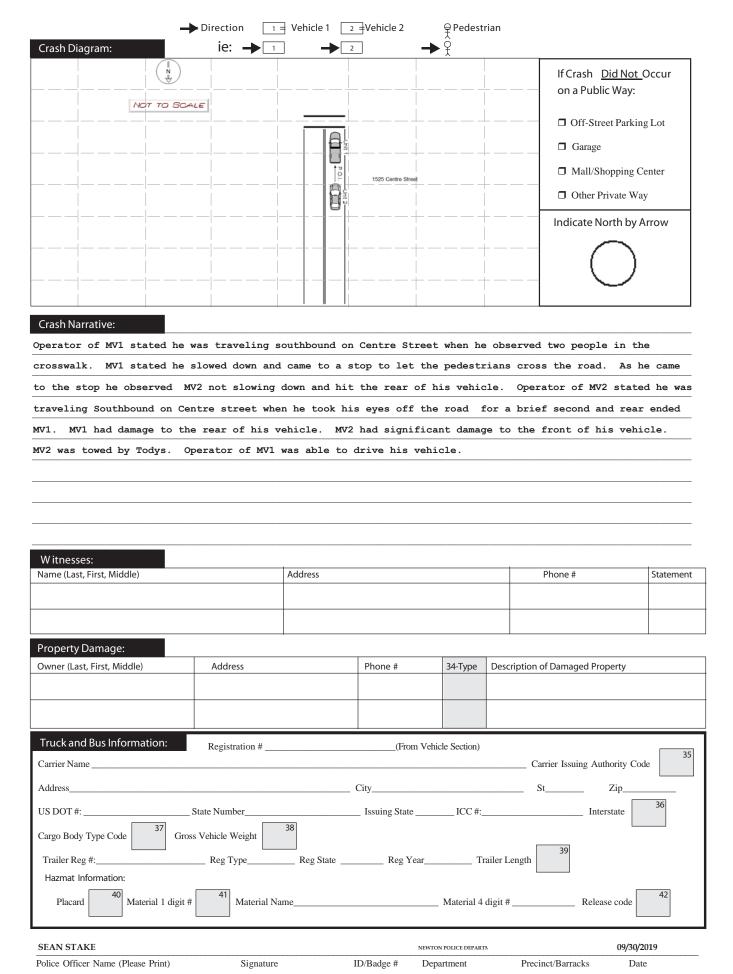
	lice Use Only					f Massa	-		_				ment Number		
Date of Crash 09/30/2019	Time of Crash	City/T NEWTON	own [			icle Cra	sh	Numbe Vehicle			peed Lim atitude _		State Police Local Police MBTA Polic		
	24HR					Report		2	0		ongitude <sub>.</sub>		Other:	~ <b>_</b>	
	AT INTER	RSECTION:		< L(	OCAT	ION :	>		N	OT A	T INT	ERSE	CTION:		
						SOUTH	152	5	CEN	TRE ST	Γ				
Route# Direction Name of Roadway/Street  At						Route# Direction Address # Name of Roadway/Street									
-			At			Feet N	N S E	w of			• _	or			
Route# Dir	ection 1	Name of Intersect	ing Roadway/Street	:	<u> </u>		احاحا		Mi	le Marke	er		Exit Number		
		Also at Inte	ersection with		-	Feet N		_	Rou	ite# _	Intersec	ting Roa	adway/Street	_	
Route# Dire		Name of Interes	ecting Roadway/Str		-	Feet N	SE	W of							
Route# Dire	ction	Name of inters	ecting Roadway/Su	reet							La	ndmark			
<b>X</b> Vehicle	1 1 #Occupants	Hit/Rur	Moped	Case Nu	ımber		19	0000099	1						
License#	-	StR	I DOB/Age		Reg # <u>1</u>	55041			Reg	Type_C	OMBIN	ATI <sub>Reg</sub>	State_RI		
Sex_M Lic	. Class D 18 1	Lic. Restriction			Veh Ye	ar_2018	Veh	Make_	CHEVR	OLET		_ Veh Co	onfig. 2		
Operator RAPOSA SEAN Endorsment  Last First Middle						Owner (Same as operator)  Last First Middle									
Address 60 I	DEWEY AVE	First	Mi		Address	Last						Middle	e		
City TIVER		S	tate_RI Zip_02	878	City						State	:	Zip		
Insurance Company GEICO						Vehicle Action Prior to Crash  2  Damaged Area Code: (Circle Up to Three)									
Vehicle Trav	el Direction: N	X E W Re	sponding to Emerg	ency?N	Event S	Sequence 1 2	2 22		22	2	3		<b>(4)</b>		
Citation # (If	Issued)				Most H	armful Event	1 23				. 9	$\langle      $	10 Underca		
	n 1: ChSe	c Violatio	on 2: ChSec		Driver (	L Contributing Co	ode 1	24	24	1		┤ .	11 Totaled		
Violatio	on 3: ChSec	c Violatio	on 4: ChSec		Underri	de/Override	25	Tow	ed N	8	7		6		
Please	e fill out for opera	ator and all occ					5		7 28 y Airbag m Status	29 Airbag E	30 31 ject Trap ode Code	32 Injury Tr	33 ransp.		
Name (Last 1				Above		Age/DOB		os. \$yste	m Status :	witch C		\$tatus   Co	ode Medical Fac	ility	
1								+	+			10 1			
									+						
Please Select of the Follov	IX Vobicle	e <b>2</b> <u>1</u> #Occupa	nts Non-Mot	torist A Type	14	Action	5 Loca	ition	16 Co	ondition	17	Пн	it/Run Mc	ped	
	License # St MA DOB/Age					GS327	P. T. PAN				D. G. ( MA				
18 18 19					-		Reg Type PAN					20			
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsment  Operator STACKS KEATON J						Veh Year 1985 Veh Make MERZ Veh Config. 1  Owner (Same as operator)									
	Last 2 COMMONWEA	First	6)	iddle		Last			First			Middle	e	_	
City BRIGH			tate MA Zip 02			S					G		7.	_	
'			tate_viii_Zip_02		-				21		State		Zip Circle Up to Th	mree)	
	mpany GEICO	levinium n				Action Prior to	Crash	22		<b>0</b>	3	code. (	4	ncc)	
Vehicle Trave		<b>X</b> EW R	esponding to Emerg			Sequence 1 2	23					$\overline{A}$	10 Underca	ırriage	
Citation # (If						L	1	24	24	<b>3</b> ←	- 9	$\downarrow \downarrow$	5 11 Totaled		
			on 2: ChSe			Contributing Co	ode 1	19	, V	<b>O</b>	7		6		
			lo occupants invo		Underri	de/Override		Towe	ed <u>Y</u>	29	30   31		33		
Name (Last	First Middle)	operator and a	A	ddress		Age/DOB		26 Seat Safet Pos. Syst	7 28 y Airbag em Status	29 Airbag E Switch	30 Trap Code Code	Injury I'r	ransp. Code Medical Fa	cility	
Operato	r/Non-Motorist		See A	bove				1	4	4 0	0	10 1	L		
1		1													



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