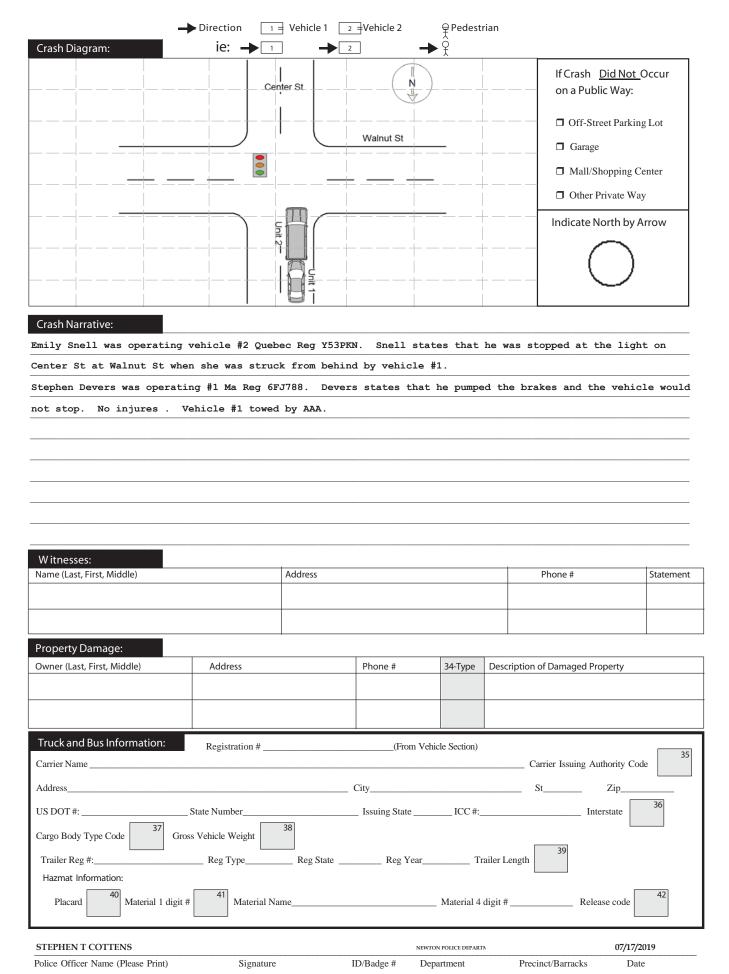
	Poli	ice Use Only		Comm	onweal	th o	of Massa	achi	use	tts]	RMV.	Docum	ent Number			
	Date of Crash 07/17/2019	Time of Crash 11:00	City/T NEWTON	own]	Motor	Veh	icle Cra	sh	Nun Vehi		mber jured		Limit .		State Police Local Police MBTA Police			
	07/17/2019	24HR	NEWTON				Report		2	0	jureu		tude		Other:	: 🗆		
	AT INTERSECTION: <						LOCATION >					NOT AT INTERSECTION:					2	
	SOU	TH WALNU	UT ST														2	
1 1	Route# Direction Name of Roadway/Street At NORTH CENTER ST						Route# Direction	Address # Nar				me of Roadway/Street				2 10		
							Feet [N S E W of				_ • .	— oı	or				
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit							Exit Number				
	Also at Intersection with						Feet NSEW of Route# Intersecting Roadway/Stree							way/Street	_	1.1		
2 2]						Feet N S E W of							Š		2 11		
	Route# Direction Name of Intersecting Roadway/Street						Landmark											
3	XVehicle1	_1_#Occupants	Hit/Run	Морес	d Case N	umber		1	900000	0732								
	License#		Reg # 6FJ788 Reg Type PAN Reg State MA															
	License # St MA DOB/Age Sex_M Lic. Class D Lic. Restrictions 1 CDL						Veh Year 2014 Veh Make HONDA Veh Config. 1											
4	Operator NEVERS STEPHEN Endorsment						Owner (Same as operator)											
3	Last First Middle Address 14 CLEMENTINE DR						Last First Middle Address										1 12	
	City MANSFIELD State MA Zip 02048					City State Zip												
	Insurance Company COMMERCE					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)												
5	1	Direction: N		ponding to Emerg	gency?	Event	Sequence 1	22 2		22 22	0		3		4			
1		ssued)			<i>y</i> • • • • • • • • • • • • • • • • • • •		Harmful Event	23 1	3				4	4)	10 Undercar	riage		
	,			n 2: ChSec	c		Contributing Co		19 24	24	U 	-	9		5 11 Totaled			
⁶ 1	Violation	3: ChSec	2	Underride/Override 25 Towed Y 8 7 6									6					
	Please fill out for operator and all occupants involved					Age/DOB Sex										13		
	Name (Last Fir		<u> </u>		Above		Age/DOB	Sex	Pos. Sy	ystem Status	Switch 4			tatus Cod	Medical Facil	lity	1	
	Орегию								- 1	, ,	1	0	0 1	10 1				
⁷ 3	Please Select C of the Followi		2 <u>1</u> #Occupa	nts Non-Mo	otorist A Type	1	4 Action 1	Loc	cation	16	Conditio	on	17	Hit/	/Run Mor	ped		
	License # St NY DOB/Age					Reg#_	Y53PKN	Reg Type_PAN				Reg State_XX						
	Sex_F_ Lic. Class D 18 18 Lic. Restrictions 19 CDL						Veh Year UNK Veh Make HONDA Veh Config. 20											
8 1	Operator SNELL EMILY Endorsment Last First Middle						(Same as oper	rator)		Fir	rst			Middle		_		
_	Address 23 DELWARE ST					Addres	SS									_		
	City COOPERSTOWN State NY Zip 13326					City_							State_	Z	ip	_		
	Insurance Company UNKNOWN					Vehicle	e Action Prior to	Crash	2	21	Dai	maged	Area C	Code: (C	ircle Up to Thi	ree)		
	Vehicle Travel Direction: N K E W Responding to Emergency?					Event	Sequence 1	22 2	2 2	22 22	2	Λ	3		4			
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage												
	Violatio	n 1: ChSe	ec Violati	on 2: ChSe	ec	Driver	river Contributing Code 1 24 24											
	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed Y 8 7 6											
			operator and a	l occupants invo					26 Seat Sa	27 28 afety Airbas	29 Airbag	30 Eject	Frap In	ijury [Fran		.,,,		
	Name (Last Fi Operator/	Non-Motorist			Address Above		Age/DOB	Sex	Pos. S	System Stati	s Switch	Code	Code S	Status Co	de Medical Fac	ality		
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