	Poli	ce Use Only		Comi	monwea	ılth o	of Massa	achus	etts			RMY	V Docu	ıment	Number	
	Date of Crash 10/19/2019	Time of Crash 23:49	City/1	Γown	Motor	Veh	icle Cra	sh $\begin{bmatrix} N \\ N \end{bmatrix}$	lumber ehicles	Numb Injure		ed Limi itude _		- Sta	ate Police cal Police BTA Police	
	10/13/2013	23.49 24HR					Report		2	0		ngitude_		Otl	her:	
		AT INTER	RSECTION	:	<]	LOCAT	TION :	>		NO'	ГАТ	INT	ERSE	CTI	ON:	
							EAST	165		LEXIN	GTON	ST				
	Route# Direct	tion	Name	of Roadway/Stre	eet		Route# Direction	n Addr	ess#		Na	ame of F	Roadwa	y/Stree	et	_
\dashv	At					Feet N S E W of or										
	Route# Direct	tion N	Name of Intersec	ting Roadway/St	reet	—- F				Mile	Marker			Ex	it Number	_
			Also at Int	tersection with			Feet N	SEW	of	Route	#	Intersec	ting Ro	adway	/Street	-
							Feet	SEW	of							
_	Route# Direction Name of Intersecting Roadway/Street											La	ndmark			
	XVehicle1	1_#Occupants	Hit/Ru	n Moj	ped Case	Number		1900	001070							- 1
	License#		St ¹	MA DOB/Age	e	Reg# 8	8ZV146			Reg T	_{vne} PA	N	Re	g State	MA	
	Sex_M Lic. C	18 1		19	CDL	_	ear 2014							_	20	_
\neg	Operator EDC		MICHAEL		Endorsment											
	Address 20 HI	Last GHLAND TERI	First R		Middle	Owner (Same as operator) Last First Middle Address									_	
		ON		State MA Zin	, 02301								:	Zip		_
		_{pany} GEICO GE		, <u></u> 2.p		-	e Action Prior to		11 2					_	e Up to Thr	
		Direction: N		esponding to Em	nergency? N			2 22	22	22 2		3		4		
		ssued)		openang to 2n	reigeney		Harmful Event	23				Λ	Λ		10 Undercari	riage
				on 2: Ch	Sec		Contributing Co		24	24	—	9		5 1	11 Totaled	
							ide/Override	25	Towe	6		7		6		
	Please fill out for operator and all occupants involved					Chach	Tacy o verride	2 Sea		28 Airbag Air Status Swi	29 3 pag Ejec	0 31 Et Trap le Code	32 Injury	33 Transp.		
	Name (Last Firs				Address ee Above		Age/DOB	Sex Pos		Status Swi	tch Cod	e Code	Status	Code 1	Medical Facil	lity
	Орегию								0	4 4	0	U	10	1		
ĺ	Please Select O		e2 <u>1</u> #Occupa	ants Non-	Motorist A Ty	pe 14	4 Action 1	5 Locatio	on	Cone	lition	17		Hit/Rur	п 🔲 Мор	oed
	of the Following: Verifice 2 1 # Occupants					LIKAIONAN							4			
	License # St DOB/Age				Reg #Reg Type_UKNOWN Reg State_XX								-			
	Sex Lic. Class 99 Lic. Restrictions 9 CDL Endorsment					Veh YearVeh Make UNKNOWN Veh Config. 97										
	Operator Last First Middle					Owner <u>(Same as operator)</u> Last First Middle								-		
	Address					Address								-		
	CityStateZip					CityStateZip								_		
	Insurance Company UNKOWN					Vehicle Action Prior to Crash 99 Damaged Area Code: (Circle Up to Three) 22 22 22 2 3 4								ree)		
	Vehicle Travel Direction: NXEW Responding to Emergency?N				Event Sequence 2 10 Undercarriage								riage			
	Citation # (If Issued)				Most Harmful Event 2 5 11 Totaled 5 11 Totaled								inge			
						Driver Contributing Code 99										
						Underr	ide/Override		Towed	_N		0 21	22			
ŕ		ease fill out for	operator and a	III occupants in	nvolved Address		Age/DOB	Sex Po	6 27 Safety System	28 Airbag Air Status Sv	29 30 Dag Ejectritch Co	0 31 Trap de Code		ransp. Code	Medical Faci	ility
	Name (Last Fir	ot middle)							1		1	1	1			
		Non-Motorist		Se	ee Above				- 99	99 99	99	99	99	99		
				Se	ee Above				- 99	99 99	99	99	99	99		
				Se	ee Above				- 99	99 99	99	99	99	99		

→		■ Vehicle 1 2	Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	2	<u> </u>	→ ♀			
			N			If Crash Did Not On a Public Way: Off-Street Parking Garage	
	_		NOT :	TO SCA		-	
			1401	الماد دا	LE_	☐ Mall/Shopping Co	enter
	Unit 1					☐ Other Private Way	у
						Indicate North by A	rrow
Lexington	St						
						()	
	_						
Crash Narrative:							
Vehicle 1 was parked in from	nt of 165 Lexi	ington St whe	n it was sid	e swiped b	y a car pa	ssing by. Multip	le units
checked the area for the veh	icle that lef	ft the scene	with no find	ings. Vehi	cle 2 desc	ribed as a white	suv.
W itnesses: Name (Last, First, Middle)		Address				Phone #	Statement
Name (Last, 111st, Middle)		Address			'	Holle #	Statement
Bronorty Damage							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Doscription of	Damaged Property	
Owner (Last, First, Middle)	Address		FIIOTIE #	34-1ype	Description of	Damaged Froperty	
Turnels and Breakfarms at an							
Truck and Bus Information:	Registration #		(From V	ehicle Section)			35
Carrier Name					Carı	rier Issuing Authority Cod	le
Address			City		St_	Zip	
US DOT #: St	ate Number		Issuing State	ICC #:		Interstate	36
37		38	· -				
Cargo Body Type Code Gross '	Vehicle Weight					39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	ame		Material 4 o	ligit #	Release code	42
KATELYN MARY POHLMAN				WTON POLICE DEPARTS		10/20/20	040

CDP1 11 ·24·00

Police Officer Name (Please Print)

ID/Badge #