| | Poli | ce Use Only | | Commonweal | lth o | of Massa | achu | isetts | 5 | | RMV | V Docun | ıent Number | | | |
|------------------------|-----------------------------------|--------------------------------|--|--|---|--------------------|--------|-------------------------|-----------------|--------------------|----------------------------|--------------------------------|---|-------------|--|--|
| | Date of Crash 06/25/2019 | Time of Crash 08:43 24HR | NEWTON | MIOTOI | | icle Cra Report | sh | Number Vehicles 2 | | ed Lati | ed Limi tude gitude_ | | State Police Local Police MBTA Police Other: | XI I | | |
| | | | RSECTION: | | OCA | | > | | NO | | | | CTION: | 2 | | |
| | | | | | | SOUTH | 275 | 5 | CENT | RE ST | | | | 2 | | |
| 1 | Route# Direct | tion | Name of R | | Route# Direction Address # Name of Roadway/Street | | | | | | | Street | $ 2^1$ | | | |
| | | | A | - - | Feet NSEW of or Exit Number | | | | | | | | | | | |
| | Route# Direc | tion N | Name of Intersecting Also at Intersec | <u> </u> | Feet NSEW of | | | | | | | | | | | |
| 2 | | | Tibo de interse | | Route# Intersecting Roadway/Street | | | | | | | | | | | |
| 2 2 | Route# Direct | tion | ng Roadway/Street | Landmark | | | | | | | | | 4 | | | |
| 3 | XVehicle1 | #Occupants | Hit/Run | Moped Case N | Jumber | | 19 | 900000652 | : | | | | | | | |
| | License# | | St CT | DOB/Age | Reg # AG16722 Reg Type PAS Reg State MA | | | | | | | | | | | |
| | Sex_F Lic. 0 | 18 1 | Reg # AG10722 Reg Type 1 AS Reg State MA Veh Year 2016 Veh Make HONDA Veh Config. 1 | | | | | | | | | | | | | |
| 4 | 1 | ZZA Last | Lic. Restrictions MARY | CDLEndorsment | | (Same as oper | | | | | | | | - 1 | | |
| 1 | Address 45 CA | ARRIAGE DRIV | First /E | Middle | | Last | | | | Middle | . | | | | | |
| | City FARMIN | IGTON | State | CT Zip 06032 | City_ | | | | | | State | 2 | Zip | - | | |
| | Insurance Com | pany TRAVELE | ERS | | Vehicle | e Action Prior to | Crash | 6 | | | _ | , | Circle Up to Thre | ee) | | |
| 5 | Vehicle Travel | Direction: N | X E W Respon | ding to Emergency? | Event | Sequence 2 2 | 22 22 | | 22 | | | | 4 | | | |
| | , | ssued) | | | Most F | Harmful Event | 2 23 | 24 | 24 | ← | 9 | $(\mid \cdot \mid \cdot \mid$ | 10 Undercarr 5 11 Totaled | iage | | |
| ⁶ 1 | | | | ChSec | | Contributing Co | ode 25 | 1 5 | 97 | 3 | 7 | | 6 | | | |
| 1 | | ill out for opera | chSec | Underride/Override Towed N 26 27 28 29 30 31 32 33 34 32 33 34 34 35 35 35 35 35 35 35 35 35 35 35 35 35 | | | | | | | | | | | | |
| | Name (Last Fire | | | Address | | Age/DOB | Sex I | Pos. \$ystem | Status Sv | ritch Code | Code | status (Co | nsp. de Medical Facili | <u>ty</u> 2 | | |
| | Operator | | | See Above | | | | 1 | 4 4 | 0 | 0 | 10 1 | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | |
| 9 | Please Select C of the Followi | IX Vehicle | e2 <u>0</u> #Occupants | Non-Motorist A Type | e 1 | 4 Action 1 | Loca | ation | 16 Cor | ndition | 17 | Hit | :/Run | ed | | |
| | License# | 18 1 | Reg# | g # 8PYK60 Reg Type_PAS Reg State_MA | | | | | | | State MA | - | | | | |
| | Sex Lic. 0 | | Veh Ye | ch Year 2008 Veh Make HONDA Veh Config. 1 | | | | | | | | | | | | |
| ⁸ 99 | Operator | Last | Middle | Owner | Owner Last First Middle | | | | | | | | | | | |
| | Address | | Address | | | | | | | | | | | | | |
| | ' | | CityStateZip | | | | | | | | | | | | | |
| | Insurance Com | | vehicle Action Phot to Clash 11 11 22 23 22 23 3 4 | | | | | | | | | | | | | |
| | Vehicle Travel Citation # (If Is | | Event Sequence 1 22 22 22 22 22 20 10 Undercarriage Most Harmful Event 1 1 Totaled | | | | | | | | | iage | | | | |
| | | n 1: ChSe | Driver Contributing Code 24 24 5 11 Totaled | | | | | | | | | | | | | |
| | | n 3: ChSe | Underride/Override 25 Towed N 8 7 Q | | | | | | | | | | | | | |
| | Ple | ease fill out for | operator and all o | ccupants involved | | | | 26 27 Seat Safety | 28 Airbag Ai | 29 30 rbag Ejec | 31 Trap | Injury Tra | 33 nsp. | \dashv | | |
| | Name (Last Fi | rst Middle) Non-Motorist | | Address See Above | | Age/DOB | | Pos. System | n Status S | witch Co | de Code | Status Co | ode Medical Faci | ity | | |
| | | | | | | | | | | | | | | \neg | | |
| | | | | | | | | | | \top | | | | | | |
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| Date of C | Police Use C | | City/ | | Commony | | hicle Ci | | Numbe | | r Snee | ed Limit_ | | nt Number State Police | | | |
