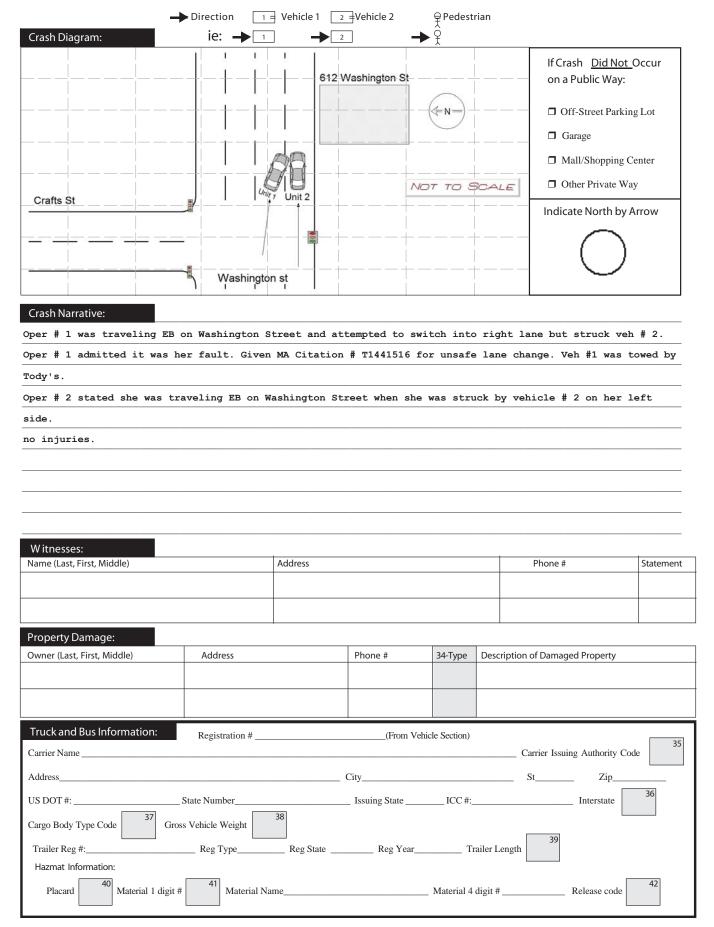
Date of Crash 09/27/2019 Date of Crash 09/27/2	2
AT INTERSECTION: COCATION NOT AT INTERSECTION:	2
Route# Direction Name of Roadway/Street Route# Direction Address # Name of Roadway/Street	2
At Feet NSEW of or	
Feet NSEW of or	2
	F
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet N S E W of	1
Route# Intersecting Roadway/Street	4
2 Feet NSEW of Route# Direction Name of Intersecting Roadway/Street Landmark	-
1 Wehicle 1 _1_#Occupants	Ī
MA DAYOF DAY	4
License # St DOB/Age Reg # 3AH9/0 Reg Type_PAN Reg State_MA Sex_F Lic. Class D	
Endorsment Operator SMITH ELIZABETH O	1
Address 19A JOANNE DR (apt. 14) Address Address	
City ASHLAND State MA Zip 01721 City State Zip	
Insurance Company GEICO Vehicle Action Prior to Crash 6 Damaged Area Code: (Circle Up to Three	
Vehicle Travel Direction: NSXW Responding to Emergency? N Event Sequence 1 22 22 22 22 22 4	
Citation # (If Issued) T1441516 Most Harmful Event 1 23 10 Undercarri. 5 11 Totaled	е
Violation 1: Ch_89/4ASec Violation 2: Ch_Sec Driver Contributing Code 9 24 24	
Violation 3: ChSec Violation 4: ChSec Underride/Override	
Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Ag	1
Operator See Above	1
	1
	1
	-
Please Select One of the Following: Vehicle 2 1_#Occupants Non-Motorist A Type	1
License# St MA DOB/Age Reg # 6RS565 Reg Type PAN Reg State MA	1
Sex_F Lic. Class D 18 18 Lic. Restrictions 1 CDL Veh Year 2017 Veh Make TOYOTA Veh Config. 1	
Operator MONACHINO LAURA J Sendorsment Came as operator) Last First Middle Came as operator) Last First Middle Last First Middle	
1 Last First Middle Last First Middle Address 358 CENTRAL ST Address Address	
City MANSFIELD State MA Zip 02048 City State Zip	
Insurance Company VERMONT MUTUAL Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three	
Vehicle Travel Direction: NS W Responding to Emergency? N Event Sequence 1 22 22 22 22 2 3 4	
Citation # (If Issued) 10 Undercarri. 5 11 Totaled	е
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 5 11 Totaled	
Violation 3: ChSec Violation 4: ChSec Underride/Override	
Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.	1
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facili Operator/Non-Motorist See Above	1
	_
	1
	-



MICHAEL D BOUDREAU 09/27/2019 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date