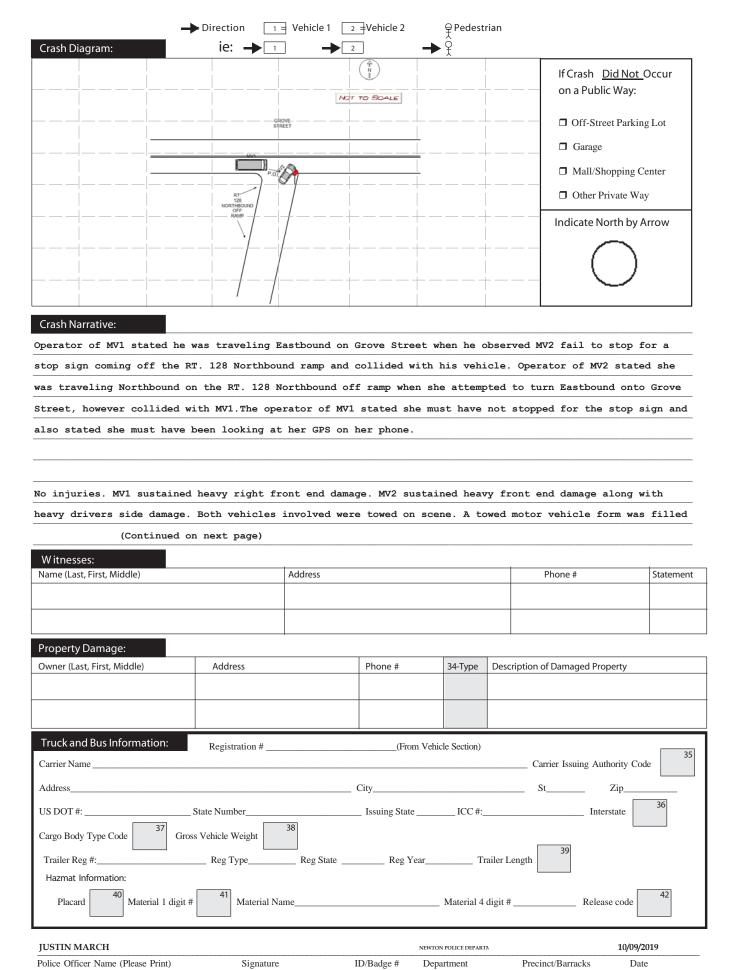
	Poli	ice Use Only		Comn	nonweal	lth o	f Massa	achu	iset	ts		RM	V Docu	ıment	Number	
	Date of Crash 10/09/2019	Date of Crash Time of Crash City/Town		Town	<b>Motor Vehicle Crash</b>			sh	Number Number Vehicles Injured				State Police Local Police MBTA Police		<u> </u>	
	10/09/2019	16:59 24HR	NEWTON		Pol	ice F	Report		2	0		Longitude		Otl	her:	
		AT INTER	RSECTION:		< L	OCAT	TION	>		N	OT A	T INT	ERSE	CTI	ON:	
	EAST	GROVI	E ST													
1 <b>1</b>	Route# Direction Name of Roadway/Street  At				Route# Direction Address # Name of Roadway/Street						et					
	NORTH RT. 128 N/B OFF RAMP				Feet NSEW of • or							. F				
	Route# Direction Name of Intersecting Roadway/Street					<u> </u>	Feet NSEW of				Mile Marker			Exit Number		_
_	Also at Intersection with				Route# Intersecting Roadway/Street									-  -		
<sup>2</sup> <b>3</b>	Route# Direction Name of Intersecting Roadway/Street				Street	Feet N S E W of									3	
3	1 1					Landmark								$\neg$		
	X Vehicle 1	1_#Occupants	Hit/Ru	n Mope	ed Case N	lumber		19	9000010	25						
	License#		St_ <sup>1</sup>			Reg#_	Γ21604			Reg	Type_	CON	Re	g State		_
	Sex_M Lic. Class D 18 18 Lic. Restrictions B 19 CDL					Veh Year 2017 Veh Make FORD Veh Config. 2										
4_	Operator <u>LAV</u>	Operator LAWRENCE GERARD Endorsment				Owner SOLUTIONS VPNE PARKING										
2	Address 51 1/2	2 BRANCH ST	First		Middle	Address 343 CONGRESS ST 3RD FLOOR										- <u> </u>
	City LOWELL State MA Zip 01851					City BOSTON State MA Zip 02110								_		
	Insurance Company LIBIRTY MUTUAL FIRE INS					Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)										
5	Vehicle Travel	Direction: N	S X W Re	sponding to Eme	rgency? N	Event S	Sequence 1	22 22		22	0_	3		4		
1		ssued)				Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled										
	Violation	1: ChSec	c Violatio	on 2: ChSe	ec	Driver	L Contributing Co		1 24	24	<b>U</b>	<b>-</b>   / ˈ	4	) 3 1	1 Totaled	
<sup>6</sup> 2	Violation	Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override  25 Towed Y  8 7 6								
	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.										
