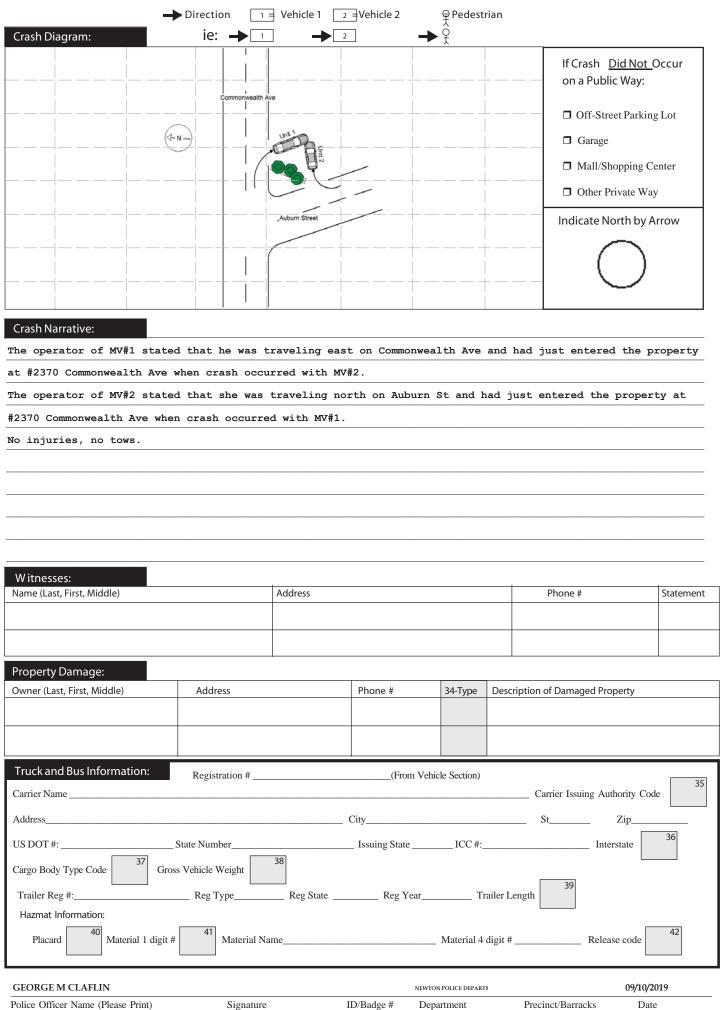
	Police Use Only	Comm	onwealth	or wrassac	nusetts		RM	V Documo	ent Number			
			Motor Ve	hicle Crasl	Number Vehicles	Number Injured	Speed Lin	nit <u>5</u>	State Police Local Police MBTA Police			
	09/10/2019 09:06 NEWTO! 24HR	IN .	Police	Report	2	0	Longitude		MBTA Police Other:			
	AT INTERSECTION	ON:	< LOCA	ATION >		NOT	AT INT	'ERSEC'	ΓΙΟΝ:			
				EAST	2370	СОММО	NWEALTI	H AVE				
:	Route# Direction Na	ame of Roadway/Street		Route# Direction	Address #		Name of	Roadway/S	treet			
\dashv		At		Feet N S	EW of		_ •	or				
	Route# Direction Name of Inte	ersecting Roadway/Stre			7 2 W OI	Mile Ma			Exit Number			
		at Intersection with		Feet N S	E W of	Route#	Interco	cting Roady	way/Straat			
2				Feet N S	E W of	Koute#	interse	cuiig Koauv	vay/Sileet			
\exists	Route# Direction Name of I	toute# Direction Name of Intersecting Roadway/Street				Landmark						
	XVehicle1 1_#Occupants Hit,	/Run Mope	ed Case Numbe	r	1900000924							
	License #	St MA DOB/Age	Reg	# 845TJ8		_ Reg Type	PAN	Reg St				
	Sex_M Lic. Class D 18 18 Lic. Rest			Year_2012	Veh Make_H	OND		_ Veh Conf	ig. 20			
	Operator ALIPHAS AMNO	N	dorsment Own	er (Same as operato	r)							
	Address 472 LOWELL AVE	Middle	Tess		First		Middle					
	City NEWTON	State_MAZip (02460 City				Stat	eZi	p			
	Insurance Company VERMONT MUTUAL	_		cle Action Prior to Cr		_			rcle Up to Three)			
	Vehicle Travel Direction: NXEW	Responding to Emer		at Sequence 1 22	22 22	²² O	3	3 4	.			
	Citation # (If Issued)	1 0		: Harmful Event 1	23		\square		10 Undercarriage			
	Violation 1: ChSec Vio	olation 2: ChSe		er Contributing Code	1 24	24		9 :	5 11 Totaled			
	Violation 3: ChSec Violation 4: ChSec Underride/Override								5			
	Please fill out for operator and all	l occupants involved					30 31 Eject Trap Code Code	32 3 Injury Trans	3			
	Name (Last First Middle) Operator	1	Address Above	Age/DOB Se	Pos. \$ystem	Status Switch 4 4	Code Code 0 0	\$tatus Code	Medical Facility			
	o permor		110010		1	7 7		10 1				
	Please Select One of the Following: X Vehicle 2 1 #Oc	cupants Non-Mo	otorist A Type	14 Action 15	Location	16 Conditi	on 17	Hit/	Run Moped			
	License #	Reg	Reg # 6PJV50 Reg Type PAN Reg State MA									
	Sex_F Lic. Class D 18 18 Lic. Rest	DL Veh	Veh Year 2018 Veh Make HYUN Veh Config. 20									
