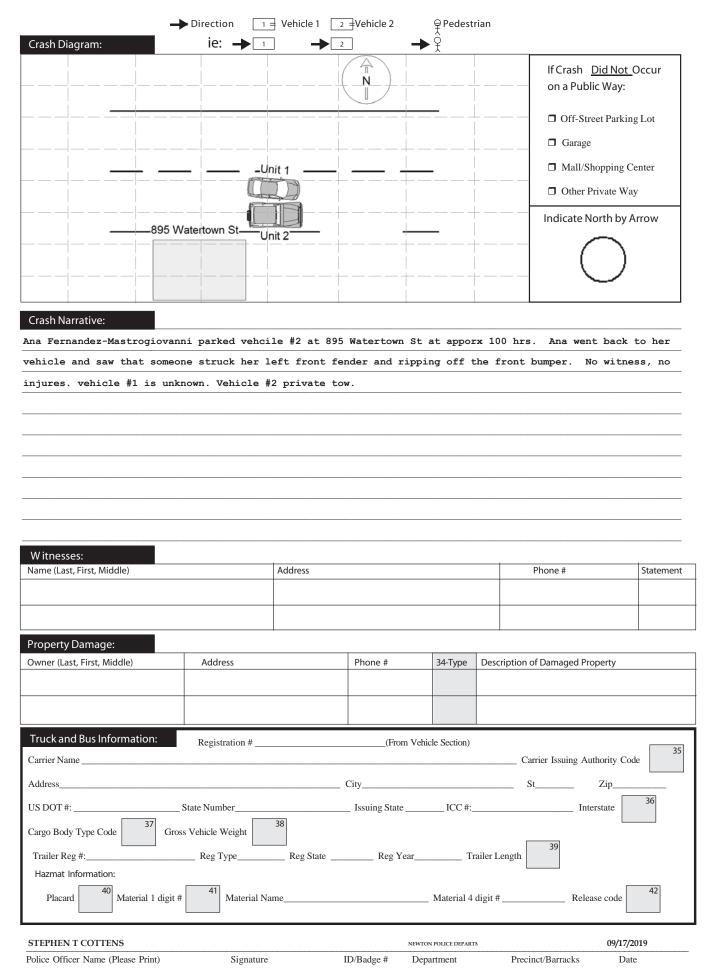
	Polic	ce Use Only		Comn	nonweal	lth o	of Mass	achu	sett	S		RM	IV Do	cumen	ıt Number		
	Date of Crash 09/17/2019	Time of Crash			Motor Vehicle Cras		sh	h Number Vehicles			Speed Limit <u>25</u> Latitude		State Police Local Police MBTA Police		X		
	09/17/2019	24H)			Police Report				2	0			ongitude		— MBTA Police □ Other:		
		AT INTE	LOCATION > NOT AT INTERSECTION:								ION:						
							WEST 895 WATERTOWN ST										
1	Route# Direction Name of Roadway/Street						Route# Direction Address# Name of Roadway/Street							eet			
+	At						Feet NSEW of or										
	Route# Direction Name of Intersecting Roadway/Street						rea [1 5 E	••• or	Mi	le Mark	ter	01	Е	Exit Number		
	Also at Intersection with						Feet	N S E	W of	D.		Tutuus	4' T	1	/544	_	
٦							Feet	N S E	W of	Koi	ıte#	inters	ecting R	coadwa	y/Street		
4	Route# Direction Name of Intersecting Roadway/Street						Landmark										
	XVehicle1	0_#Occupant	ts X Hit/Ru	n Mope	ed Case N	Number		19	0000095	3							
7	License #		C+	DOR/A as		Dog # [UNK			Dag	Tyma	UNK	D	an Stat	to XX		
	License # St DOB/Age Sex Lic. Class Lic. Restrictions CDL						Reg # UNK Reg Type UNK Reg State XX Veh Year UNK Veh Make UNKOWN Veh Config. 97										
\neg				En	DL idorsment									Config	g. 97		
			First				Las						Mi	ddle		_	
	Address						s									_	
	City State Zip													^		_	
	Insurance Company						Action Prior to		99	21		U	ea Code 3	: (Circ 4	le Up to Thre	ree)	
	Vehicle Travel	Direction: N	N S E X Re	esponding to Eme	rgency?_N	Event S	Sequence 99			22	2			\	10.11		
	Citation # (If Is	sued)				Most H	Iarmful Event	2 23		24	1	-]	9	5	10 Undercarr 11 Totaled	nage	
\dashv	Violation	1: ChS	ec Violati	on 2: ChS	ec	Driver	Contributing C		24	24	8		7				
				on 4: ChS		Underri	ide/Override	25		ed Y			•				
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex S	26 27 eat Safety os. System	28 Airbag Status	29 Airbag I Switch	30 3 Eject Trap Code Code	1 32 Injury e Status	Transp. Code	Medical Facili	litv	
	Operator	,			Above												
-										+							
4															<u> </u>		
╝	Please Select O of the Followir	IX Vehic	tle2 1_#Occupa	ants Non-M	lotorist A Type	e 14	Action 1	Loca	tion	16 C	onditio	n 17		Hit/Ru	un Mop	oed	
ľ	License#St NM DOB/Age					Reg # 5FLG90 Reg Type PAN Reg State						te MA					
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					-									20	_	
	Operator FERNANDEZ-MASTI ANA Last First Middle						owner RUIZ RICARDO										
4	Address 322 C	Last	Last First Middle Address 28 NEWTON ST														
	City SANTE FE State NM Zip 87505					City WALTHAM State MA Zip 02453										_	
	Insurance Company GEICO						Damaged Area Code: (Circle Un to Three)										
	Vehicle Travel Direction: N S E ▼ Responding to Emergency?N						Event Sequence 1 22 22 22 22 23 3 4										
			1 3 E X	responding to Eme	argency:		^ [-	23					\Box		10 Undercarr	riage	
	Citation # (If Is				g		Iarmful Event	1	24	24	0	-	9	5	11 Totaled		
			·	tion 2: Ch			Contributing C	ode 1		1 2	o _	V	<u> </u>	ر 6			
ļ				tion 4: Ch		Underri	ide/Override		Towe		29 1	30 3	1] 32	33	Ι		
	Ple Name (Last Fir		or operator and a	all occupants inv	Volved Address		Age/DOB	Sex	26 27 eat Safety Pos. Syste	28 Airbag Em Status	29 Airbag Switch	30 Trap Code Coo		Transp.	Medical Faci	ility	
	Operator/1	Non-Motorist	:	See	Above			-	0	4	4	0 0	10	1			
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