	Name (Last Fire Operator	st Middle)			Above Above		Age/DOB	Sex 1	Pos. <b>\$</b> ysi	tem Status		Code Code  0 0		Code 1	Medical Facili	ty 1
									1		,	0 0	10	-		
<sup>7</sup> <b>6</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupa	unts Non-M	otorist A Type	14	4 Action 1	Loca	ation	16 C	ondition	17	□⊦	Hit/Rur	Мор	ed
	License# St MA DOB/Age					Reg # 9FP827			Reg Type_PAN			PAN	Reg State_MA			_
	Sex F Lic. Class D 18 18 Lic. Restrictions B CDL					Veh Year 2018 Veh Make HONDA Veh Config. 1						1 20				
8	Operator PAL SHRUTI Endorsment					Owner HONDA LEASE TRU:									_	
1	Address 65 LANGDON ST First Middle					Address 600 KELLY WAY										
	City CAMBRIDGE State MA Zip 02138				02138	City HOLYOKE State MA Zip 01040										
	Insurance Company GOVT EMPLOYEE INS					Vehicle Action Prior to Crash  State  Damaged Area Code: (Circle Up to Three)								ee)		
	Vehicle Travel Direction: XSEW Responding to Emergency?N					Event Sequence 1 22 22 22 22 3 4										
		Citation # (If Issued)				Most Harmful Event 23									iage	
	Violation 1: Ch Sec Violation 2: Ch Sec					Driver Contributing Code 19 24 3 24 5 11 Totaled										
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y										
1				all occupants inv		26 Seat						31 32 33 Frap Injury Fransp.			$\dashv$	
	Name (Last Fi	rst Middle)	<u> </u>		Address Above		Age/DOB	Sex	Pos. Sy	stem Status	Switch	Code Code	Status	Code	Medical Faci	lity
	Operator/	Non-Motorist		See	AUUVE				1	3	99	0 0	10	1		
									$\perp$					_		$\blacksquare$



-	Direction 1 =	Vehicle 1	2_≢Vehicle 2	₹ Pedestria	an		
Crash Diagram:	ie: → 1	<b>→</b> [2	2	<b>₽</b> ?			
					on a	ash Did Not Con Public Way:  ff-Street Parking Grange  fall/Shopping Counter Private Way ate North by A	g Lot
			+				
Crash Narrative:							
out for both involved veh	icles.						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ed Property	
5 mer (2034) magnet	71441.53		THORIE II	3ypc	zesenpasin or zamag	<u>carroperty</u>	
Truck and Bus Information:			•				
Truck and bus information.	Registration #		(From V	ehicle Section)			35
Carrier Name					Carrier Issui	ng Authority Code	le
Address			City		G.	7:	
Address			City		St	Zip	
US DOT #:	_ State Number		Issuing State _	ICC #:_		_ Interstate	36
37		38	2				
Cargo Body Type Code Gr	ross Vehicle Weight						
Trailer Pag #	Dog Type	Dog St-4-	Do- W	т. т	lar Langth		
Trailer Reg #:	keg 1ype	Keg State	Keg Year_	Trai	iei Length		
Hazmat Information:					_		
Placard 40 Material 1 digit	# 41 Matarial NI-	me		Matarial 4 4:	git #	Palassa acida	42
Placard Material 1 digit	" Iviaterial Na	IIIE		імацепаі 4 01	git #	Release code	
HICTINI MADCH						40 100 121	040
JUSTIN MARCH				VTON POLICE DEPARTA		10/09/20	
Police Officer Name (Please Print)	Signature		ID/Badge # D	epartment	Precinct/Barrac	cks Date	2

CDP1 11 ·24·00