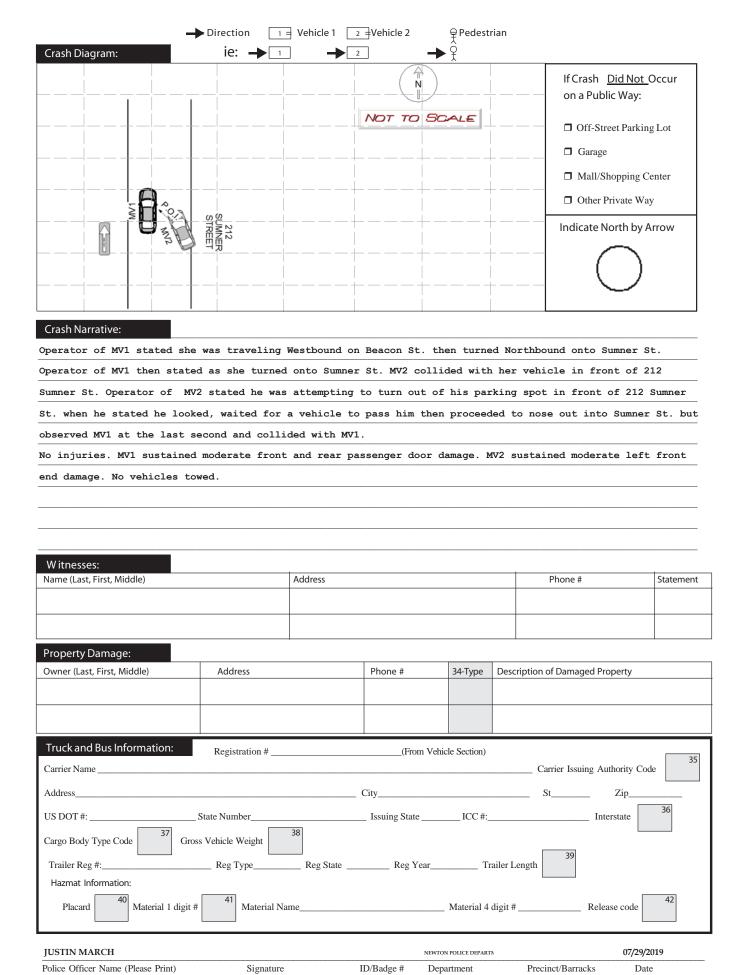
Date of Crash Time of Crash NewTon NewTon NewTon Police Report State Police Report Date of Crash NewTon NewTon NewTon Police Report State Police Report Date of Crash Number Vehicles Injured Latitude Latitude MBTA Police NoT AT INTERSECTION: NoRTH 212 SUMNER ST State Police Report State Police NoRTH State Police State Police State Police State Police NoRTH State Police Stat	ice lice Xi olice 2
AT INTERSECTION: < LOCATION > NOT AT INTERSECTION: NORTH 212 SUMNER ST	
Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street At	1 2
1 At	<u> </u>
	2
Feet NSEW of or	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet N S E W of	Dei
Route# Intersecting Roadway/Street	3
2 Feet NSEW of Route# Direction Name of Intersecting Roadway/Street Landmark	
3 Vehicle 1 _ #Occupants	\Box
MA TURING DAY	
License # St WA DOB/Age Reg # 7WBH50 Reg Type PAN Reg State MA Sex F Lic. Class D	20
Endorsment	
4 Operator NELSON JACQUELINE Owner (Same as operator) Last First Middle Last First Middle Address Address Address	1
City WALTHAM State MA Zip 02453 City State Zip	
Insurance Company STATE FARM MUTUAL Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to	Three)
Vehicle Travel Direction: XSEW Responding to Emergency? Event Sequence 1 22 22 22 22 22 22 22 4	
Citation # (If Issued) Most Harmful Event 1 23 10 Unde 5 11 Tota	ercarriage
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 1 24	led
Violation 3: ChSec Violation 4: ChSec Underride/Override	
Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Witch Code Code Status Gode Medical	Facility 1
Operator See Above	Tacinty
7 Please Select One of the Following: Wehicle 2 1_#Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run 1	Moped
License # St MA DOB/Age Reg # 2ARUX0 Reg Type PAN Reg State CT	
	20
8 Operator DROUGAS ANTONIOS STEFO Owner (Same as operator)	_
4 Last First Middle Last First Middle Address 64 RIVER ST Address	
City NEWTON State MA Zip 02465 City State Zip	
Insurance Company PROGRESSIVE CASUALTY INSURANCE Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to	Three)
Vehicle Travel Direction: X S E W Responding to Emergency? Event Sequence 22 22 22 22 3 4	
Citation # (If Issued)	ercarriage
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 24 5 11 Tota	led
Violation 3: ChSec Violation 4: ChSec Underride/Override Towed Y 0 7 6	
Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.	1.5
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medica Operator/Non-Motorist See Above	l Facility



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