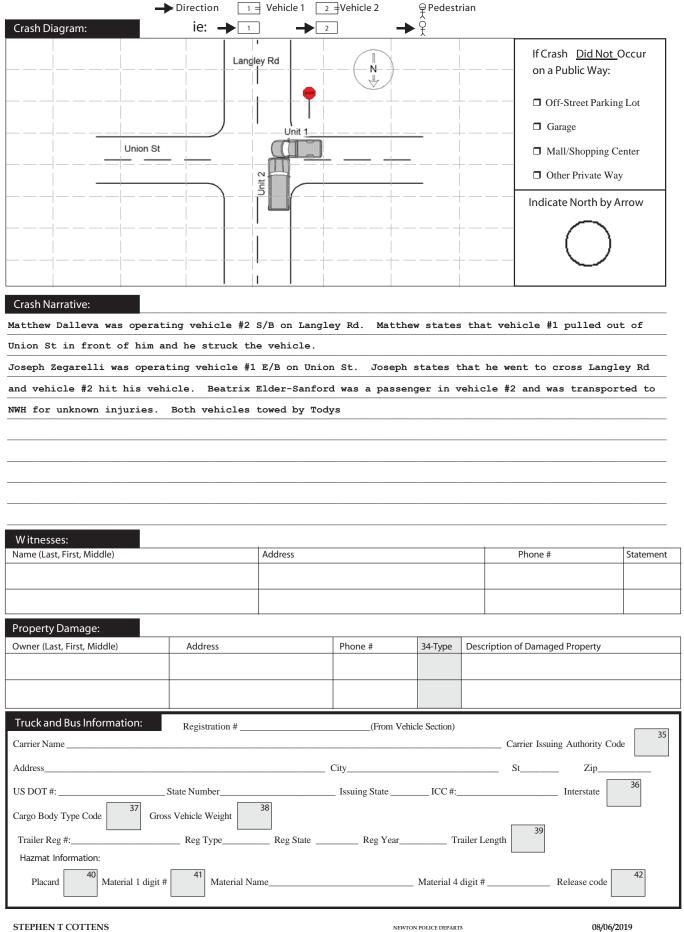
	Poli	ice Use Only		Common	wealth	of Mass	achus	setts			RM	V Docu	ıment l	Number		
	Date of Crash 08/06/2019	Time of Crash	1	own <b>Mo</b>	tor Vel	hicle Cra	ash [	Number /ehicles		1 ^	ed Limi tude _		Stat Loc	te Police cal Police STA Police	□ Xi	
	08/06/2019	13:18 24HR	NEWTON		Police	Report		2	1		gitude_		MB Oth	TA Police ier:		
		AT INTERSECTION: < LO					OCATION > NOT AT INTERSECTION							ON:	2	
	SOU	TH LANGI	LEY RD												2	
<b>1</b>	Route# Direction Name of Roadway/Street					Route# Direction Address #					Name of Roadway/Street					
	At EAST UNION ST					Feet N S E W of • or								2 10		
	Route# Direc			ing Roadway/Street		Mile Marker Exit Numbe									_	
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street								Street		
<b>2 2</b>				Feet N S E W of								Street	3 11			
	Route# Direc	tion		Landmark												
3	XVehicle1	#Occupants	Case Numbe	umber 1900000807												
												Dag	a Ctata	MA	-	
	License #	18 1	_	Reg # 315OCN         Reg Type PAN         Reg State MA           Veh Year 2016         Veh Make FORD         Veh Config.         2												
4			nt	Veh Year 2016 Veh Make Veh Config. 2  Owner (Same as operator)  Last First Middle												
2	Operator ZEC	Last LM ST					First			Midd	le		- <b>1</b>			
	Address 106 ELM ST  City MEDFIELD State MA Zip 02052					ess							7.			
	City NEDTIELD State NA Zip 02052  Insurance Company PLYMOUTH ROCK					City State Zip  Vobicle Action Prior to Crosh Damaged Area Code; (Circle Up to Three)										
5	1			22 22 22 22 2 3 4												
1	]	Direction: N	1	sponding to Emergency?		t Sequence 1	23				$\bigcap$	$\overline{A}$	10	0 Undercarri	age	
	,	ssued)				Harmful Event	1	24	24	<b>—</b>	9			1 Totaled		
<sup>6</sup> 1	1			n 2: ChSec		er Contributing C	ode 99			9		)	6			
1		3: ChSec	Unde	Underride/Override Towed Y									13			
		Please fill out for operator and all occupants involved  Name (Last First Middle) Address				Age/DOB	Sex Pos	system Status switch Code Cod				32 Injury T Status C	ransp.	Medical Facilit	1 1	
	Operator			See Above	;			1	3 1	0	0	10	1			
7	Please Select C	)ne 🔀		75		14	15		16		17				$\neg$	
2		of the Following:  Non-Motorist A				Action	Locati	Location Condition				Hit/Run Moped			∍d	
	License#						Reg # 8PB487				N	Reg State_MA				
	Sex_M Lic.	Class D 18 1	18 Lic. Restrictions 19 CDL			Veh Year 2004 Veh Make				HONDA			Veh Config. 20			
8 1	Operator DALLEVA MATTHEW Endorsment  Last First Middle					Owner (Same as operator)									.	
1	Address 1 SH	ERMAN ST	Addr	Last First Middle Address												
	City SAUGUS	3	City	City State Zip												
	City SAUGUS State MA Zip 01906  Insurance Company COMMERCE					Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: N ★ E W Responding to Emergency?					Event Sequence 1 22 22 22 22 23 4										
	Citation # (If I	<u> </u>		Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled												
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 99 24 24 Violation 3: ChSec Violation 4: ChSec Underride/Override 7 Towed 7 Tow										) 5 1.	i rotated				
											7	7 6				
	Pl	ease fill out for			2 Sea			29 30 rbag Ejec	31 Trap	32 Injury T	33 ransp.		$\dashv$			
	Name (Last Fi		1	Address See Above	:	Age/DOB	Sex Po	s. Systen	Status S	witch Coo	le Code 0	Status	Code 1	Medical Facil	ty	
			98	5 BEACON ST			E	1						ITAZITT	$\dashv$	
	ELDEK-SAND	DIFORD, BEATR	N N	EWTON, MA 02458			F 3	1	3 1	0	0	9 2	2 N	IWH	$\dashv$	
		· · ·		·									T	<u> </u>		



CDP1 11 ·24·00

Police Officer Name (Please Print)