	Poli	ce Use Only		Commo	onweal	th o	f Massa	chu	isett	<b>S</b>		RM	V Docu	ıment	Number		
	Date of Crash 10/04/2019	Time of Crash 22:47	City/T NEWTON	'own	Motor \	Vehi	cle Cra	sh	Number			peed Lim		Sta Loc	te Police cal Police BTA Police	N X	
ļ	1904-019	24HR					Report		1	0	Lo	ongitude.		Otl	ner:		
	AT INTERSECTION: <						LOCATION > NOT AT INTERSECTION:										
							NORTH 256 ALBEMARLE RD										
	Route# Direction Name of Roadway/Street  At						Route# Direction Address # Name of Roadway/Street										
┪			Feet NSEW of or									_					
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number										
			Also at Inte	ersection with		-	Feet N	SE	W of	Rou	e#	Intersec	cting Ro	adway	/Street	_	
	Route# Direct		Name of Interes	secting Roadway/Str		$ ^{\frac{2}{3}}$	Feet N	SE	<b>X</b> of	GAT	н РОС	DL					
4	Route# Direct	1011							La	ndmark							
	XVehicle1	#Occupants	Hit/Rur	n Moped	Case Nu	umber		19	0000101	1							
ı	License#		St_N	MA DOB/Age		Reg # 2	LM951			Reg	Гуре_Р	AN	Re	g State	MA	_	
	Sex_F_ Lic. C	Class D 18 1	Lic. Restriction			Veh Yea	ar_2016	Veł	n Make_F	ORD			_ Veh C	onfig.	1 20		
$\neg$	Operator MUZ	ZAKI Last	CYNTHIA	M	orsment ddle	Owner _	(Same as opera	ator)		F: -			Midd			_	
_	Address 691 M	IAINE ST (apt.	1)	Mic			Last						Midd	ile		_	
	City WATERTOWN State MA Zip 02472											State	·	_Zip		_	
	Insurance Company ALLSTATE						Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel	Direction: X	S E W Res	sponding to Emerge	ency?_N	Event S	equence 20 20	2 23 22	21 22	22	Ð	3		4			
4	Citation # (If Is	ssued)					armful Event	21 23		_ (		.   \   9	$ \cdot $		Undercarr     Totaled	riage	
	Violation	1: ChSec	c Violatic	on 2: ChSec_		Driver (	Contributing Co	de 1	12 24	24					1 Totaled		
	Violation	3: ChSec	c Violatic	on 4: ChSec_		Underrie	de/Override	25	Tow	ed Y	9	7		6			
	Please f		ator and all occ	upants involved	dress		Age/DOB	Sex S	26 27 Seat Safety Pos. System	28 Airbag A Status S	29 irbag Ej	30 31 ject Trap ode Code	32 Injury T Status	ransp.	Medical Facili	itv	
	Operator			See A					1		1 0			1		,	
Ī																	
-																	
1	Please Select O	lne —		<del></del>		14	1:	5]		16		17				_	
4	of the Followin		e# Occupa	nts Non-Mot	orist A Type		Action	Loca	ation	Co	ndition		<b>U</b> +	lit/Rur	Мор	ed	
	License#StDOB/Age					Reg#_	Reg # Reg Type Reg State							_			
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					Veh Yea	ch Year Veh Make Veh Config.										
	Operator						OwnerLast First Middle										
	Address						Address										
	City State Zip						City State Zip										
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)											
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 3 4											
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled											
	Violation	1: ChSe	ec Violati	ion 2: ChSec	c	Driver (	Contributing Co		24	24			1				
	Violation	1 3: ChSe	ec Violati	ion 4: ChSec	c	Underri	de/Override	25	Towe	d	8	7		6			
		aga fill out for	" operator and a	ll occupants invol	lved		Age/DOB		26 27 Seat Safety Pos. Syste	28 Airbag A	29 irbag Ej Switch C	30 31 ject Trap Code Code	32 Injury T Status	ransp. Code	M F 1F :	11:4.	
			operator and a	A					, _ , _ , _ ,						Medical Faci	IIII I	
	Name (Last Fir			See A											Medical Faci	inty	
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