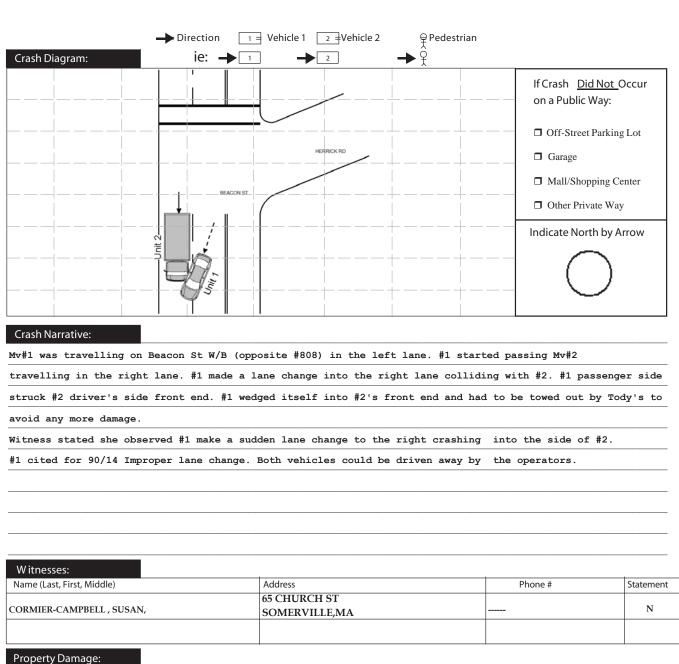
Pol	ice Use Only		Commo	onweal	th o	f Massa	ıchu	setts			RMV	V Docur	ment Number	
Date of Crash 10/24/2019	Time of Crash 12:13	City/T NEWTON	own I	Motor	Vehi	icle Cra	sh	Number Vehicles			ed Limi itude		State Police Local Police MBTA Polic	
10/24/2017	24HR	NEWTON				Report		2	0		ngitude_		Other:	е 🔟
	AT INTER	RSECTION:		< L	OCAT	TION :	>		NO	T AT	INTI	ERSE	CTION:	
						WEST	808		BEAC	ON ST				
Route# Direc	etion	Name o	f Roadway/Street		R	Route# Directio	n Add	lress #		N	ame of R	Roadway	/Street	
_			At			Feet N	SEV	V of			•	or		
Route# Dire	ction N	Name of Intersect	ing Roadway/Street	;	-				Mile	Marker			Exit Number	
		Also at Inte	ersection with		-	Feet N	SEV	V of	Route	#	Intersec	ting Roa	dway/Street	_
Route# Direc						Feet N	SEV	V of				8		
Route# Direc	ction	Name of Inters	ecting Roadway/Str	reet							Laı	ndmark		
XVehicle1	#Occupants	Hit/Rur	Moped	Case N	umber		190	00001092						
License#		St N	IA DOB/Age		Reg#8	3AD938			Reg T	vne PA	N	Reg	State_MA	
Sex_F Lic.	18 1		19		-	ar_2010	Veh	Make H					20	
Operator WA		YI	Endo	orsment		TU		WEILI	N					'
Address 3 HI	Last CKORY RD	First	Mi	ddle	Address	73 BENVENU	JE ST		First			Middle	2	_
City WELLES		S	tate_MA Zip_02	482		ELLESLEY					State	MA ,	Zip_02482	_
'	npany STANDAI				-	Action Prior to	Crash	5 2					Circle Up to Th	nree)
	l Direction: N		sponding to Emerg	ency? N		Sequence 1 2	2 22	22	22 2		0		(4)	
	Issued) T2079674		penamg to Emerg				23					Λ)	10 Underca	
			n 2: ChSec_			Contributing Co		7 24	24	—	9		5 11 Totaled	
			n 4: Ch Sec			ide/Override	25	Towe	8		7		6	
			upants involved		Chach	lac, o verride		26 27 eat Safety	28 Airbag Air Status \$w	29 3 bag Ejec	0 31 ct Trap le Code	32 Injury Tra	33 ansp.	
Name (Last Fi	rst Middle)			ldress		Age/DOB	Sex Po	s. System	Status Sw		le Code	Status Co	ode Medical Fac	cility
Operator			5667	10070				99	4 9	9 0	U	10 1		
												+		
Please Select of the Follow	I X Vehicle	2 <u>1</u> #Occupa	nts Non-Mot	torist A Type	14	Action 1:	5 Locat	ion	Con	dition	17	Hi	it/Run Mo	ped
License#		St_M			Reg#_	732745			Reg T	ype_CC	ON	Reg	State_MA	_]
Sex_M_ Lic.	Class D 18 1	Lic. Restriction			Veh Ye	ar_2015	Veh	Make_F0	ORD			Veh Co	onfig. 20	
Operator BA	Operator BARRIE MOHAMED Y Endorsment Last First Middle				Owner EQUIP SOLUTIONS 1 CORCENTRIC CAP Last First Middle								_	
Address 53 M	ORRIS ST				Address	12530 W. ATI	BLVD					madic		_
City EVERET	Т	S	tate_MAZip_02	149	City C	ORAL SPRING	S				State	FL 2	Zip <u>33071</u>	_
Insurance Con	npany ACE AME	RICAN			Vehicle	Action Prior to	Crash	1 2	1	Damag	ed Area	Code: (0	Circle Up to Th	nree)
Vehicle Travel	Direction: N	S E X	esponding to Emerg	gency?N	Event S	Sequence 1 2	2 22	22	22 2		3		4	
Citation # (If	Issued)				Most H	armful Event	1 23			_	9		10 Underca 5 11 Totaled	ırriage
Violatio	on 1: ChSe	ec Violati	on 2: ChSe	c	Driver	Contributing Co	de 1	24	24		ľÍ) -	
Violatio	on 3: ChSe	ec Violati	on 4: ChSe	c	Underri	ide/Override	25	Towed	_N_(8) —	7		6	
		operator and a	Il occupants invo					26 27 Safety	28 Airbag Air	29 Signature 29 Ejec	0 31 Trap		33 ansp.	
Name (Last F	irst Middle) /Non-Motorist		See A	ddress		Age/DOB	Sex F	os. System	Status Sv	vitch Co	de Code 0	Status C	Code Medical Fa	cility
1	<u> </u>									 	+			
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	65 CHURCH ST	
CORMIER-CAMPBELL, SUSAN,	SOMERVILLE,MA	 N
Property Damage:		

Phone #

34-Type

_____ Material 4 digit # _____ Release code

Description of Damaged Property

Truck and Bus Information:	Registration #	(From Vehic	ele Section)		35
Carrier Name				Carrier Issuing	
Address		City		St	Zip
US DOT #:		Issuing State	ICC #:	I	Interstate 36
Cargo Body Type Code Gro	ss Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Le		
Hazmat Information:					

ADAM D GABRIEL		25117	NEWTON POLICE DEPARTM		10/24/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Placard

Material 1 digit #

Owner (Last, First, Middle)

Address

Material Name_