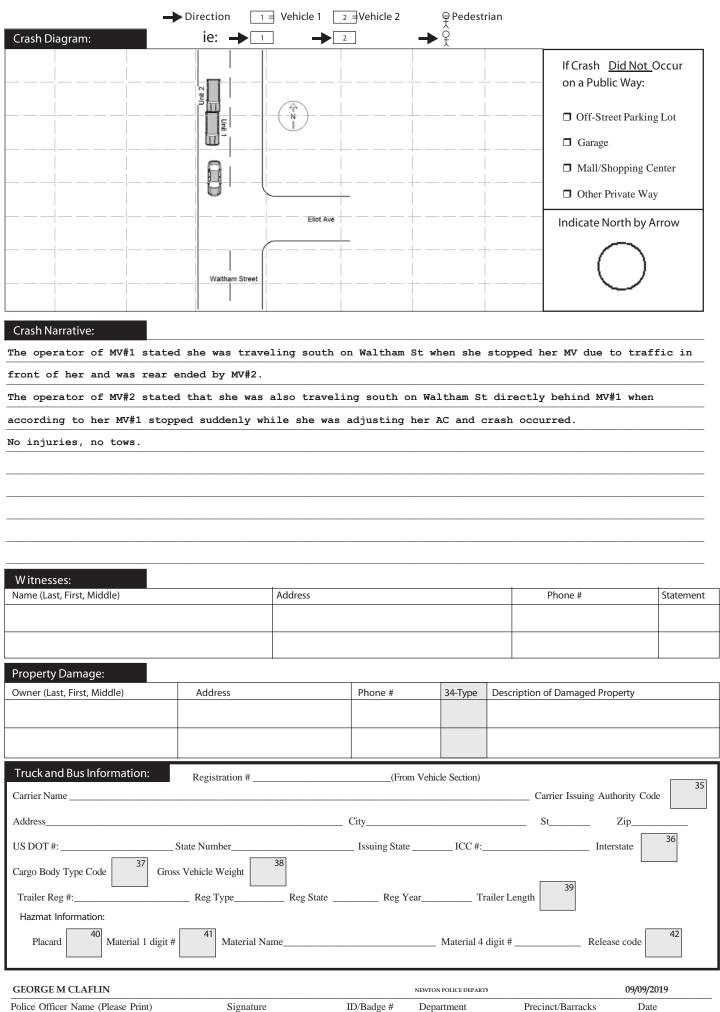
	Police Use Only		nwealth	or management			RIVI		nt Number			
	Date of Crash         Time of Crash         C           09/09/2019         08:08         NEWTON	ity/Town N	<b>Iotor Vel</b>	hicle Crash	Number Vehicles		Speed Limit Latitude	25 S	State Police Local Police MBTA Police			
	24HR			Report	2		Longitude_		Other:			
	AT INTERSECTION	ON:	< LOCA	ATION >		NOT A	AT INTI	ERSECT	TION:			
	WALTHAM ST											
	Route# Direction Na	me of Roadway/Street		Route# Direction	Address #		Name of R	oadway/St	reet			
$\dashv$	ELIOT AVE	At		Feet N S	<b>E W</b> of -		_ • ,	or				
	Route# Direction Name of Intersecting Roadway/Street			Mile Marker Exit Number								
	Also a	at Intersection with		Feet N S	E W of	Route#	Intersec	ting Roadw	av/Street			
				Feet N S	E W of	reducii	intersec	ing Rodd w	шулынсен			
_	Route# Direction Name of Is	eet	Landmark									
	XVehicle1 1_#Occupants  Hity	Run Moped	Case Number	r	1900000923							
	License #	St MA DOB/Age	Reg #	<sub>‡</sub> 794JM7		Reg Type	PAN	Reg Sta				
	Sex_F Lic. Class D 18 18 Lic. Restriction	19		Year_2011V	eh Make_KI	<b>\</b>		Veh Confi	g. 20 20			
	Operator SEO YOUNG	Endor	sment Owne	er CHOI	YOUNG							
	Address 12 OLMSTED DR (apt. 1205)	ile	Last First Middle Address 12 (apt. 1205) OLMSTED DR									
		State_MA _ Zip_024	78 City	BELMONT			State	MA Zip	02478			
	Insurance Company IDS PROPERTY CAS	•	•	cle Action Prior to Cras	h 21	_		_	cle Up to Three)			
			ncy? N Even	t Sequence 1 22	22 22	<u>22</u> 2	3	<b>(</b>	)			
	Citation # (If Issued)	, ,		^	23				10 Undercarriage			
	Violation 1: ChSec Vio	olation 2: ChSec_		er Contributing Code	1 24	24	<b>-</b>   9	\	11 Totaled			
	Violation 3: ChSec Violation 4: ChSec Underride/Override								)			
	Please fill out for operator and all	occupants involved				28 29 irbag Airbag	30 31 Eject Trap Code Code	32 33 Injury Transp	3			
	Name (Last First Middle)  Operator	Add:		Age/DOB Sex	Pos. System :	Status Switch 4	Code Code  0 0	Status Code 10 1	Medical Facility			
	Орегию	500110				*   <del>*</del>		10 1				
	Please Select One of the Following:	cupants Non-Moto	orist A Type	14 Action 15 Lo	ocation 1	6 Condition	on 17	Hit/R	lun Moped			
	License # St MA DOB/Age			Reg # 6NY161 Reg Type PAN Reg State MA								
	Sex_F Lic. Class D 18 18 Lic. Resti	Veh `	Year 2016 \	eh Make_HC			Veh Confi	g. 20				
	Operator SHAPIRO JANNA E Endorsment			Owner (Same as operator)								
	Last Firs	st Mide	dle	CI			Last First Middle Address					
	Address 200 WOODVIEW WAY (apt. 112	(1)		Last		First						
	Address 200 WOODVIEW WAY (apt. 112	State MA Zip 024	Addr	Last			State		)			
	Address 200 WOODVIEW WAY (apt. 112  City WATERTOWN		Addr 72 City	Last	. 21			Zip	cle Up to Three)			
	Address 200 WOODVIEW WAY (apt. 112 City WATERTOWN Insurance Company STATE FARM	State MA Zip 024	Addr 72 City Vehic	cle Action Prior to Cras	h 1 21			Zip	cle Up to Three)			
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	Address 200 WOODVIEW WAY (apt. 112  City WATERTOWN  Insurance Company STATE FARM  Vehicle Travel Direction: N X E W  Citation # (If Issued)  Violation 1: ChSec Vi	State MA Zip 024  Responding to Emerge iolation 2: ChSec_	Addr 72 City Vehicency? N Even Most Drive	cle Action Prior to Cras t Sequence 1 22 Harmful Event 1 er Contributing Code	h 1 21 22 22 22 23 23 4 24 24	Dar (1) (24) (24) (24) (24) (24) (24) (24) (24	naged Area	Zip Code: (Cirr	cle Up to Three)  10 Undercarriage 11 Totaled			
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CDP1 11 ·24·00

Signature

ID/Badge#

Department

Precinct/Barracks

Date