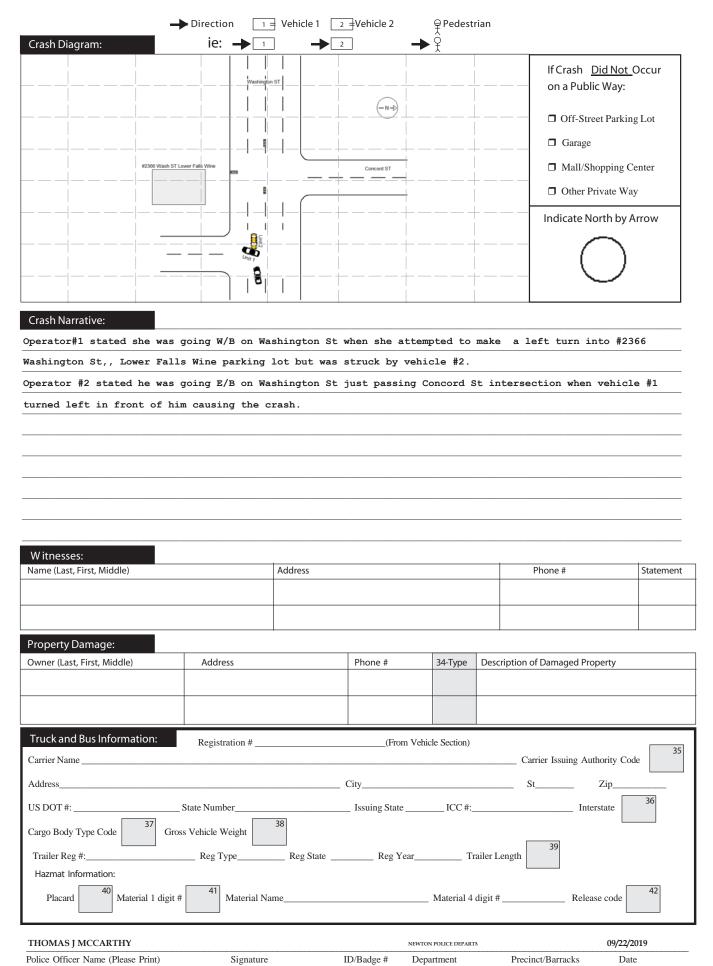
	ice Use Only					f Massa	_						ıment Nı			
Date of Crash 09/22/2019	Time of Crash 14:41	City/T NEWTON	own			icle Cra	sh	Number Vehicle			speed Lim Latitude _		State Local	Police Police A Police	X	
	24HR					Report		2	0	I	ongitude		Other	:		
	AT INTER	RSECTION:		< Lo	OCAT	ION :	>		N	OT A	T INT	ERSE	CTIO	N:		
						WEST	236	6	WAS	HING	TON ST					
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										
1			At			Feet N	N S E	w of			•	or			_	
Route# Direc	etion N	Name of Intersect	ing Roadway/Street	t	─⊦				Mi	e Mark	er		Exit N	Vumber		
		Also at Into	ersection with		[-	Feet N	N S E	W of	Rou	te#	Interse	cting Ro	adway/St	reet	-	
]	<u> </u>	N. CT.	P. 1 /G.		[-	Feet	N S E	W of								
Route# Direct	tion	Name of Inters	ecting Roadway/St	reet							La	ndmark			\dashv	
XVehicle1	#Occupants	Hit/Rur	Moped	Case N	umber		19	0000096	9							
License#		St_N	IA DOB/Age		Reg#6	55-XF4			Reg	Type_I	PAN	Reg	g State_M	A		
Sex_F_ Lic. 0	Class D 18 1	Lic. Restriction	ons 1 19 CDI	L	Veh Ye	ar_2012	Veh	Make_N	INI			Veh C	onfig.	1 20		
Operator KW		APRIL		orsment		KWAN		SANC	3						_	
Address 193 B	OSTON POST	RD First	Mi	iddle		S 193 BOSTON	I POST	RD	First			Midd	le			
City WESTON State MA Zip 02493						City WESTON State MA Zip 02493										
Insurance Com	pany SAFECO		Vehicle Action Prior to Crash Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)													
\dashv	Direction: N	S E W Re	sponding to Emerg	ency? N	Event S	Sequence 1 2	22 22		22	2	6)	4			
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Please t	fill out for oper	ator and all occ	upants involved						28 Airbag n Status	29 Airbag F	30 31 Eject Trap Code Code	32 Injury T	33 ransp.		_	
Name (Last Fire	st Middle)			ddress Above		Age/DOB	Sex P	os. Syster	n Status 3		Code Code		Code Med	dical Facilit	ty	
operator .				100.0				-	7	99	0	10	1			
Please Select C of the Followi	IX Vehicle	e2 <u>1</u> #Occupa	nts Non-Mot	torist A Type	14	Action 1	5 Loca	tion	16 Co	nditior	17	ПΗ	lit/Run	Море	ed	
License # St MA DOB/Age DOB/Age					Reg#2	SYK31		Reg Type PAN					Reg State_MA			
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1	ORDAMALGIA	_	J Endo	orsment		(Same as oper	rator)	_					<i>o</i> _			
	Last VERETT ST (apt	First	M	iddle	Address	Las	t		First			Midd	le			
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