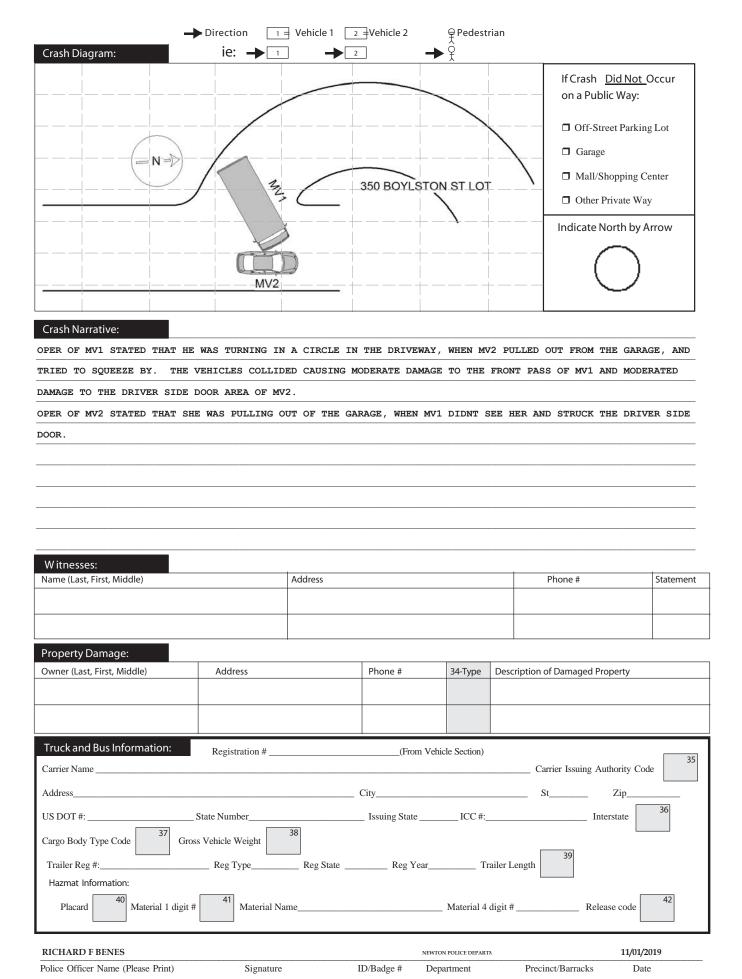
-		ce Use Only			Common													t Number	
	Date of Crash 11/01/2019	Time of Crash 13:52	City/ NEWTON	Town	M			icle C		$\mathbf{h} \mid_{\mathbf{v}}^{\mathbf{N}}$	umber ehicles	Nun Inju			Limit de			tate Police ocal Police IBTA Police	X
ļ	14042013	24HR						Repor	<u>t</u>	2	2	0			tude_		O	ther:	· ·
ļ		AT INTER	RSECTION	[:	<	L	OCAT	ION	>			N	OT A	T I	NTE	CRSF	CT	ION:	
				EAST 350 BOYLSTON ST (LOT)															
1	Route# Direct		R	Route# Dir	rection	Addre	ss#			Name	e of R	.oadwa	y/Stre	eet					
┨	At							Feet NSEW of or											
	Route# Direction Name of Intersecting Roadway/Street											Mi	le Mark	ter				xit Number	
ľ			Also at In	itersection	on with			Fee	et N	S E W	of	Rou	ıte#	Int	tersect	ting Ro	oadwa	y/Street	_
٦							-	Fee	et N	S E W	of					Ü		•	
╣.	Route# Direction Name of Intersecting Roadway/Street														Lan	ndmark			
	Wehicle 1	1_#Occupants	Hit/Ru	ın [Moped	Case N	lumber			1900	001119								
7	License #		St	MA D	OOB/Age		Reg# S	579977				Reg	Type_	CON		Re	g Stat	e MA	
	Sex_M Lic. C	Tlass D 18 1			1 19 CDL _		<i>c</i> –	ear_2016		Veh M	ake FF	_				Veh C	_	20	
- 1		AREZ GONZAL			Endorsn	ment	Owner _			_ v cii ivi							Ü	·	ı
	Address 4549 V	Last WASHINGTON	N ST		Middle			s 15 ARLII	Last NGTO	N STRE	ET	First				Mide	ile		
- 1	City ROSLINI			State M	IA Zin 02131	1		ATERTO							State	MA	7.in	02472-5002	
	,	_{pany} LIBERT M		uu			-	Action Pri		rash	2	1					-	le Up to Th	
\neg	_	Direction: X		ecnondir	ng to Emergenc	N		Sequence [22	22	22	22	0 _		3		4		
		ssued)		espondin	ig to Emergenc	·y ·		Iarmful Eve		23					\coprod	A		10 Undercar	rriage
		1: ChSec		ion 2: C	'h Sec						24	24	1	-	9		5	11 Totaled	
								Contributin	_	25	Towe	ı N	8		7		6		
+	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						Undern	ide/Overrid	ie	26 Seat			29	30 Eject	31	32 Injury 1	33 Fransp.		
-	Name (Last Firs				Addres			Age/DO		ex Pos.					Code S	Status	Code	Medical Faci	ility
-	Operator				See Abo	ve					- 1	4	99	0	0	10	1		
-																			
	Please Select O	ne V Vobisk	2. 2. #Ossum	onto [Non Motori	ict A Trunc	14	4 Action	15	Locatio		16 C	ondition		17		Hit/Ru	ın Mo	nad
╢	of the Following: Vehicle 2 2 #Occupants Non-Motorist A Ty												III/NU	III LIVIO	peu				
1	License # St MA DOB/Age St 18 18 19						Reg # 280YBG Reg Type PAN Reg State MA								e MA 20	_			
	Sex F Lic. Class D D Lic. Restrictions 1 CDL Findorsment						Veh Year 2016 Veh Make AUDI Veh Config. 1												
- 1	Operator JACOBS ELLEN R Last First Middle						Owner (Same as operator) Last First Middle												
┨	Address 350 BOYLSTON ST						Address												
1	City NEWTON State MA Zip 02459						City State Zip												_
	Insurance Company QUINCY MUTUAL						Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)												ree)
	Vehicle Travel I	Direction:	SEW	Respond	ling to Emergen	cy? <u>N</u>	Event S	Sequence [1 22	22	22	22	2		3	$\overline{}$	4		
	Citation # (If Is	ssued)					Most H	Iarmful Eve	ent 1	23			1	_ `	9			10 Undercar 11 Totaled	rriage
	Violation	n 1: ChSe	ec Viola	ation 2: C	ChSec_		Driver (Contributin	ng Code		24	24			工	$\sqrt{}$			
	Violation	n 3: ChSe	ec Viola	ation 4: C	ChSec_		Underri	ide/Overrid	ie		Towed	N	8		Ø		6		
Ť		ease fill out for	r operator and	all occu	*			A //D-		26 Seat	27 Safety	28 Airbag	29 Airbag	30 Eject			33 Fransp.	Media IP	.ii.e.
	Operator/N	Non-Motorist			See Abo			Age/DC		Sex Pos	System - 1	Status 4		Code 0	Code 0	Status 10	Code 1	Medical Fac	unity
-	Operator/1	TOTAL TOTOLOGIA																	
-	SMITH, SALU			250 BEAC BOSTON	CON ST				F	3	1	4	99 (0	0	10	1		



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