride e/DOB Se	25 25 25 25 25 25 25 25	Towed 27 Safety 1 System 1 1 Language System 1 Language System 1 Language System 21 22 Language System 24 Language System 25 26 27 26 26 27 26 26 27 26 26	N 8 Airbag Airl Status Swi 4 99 Airbag Airl AC A First N 8 Airbag Airl A 8 Airbag Airl	Damage Damage	7 2 31 Trap Code 0 17 N State d Area 3 Frap	Rec Veh C Mid MA Code:	Hit/Rur eg State Config. (Circle 4 1 5 1 6	Medical Faci NEWTON WELL: MA MA 20 2 10 Undercar 11 Totaled	oped — — — — — eee)
Please Se of the Fo License # Sex_M Operator Address City_NE Insurance Vehicle T Citation #	Please fill Last First erator SelectOne Following Lic. Cla Tavel Di Collation 1 Ciolation 2 Plea (Last First	e X Vehicle ass D 18 1 LAN Last ARLEMONT irection: X ued) 1: ChSe se fill out for	c c ator and 18 Lic. F ERIO ST OLITAN S E W ec ec	Violation 4 I all occup I occupants St MA Restrictions C First Stat N PROP I Resp Violation Violation	Action Sec_ants involved Addr See Ab Non-Moto DOB/Age To CDL Endors Midd e MA Zip 0246 conding to Emerge 2: Ch Sec_4: Ch Sec_4: Ch Sec_	ess ove rist A Type ment le ncy?	Driver Contri Underride/Ov Ag 14 Act Reg # 26Z280 Owner _DON Address _133 (City _NEWTO Vehicle Actio Event Sequen Most Harmful Driver Contri Underride/Ov	buting Code erride e/DOB Se	25 25 25 25 25 T	Towed 27 Safety A System 1 1 Ke GM ANDR REET 21 22 3 System 3 System 4 Cowed 27 Safety System	N 8 28 Airbag Airl Status Swi 4 99 4 99 4 Print AIC AA First 22 O 24 N 8	Damage Damage PA Damage	7 2 31 Trap Code 0 17 N State d Area 3 Frap	Rec Veh C Mid MA Code:	Hit/Rur eg State Config. (Circle 4 1 5 1 6	Medical Faci NEWTON WELLI MA MA 20 2 E Up to The	oped — — — — — — eee)

