	Poli	ce Use Only		Common	wealtl	h of	Massa	ach	use	etts			RM	V Doct	umen	t Number			
	Date of Crash 11/05/2019	Time of Crash 12:56	City/To	own M	otor V	ehic	cle Cra	sh		mber	Numb		eed Lim		St Lo	ate Police ocal Police BTA Police	<u> </u>		
	11/05/2019	12:56 24HR	NEWTON		Polic	e R	eport		2		0		ngitude_			BTA Police ther:			
		AT INTER	LO	LOCATION > NOT AT INTERSEC								ECT	ION:		2				
	SOU	TH CENTR	E ST														┝	2	
1 1	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street									et		2 1		
	At CYPRESS ST					Feet NSEW of • or												_	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number													
	Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street												
² 3	Describ Division No. 51 to 52 to 52						Feet NSEW of												
	Route# Direction Name of Intersecting Roadway/Street						Landmark												
3	XVehicle1	1_#Occupants	Hit/Run	Moped	Case Num	nber		1	190000	01144									
	License#		St C	Г DOB/Age	R	eg#XI	D94555				Reg T	vne C	ОМ	Re	g State	e WI			
	Sex M Lic. Class D Lic. Restrictions 19 CDL						Reg # XD94555 Reg Type COM Reg State WI Veh Year 2019 Veh Make RAM Veh Config. 6												
4	Operator LAWSON CHRISTOPHER R Endorsment						(Campa as apparator)												
1	Last First Middle Address 45 CEDARBROOK RD					Owner Last First Middle Address												1	
	City PAWTUCKET State RI Zip 02861						City State Zip												
	Insurance Company GEICO						Damaged Area Code: (Circle Up to Three)												
5			¥ E W Res	oonding to Emergency						22		!	3		4				
2		ssued)		policing to Emergene			rmful Event		3				Λ	Λ		10 Undercari	riage		
	,			2. Ch Sec			L		1 2	4	24	-	9		0	11 Totaled			
⁶ 2	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec						Driver Contributing Code 1 Towed N 8 7 6												
	Please fill out for operator and all occupants involved					naciia	ic/Override [28 Airbag Air Status Sw	29	30 31 ect Trap	32 Injury	33		\dashv	_	
	Name (Last Fir			Addres See Abov			Age/DOB	Sex	Pos.	1 1			de Code	Status	Γransp. Code	Medical Facil	ity	1	
	Operator			See Audi	ve					1 4	4 4	0	0	10	1				
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupan	Non-Motoris	st A Type	14	Action 1	Loc	cation	1	6 Con	dition	17		Hit/Ru	п Мор	ed		
	License # St CTDOB/Age					eg# <u>87</u>	7DAB		Reg Type_PAS										
	Sex_M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2011 Veh Make HONDA Veh Config. 1													
8 1	Operator ROCCO MATTHEW Last First Middle					wner _	(Same as oper				Cient			Mid	dla		_		
1	Last First Middle Address 23 DEMING FARM DR					Last First Middle Address													
	City NEWINGTON State CT Zip 06111					ity							State		_Zip_		_		
	Insurance Company GEICO					ehicle A	Action Prior to	Crash	. [1 21		Damag	ged Area	Code:	(Circl	e Up to Thr	ee)		
	Vehicle Travel Direction: NXEW Responding to Emergency?N					vent Se	equence 1 2	22 2	22	22	22 6		3	<u> </u>	4				
	Citation # (If Issued)					Iost Ha	rmful Event	1 2	3		 				- 1	10 Undercari	riage		
	Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code 19 24 24 5 11 Totaled												
	Violation 3: ChSec Violation 4: ChSec						Underride/Override												
			operator and al	l occupants involved			L		26 Seat	27 Safety A	28 Airbag Air	29 Eje	30 31 Trap		33 Fransp.		\dashv		
	Name (Last Fi	rst Middle) Non-Motorist		Addre See Abov			Age/DOB	Sex	Pos.	System	Status S	witch C	ode Code	Status	Code 1	Medical Faci	lity		
	орышы.			200 71001							- 4		0	10	-				
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