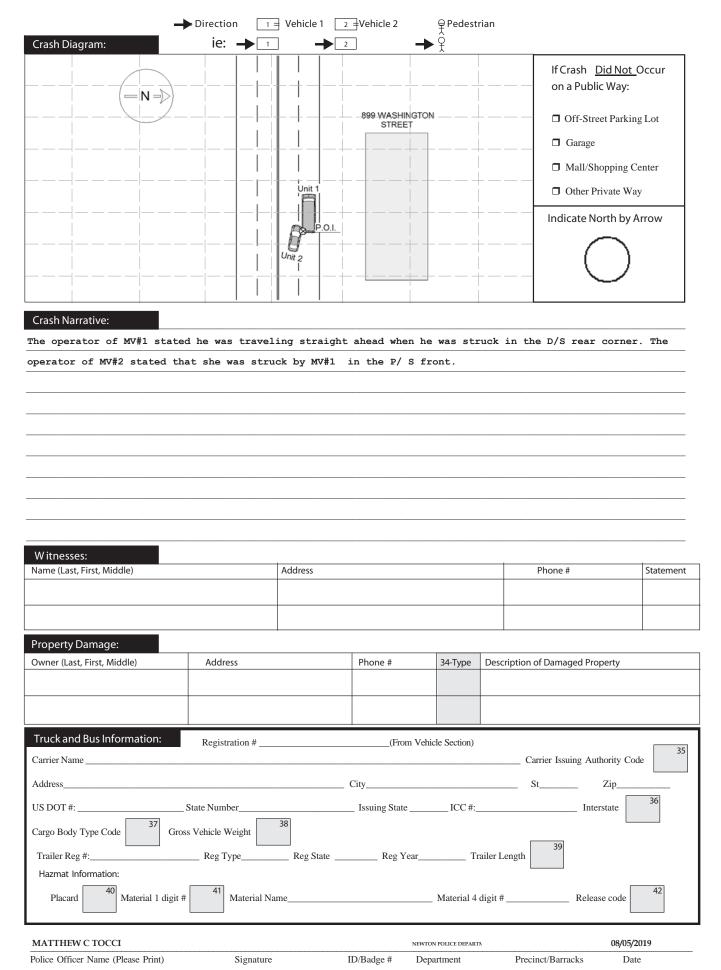
	Poli	ice Use Only		Commonweal	lth o	of Massa	achu	setts	5		RM	V Docui	ment Number	r		
	Date of Crash 08/05/2019	Time of Crash 10:07	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles	Inju	red La	eed Lim		State Police Local Police MBTA Police Other:	e XI ce 🔲		
		24HR	RSECTION:		OCAT		>	2	0 No		ngitude					
		ATIMIE														
1	Route# Direc	tion	Name of	Poadway/Street	—-I-	l6 WEST	899 Add	drace #	WAS	SHINGT		2 oadway	/Street			
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street										
						Feet NSEW of — or Exit Number										
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of										
2 1						Feet 1	N S E	w of	Rou	ite#	Intersec	cting Roa	adway/Street			
1	Route# Direction Name of Intersecting Roadway/Street					Landmark										
3	XVehicle1 1_#Occupants ☐ Hit/Run ☐ Moped Case Number								190000800							
	_					T40242		-		C) NI		3.64	\dashv		
	License # St MA DOB/Age Sex_M Lic. Class D 18 Lic. Restrictions 19 CDL					Reg # T48243 Reg Type CON Reg State MA Veh Year 2107 Veh Make NISSAN Veh Config. 2										
4			Lic. Restriction JONATHAN	CDL Endorsment LEE								_ Veh Co	onfig. 2	╸┝		
4 1	Operator BRY	Last	First	Middle		LEASE PLAN Las 1165 SANCT	I		First	:		Middle	e			
	Address 111 WABAN HILL RD N					LPHARETTA						GA	Zip 30009	-		
	City NEWTON State MA Zip 02459								21				Circle Up to T	hree)		
5	Insurance Company PHILADELPHIA INDEM Vehicle Travel Direction: N S W Responding to Emergency?					e Action Prior to	22 22	22	22	2	3	code. (4	incc)		
1				onding to Emergency?		Sequence 1	23					\overline{A}	10 Underca	arriage		
		ssued)		2.0		Harmful Event	1	24	24	1 🗲	9		5 11 Totaled	~		
⁶ 1				2: ChSec		Contributing Co	ode 1		. N	8	7		O			
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ide/Override		Towe		29 3 Airbag Eje	30 31 ct Trap	32 Injury Tr	33 ransp.			
	Name (Last First Middle) Address					Age/DOB		os. \$ystem	Airbag A Status S	Switch Co	ic code	status C	ansp. ode Medical Fa	cility		
	Operator			See Above				99	4	4 0	0	10 1	L			
7 1	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupan	s Non-Motorist A Type	e 1	4 Action 1	Loca	tion	16 Co	ondition	17	Пн	it/Run Mo	oped		
	License# St MA DOB/Age					Reg # CIM899 Reg Type PAS Reg State MA							State MA			
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2007 Veh Make_NISSAN Veh Config. 1										
8 1	Operator LEONG SHIRLEY Endorsment					Owner (Same as operator)										
1	Address 8 WESLEY ST (apt. 2)					Last First Middle Address										
	City NEWTON State MA Zip 02458					City State Zip										
	Insurance Company LM GENERAL					Vehicle Action Prior to Crash S Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: N S W W Responding to Emergency?					Event Sequence 1 22 22 22 22 23 4										
	Citation # (If I	ssued)			Most H	Harmful Event	1 23					$\langle $	10 Underca 5 11 Totaled	~		
	Violatio	n 1: ChS	ec Violatio	n 2: ChSec	Driver	Contributing Co	ode 9	24	24		9) s 11 Totaled	·		
		n 3: ChS	Underride/Override 25 Towed N 8 7 6													
	Please fill out for operator and all occupants involved							26 27 eat Safety	28 Airbag	29 3 Airbag Eje	0 31 ct Trap	32 Injury Tr	33 ransp.			
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB		99	n Status	Switch Co	ode Code 0		Code Medical Fa	acility		
	operator/			20012010				-	-	1 0	0	10 1	-			
												++				



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