	Pol	ice Use Only		Commonwea	lth o	of Massa	achus	setts		RM	V Docun	nent Number		
	Date of Crash 06/24/2019	Time of Crash 07:03	NEWTON	MIOTOI		icle Cra Report	\	Number /ehicles 1	Number Injured 0	Speed Lin Latitude _ Longitude		State Police Local Police MBTA Police Other:	<u>X</u>	
		AT INTER		LOCATION > NOT AT INTERSEC						CTION:	2			
						SOUTH 195 PARMENTER RD							2	
1 6	Route# Direc	tion	Name of Ro	adway/Street		Route# Direction Address # Name of Roadway/Stree						Street	-	
	A1					Feet NSEW of • or Mile Marker Exit Number								
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of								
2 1	1					Route# Intersecting Roadway/Street Feet N S E W of								
	Route# Direc	Direction Name of Intersecting Roadway/Street				Landmark							2	
3	XVehicle1 0_#Occupants Moped Case					Number 1900000645								
	License # St DOB/Age					Reg # 7ZG946 Reg Type PAN Reg State MA								
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					Veh Year 2000 Veh Make JAG Veh Config. 1								
4 1	Operator	Last	First	Endorsment	Owner	CORMIER	t	ALYSO	N First		Middle		- 1	
	Address				Addres	201 DERBY S	ST						-	
	CityStateZip					City NEWTON State MA Zip 02465								
5	Insurance Company VERMONT MUTUAL					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three) 22 22 22 23 4								
]	Direction: N		ding to Emergency?		Sequence 1 2	23					10 Undercarr	iage	
	1	ssued)		ChSec		Harmful Event	1	24	24 1			11 Totaled		
⁶ 1	1			ChSec		Contributing Co	25	Towed	Y 8	(D	6		
	Please fill out for operator and all occupants involved				Chach	26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.								
	Name (Last First Middle) Operator			Address See Above	Address Age/DOB See Above			. \$ystem	Status Switch	Code Code	\$tatus Co	ode Medical Facili	2	
7 1	Please Select (of the Followi	I Vehicle	e# Occupants	Non-Motorist A Typ	e 1	4 Action 1	5 Location		6 Conditi	17 on	Hit	t/Run Mop	ed	
	License #StDOB/Age					g# Reg Type Reg State							_	
	Sex Lic. Class					YearVeh MakeVeh Config.						nfig.		
8 1	Operator					Owner Last First Middle								
	Address					Address								
	City State Zip					City State Zip								
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 2 3 4 10 Undercarriage								
	Citation # (If Issued)					Most Harmful Event 9 5 11 Totaled								
	Violation 1: ChSecViolation 2: ChSec					Driver Contributing Code 8 7 6								
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ride/Override	2 Sea	Towed _	28 29 Airbag Airbag	_30 _ 31	32 _	33		
	Name (Last Fi	irst Middle)		Address		Age/DOB	Sex Po	s. System	Airbag Airbag Status Switch	Eject Trap h Code Cod	Injury Tra	nsp. dode Medical Faci	lity	
	Operator/	Non-Motorist		See Above				-						