|---------------|--|---------|---------------|-----------------|----------------------|--------|---|--|------------------------------------|---------------------|------------------------------|-----------------------------|-----------------------------------|-----------------------------|---------|--|--|
| Dute of C | Justi Time of | | City | own | | | | | Vehicle | | Latit | tude | | Local Police MBTA Police | • 🗖 | | |
| | ATT | 24HR | ECTION: | | < | | Report | > | | NO | | gitude INTE | | Other: | | | |
| | AII | NIEKS | ECTION | • | | LUC | ATION | <i></i> | | NU | AI | INTE | KSEC I | IION: | | | |
| Doute# | Dissotion | | Nome | of Dood | /Stmaat | | Douts# Dies | | Adams # | | No | ma of Do | Arror /Ct | | | | |
| Koute# | Route# Direction Name of Roadway/Street At | | | | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | | | |
| | | | Feet | N S | E W of | Mile I | • Marker | or | | Exit Number | | | | | | | |
| Route# | Direction | | Feet | N S | E W of | | | | | | | | | | | | |
| - | Also at Intersection with | | | | | | Route# Intersecting Roadway/Street Feet N S E W of | | | | | | | | | | |
| Route# | Route# Direction Name of Intersecting Roadway/Street | | | | | | Landmark | | | | | | | | | | |
| Veh | icle#Oco | cupants | Hit/Ru | n | Moped | | | | | | | | | | | | |
| License | # | | Çt. | Г | OP/Ago | Рад | # | | | Pag Tr | ino. | | Dog Sto | nto | | | |
| | License # St DOB/Age Sex Lic. Class | | | | | | Reg # | | | | | | | | | | |
| _ | | | | | Endorsment | t | | | | | | | | g | 1 | | |
| | Operator Last First Middle Address_ | | | | | | Owner Last First Middle Address | | | | | | | | | | |
| | CityStateZip | | | | | | City State Zip | | | | | | | | | | |
| | Insurance Company | | | | | | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| Vehicle ' | Travel Direction | n: NS | E W Re | spondir | ng to Emergency?_ | Evei | nt Sequence | 22 | 22 22 | 22 2 | | 3 | 4 | | | | |
| | # (If Issued) | | | | | | r Harmful Even | t 2 | 23 | | 4 | 9 | \ \ \ \ ₌ | 10 Undercar | rriag | | |
| Vio | olation 1: Ch | Sec | Violati | on 2: Cl | hSec | _ Driv | er Contributing | Code | 24 | 24 | • | | $\int \int_{-\infty}^{\infty}$ | 11 Totaled | | | |
| Vio | Violation 3: ChSec Violation 4: ChSec | | | | | | | | 25 Tow | ed 8 | | 7 | 6 | | | | |
| | Please fill out for operator and all occupants involved Name (Last First Middle) Address | | | | | | 4 (DOD | | 26 27 Seat Safety | 28 Z | 9 30 ag Eject | 31 Trap Inj Code \$ta | 32 33 ury Transp atus Code | B | | | |
| | erator | | | | Address See Above | | Age/DOB | | Pos. \$yster | n Status \$wi | ch Code | Code Sta | itus Code | Medical Facil | iity | | |
| | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| | | | | | | | 14 | 15 | | 16 | | 17 | | | | | |
| of the Fo | elect One ollowing: | Vehicle | # Occupa | ints | Non-Motorist A | Туре | Action | 15 Lo | ocation | Conc | lition | 17 | Hit/R | un Mor | ped | | |
| License † | License#StDOB/Age | | | | | | leg#Reg TypeReg State | | | | | | | nte | | | |
| I _ | Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL | | | | | | ch Year Veh Make Veh Config. | | | | | | | | | | |
| — Operator | Operator CHIN TAMMY LYNE Last First Middle | | | | | | wner Last First Middle | | | | | | | | | | |
| Address | Address 53 MT. PLEASANT | | | | | | Address | | | | | | | | | | |
| City LO | City LOWELL State MA Zip 01850 | | | | | City | City State Zip | | | | | | | | | | |
| Insurance | Insurance Company | | | | | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) | | | | | | | | | | |
| Vehicle 7 | Vehicle Travel Direction: NSEW Responding to Emergency? | | | | | Ever | Event Sequence 22 22 22 22 3 4 | | | | | | | | | | |
| Citation | Citation # (If Issued) | | | | | | Most Harmful Event 23 10 Undercarriage 5 11 Totaled | | | | | | | | | | |
| Vi | Violation 1: ChSec Violation 2: ChSec | | | | | | er Contributing | Code | 24 | 24 | 7 | | | | | | |
| Vi | iolation 3: Ch_ | Sec_ | Violat | ion 4: (| ChSec | Und | erride/Override | | Towe | ed 8 | | 7 | 6 | | | | |
| Nama | Please fill | | perator and a | ıll occu | pants involved | | Age/DOE | Sex | 26 27 Seat Safety Pos. Syste | 28 2 Airbag Airl | 9 30 ag Eject itch Cod | 31 Trap Inj | 32 33 ury Transp tatus Code | D. | cility | | |
| | rator/Non-Mo | | | | See Above | | | | Systi | Janus SW | 000 | 1 | | Ivicuicai Fac | ,,,,,,, | | |
| | | | | | | | | | | | _ | + | - | 1 | | | |
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