	Poli	ce Use Only		Commo	onweal	th o	f Mass	ach	use	etts			RM	V Doc	cumen	ıt Number			
	Date of Crash 11/09/2019	Time of Crash 18:02	City/I NEWTON	own	Motor '	Vehi	icle Cra	ısh		mber hicles	Num Inju		peed Lin		S	tate Police ocal Police IBTA Police	□ X i		
	11/09/2019	18:02 24HR			Poli	ice F	Report		2		0		ongitude			ABTA Police Other:			
		AT INTER	< L	LOCATION > NOT AT INTER							ERS	ECT	ION:						
	SOU	TH CENTR	RE ST														-		
1 4	Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street									eet			
	EAST LANGLEY RD						Feet NSEW of or Exit Number												
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet NSEW of												
			Also at int	ersection with					_		Rou	ie#	Interse	cting R	Roadwa	y/Street	- -		
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of													
3							Landmark												
1	X Vehicle 1	1_#Occupants	Hit/Ru	Moped	Case N	umber		1	190000	01157									
	License#	Reg # 685XW8 Reg Type PAN Reg State MA																	
	Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL						Veh Year 2013 Veh Make TOYOTA Veh Config. 1 20												
4	Operator LANKFORD NANCY Endorsment						Owner (Same as operator) Last First Middle												
1	Address 216 GREENDALE AVE						Last First Middle Address												
	City NEEDHAM State MA Zip 02492					CityStateZip													
	Insurance Company CITIZENS INSURANCE						Valida Astica Drive to Corela 21 Damaged Area Code: (Circle Up to Three)												
5	Vehicle Travel Direction: NXEW Responding to Emergency? N						Event Sequence 1 22 99 22 22 22 23 4												
2		ssued)		sponding to Emerge	cncy:		, [-	2	3					$ \angle $		10 Undercarr	riage		
	,			n 2: ChSec_			Iarmful Event	1	10 2	24	24) •	•]:	9	5	11 Totaled			
⁶ 1	1						Contributing C		18 ²		(D _		,) ₆				
1	Violation 3: ChSecViolation 4: ChSec						Underride/Override Towed N												
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	Seat Pos.	27 Safety A System	Airbag A Status S	irbag E witch C	30 31 ject Trap ode Code	32 Injury Status	Transp. Code	Medical Facil	ity		
	Operator			See A	bove					99	99	99 (0	10	1				
⁷ 2	Please Select C	IX Vehicle	2 <u>2</u> #Occupa	nts Non-Mot	orist A Type	14	4 Action	15 Loc	cation	1	6 Co	ndition	17		Hit/Ru	un Mop	ed		
	of the Following:																_		
	License # St MA DOB/Age					_	7WV163			_	Гуре_	AN	R	eg Stat	te MA	-			
	Sex_M_ Lic. Class D Lic. Restrictions 1 CDL						ear_2018	Ve	eh Ma	ke_BM	IW			_Veh	Config				
8 1	Operator WELTON DAVID S						(Same as ope	rator)			First			Mi	ddle		-		
	Address 89 NEEDHAM ST (apt. 2131)						s										-		
	City NEWTON State MA Zip 02461					City							Stat	e	Zip		-		
	Insurance Company SAFETY INSURANCE					Vehicle	Action Prior to	o Crash	1	4 21		Dama	iged Are	a Code	: (Circ	le Up to Thr	ee)		
	Vehicle Travel Direction: NSEN Responding to Emergency? N					Event S	Sequence 1	22 2	22	22	22	D	3) 	4				
	Citation # (If Is	ssued)				Most H	Iarmful Event	1 2	3		_ (_ }_		5	10 Undercarr 11 Totaled	riage		
	Violation	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 24 5 11 Totaled												
	Violation	n 3: ChSe	c	Underride/Override 25 Towed N 6															
	Ple	ease fill out for		ll occupants invol	lved				26 Seat			29 irbag E	30 31 ject Trap	32 Injury	33 Transp				
	Name (Last Fi	rst Middle) Non-Motorist		See A	bove.		Age/DOB	Sex	Pos.	System	Status 5	Switch 0	Code Cod		Code 1	Medical Faci	lity		
	1		4:	2 FAIRHAVEN ROA				F.	2										
	ROSENTHAL,	JANE	N	EWTON, MA 0245	9			F	3	99	4 9	99 0	0	10	1				

