|   | ice Use Only  |  |  | _   |   | of Massa   | _   | seus                                      |  |                          |                                      |              |                                 | t Number                                 |  |
|---|---|--|--|---|---|--|---|---|--|--------------------------|--------------------------------------|--------------|---------------------------------|--|--|
| Date of Crash<br>06/20/2019   | Time of Crash<br>15:08  | City, NEWTON                                 | /Town  | Mo  | otor Ve   | hicle Cra  | sh  | Number<br>Vehicles                        | Nun<br>Inju  |                          | eed Lim                              |              | — St                            | ate Police<br>ocal Police<br>IBTA Police |  |
| 00/20/2019  | 15:08<br>24HR   |  |  |   | <b>Police</b>   | Report   |   | 2   | 0  |                          | ongitude                             |              |                                 | BTA Police<br>ther:                      |  |
|   | AT INTER  | RSECTION                                     | <b>\</b> :   | <   | LOC   | ATION :  | >   |   | N  | OT A                     | ΓΙΝΤ                                 | ERSI         | ECT                             | ION:                                     |  |
|   |   |  |  |   |   | SOUTH  | 165   |   | NEE  | DHAM                     | ST                                   |              |                                 |  |  |
| Route# Direction Name of Roadway/Street   |   |  |  |   |   | Route# Direction   |   | dress #                                   |  |                          | Name of                              | Roadwa       | ay/Stre                         | et                                       |  |
|   |   |  | At   | -   |   |  | .lalal  |   |  |                          |                                      |              |                                 |  |  |
| Route# Direc  |   | N  | -4' D 1  | /Stt  |   | - Feet I   | N S E V   | w of -                                    |  | le Marke                 | • —                                  | or           |                                 | xit Number                               | _                                      |
| Route# Direc  | ction r   | Name of Interse<br>Also at It                | ntersection w  |   |   | Feet [N  | SE  | W of                                      |  |                          |                                      |              |                                 |  |  |
| 1   |   |  |  |   |   | Feet N   | N S E V   | w of                                      | Rou  | ıte#                     | Interse                              | cting R      | oadwa                           | y/Street                                 |  |
| Route# Direction Name of Intersecting Roadway/Street  |   |  |  |   |   | Landmark   |   |   |  |                          |                                      |              |                                 |  |  |
| X Vehicle 1   | _1_#Occupants   | Hit/Ru                                       | ın 🗆   | Moped   | C. N. I   |  | 10  | 00000626                                  |  |                          |                                      |              |                                 |  |  |
| Za vemere 1   |   |  |  |   | Case Numb   |  |   | 00000636                                  |  |                          |                                      |              |                                 |  |  |
| License #   | 18 <u></u> 1  | St   | MA DOE   | B/Age   |   | # 3360LY   |   |   |  |                          |                                      |              |                                 | 20                                       | _                                      |
| Sex_F_ Lic.   | Class D 10  | Lic. Restrict                                |  | CDL<br>Endorsm                                  | Veh   | Year_2012  | Veh   | Make_TC                                   | OYOT   | Α                        |                                      | _Veh (       | Config                          | . 1                                      |  |
| Operator BER  | RGER<br>Last  | ALLISON                                      |  | B Middle  | Owr   | ner (Same as oper  | ator)   |   | First  | 1                        |                                      | Mid          | ldle                            |  | _                                      |
| Address 18 M  | AGNOLIA RD  |  |  |   | Add   | lress  |   |   |  |                          |                                      |              |                                 |  | _                                      |
| City SHARO  | N   |  | State_MA_  | _Zip_02067                                      | City  |  |   |   |  |                          | State                                | e            | _Zip_                           |  | _                                      |
| Insurance Com   | npany COMMER  | RCE  |  |   | Veh   | icle Action Prior to   | Crash   | 1 2                                       | 1  | Dama                     | ged Area                             | Code:        | (Circl                          | le Up to Thi                             | ree)                                   |
| Vehicle Travel  | Direction: N  | S X W  | tesponding t   | to Emergency                                    | y? Eve  | nt Sequence 1 2  | 22 22   | 22  | 22   | 2                        | 3                                    | <u> </u>     | 4                               |  |  |
| Citation # (If I  | ssued)  |  |  |   | Mos   | st Harmful Event   | 1 23  |   |  | 1                        |                                      |              |                                 | 10 Undercar<br>11 Totaled                | riage                                  |
| Violation   | 1: ChSec  | c Violat                                     | ion 2: Ch_   | Sec   | Driv  | er Contributing Co   | ode 9   | 9 24                                      | 24   |                          |                                      |              |                                 | 11 Totaled                               |  |
| Violation   | 3: ChSec  | c Violat                                     | ion 4: Ch_   | Sec   | Und   | lerride/Override   | 25  | Towe                                      | ı N  | <b>®</b>                 | 7                                    |              | 6                               |  |  |
|   | fill out for opera  | ator and all oc                              | cupants in   |   |   |  | Se  |   | 28<br>Airbag   | 29<br>Airbag E           | 30 31<br>ect Trap<br>ode Code        | 32<br>Injury | 33<br>Transp.                   |  |  |
| ·   | Name (Last First Middle)  Operator  |  |  | See Abov  |   | Age/DOB  | Sex Po  | Pos. \$ystem                              | Status :   | Switch C                 |                                      | \$tatus      | Code 1                          | de Medical Fac                           | ality                                  |
| - F   |   |  |  |   |   |  | 1 1   |   | T .  |                          |                                      |              | *                               |  |  |
|   |   |  |  |   |   |  |   |   |  |                          |                                      |              |                                 |  |  |
|   |   |  |  |   |   |  |   |   |  |                          |                                      |              |                                 |  |  |
|   |   |  |  |   |   |  |   |   |  |                          |                                      |              |                                 |  |  |
|   |   |  |  |   |   |  |   |   |  |                          |                                      |              |                                 |  |  |
| Please Select C   | One <b>V</b> I Vahirle  | -2 1 #Occur                                  | pants 🔲  | Non-Motoris                                     |   | 14 1   | 5 1 000   | tion                                      | 16 C   | ondition                 | 17                                   |              | Hit/Ru                          | in Moi                                   | ned                                    |
| Please Select C<br>of the Followi   | One <b>V</b> I Vahirle  | e <b>2</b> <u>1</u> #Occup                   |  | Non-Motoris                                     | it A Type   | 14 Action 1  | 5 Locar   | tion                                      |  | ondition                 | 17                                   |              | Hit/Ru                          | n Mo                                     | ped                                    |
|   | One<br>ng: Vehicle  | St   | М  | 0B/Age  | it A Type   | 14 1   | 5 Local   | tion                                      | C  | ondition                 |                                      |              |                                 | e MA                                     | oed                                    |
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