1	Operator WHITE GWYNE Endorsment Last First Middle			Owner (Same as operator)								
	Address 49 LINCOLN ST (apt. 2)	Middle Add	Last First Middle Address									
	City WEBSTER	01570 City	City State Zip									
	Insurance Company GOVT EMPLOYEE INS			Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								
	Insurance Company GOV I EMITLOTEE II	Vehicle Travel Direction: NSWW Responding to Emergency?N				Event Sequence 1 22 22 22 22 3 4						
		Responding to Eme	ergency?N Ever	t Sequence 1 22	Most Harmful Event 1 23							
	Vehicle Travel Direction: NSWW	Responding to Eme		- C - F	23		\Box		· ·			
	Vehicle Travel Direction: NSWW Citation # (If Issued)	, 0	Most	Harmful Event 1	24	24 1	-	9 ()	10 Undercarriage 5 11 Totaled			
	Vehicle Travel Direction: NSWW Citation # (If Issued) Violation 1: ChSec V	Tiolation 2: ChS	Most Gec Drive	Harmful Event 1 er Contributing Code	1 24		- 2		5 11 Totaled			
	Vehicle Travel Direction: NSWW Citation # (If Issued)	riolation 2: ChS	Most Sec Drive Sec Unde	Harmful Event 1	1 24 25 Towed	Y	7		5 11 Totaled			
	Vehicle Travel Direction: NSWW Citation # (If Issued) Violation 1: ChSecV Violation 3: ChSecV Please fill out for operator a Name (Last First Middle)	iolation 2: ChS iolation 4: ChS and all occupants inv	Moss Sec Drive Sec Unde	Harmful Event 1 er Contributing Code	25 Towed 26 27 Seat Safety Pos. Systen	Y 28 Airbag Airbag Status Switch	30 31 Eject Trap Code Code	32 3 Injury Franse Status Coo	5 11 Totaled			
	Vehicle Travel Direction: NSWW Citation # (If Issued) Violation 1: ChSecV Violation 3: ChSecV Please fill out for operator a	iolation 2: ChS iolation 4: ChS and all occupants inv	Moss Sec Drive Sec Unde	Harmful Event 1 er Contributing Code erride/Override	25 Towed 26 27 Seat Safety	Y 28 29 Airbag Airbag	7 30 31 Eject Trap	32 3	5 11 Totaled			
	Vehicle Travel Direction: NSWW Citation # (If Issued) Violation 1: ChSecV Violation 3: ChSecV Please fill out for operator a Name (Last First Middle)	iolation 2: ChS iolation 4: ChS and all occupants inv	Moss Sec Drive Sec Unde	Harmful Event 1 er Contributing Code erride/Override	25 Towed 26 27 Seat Safety Pos. Systen	Y 28 Airbag Airbag Status Switch	30 31 Eject Trap Code Code	32 3 Injury Franse Status Coo	5 11 Totaled			



CDP1 11 ·24·00

Signature

ID/Badge#

Department

Precinct/Barracks

Date