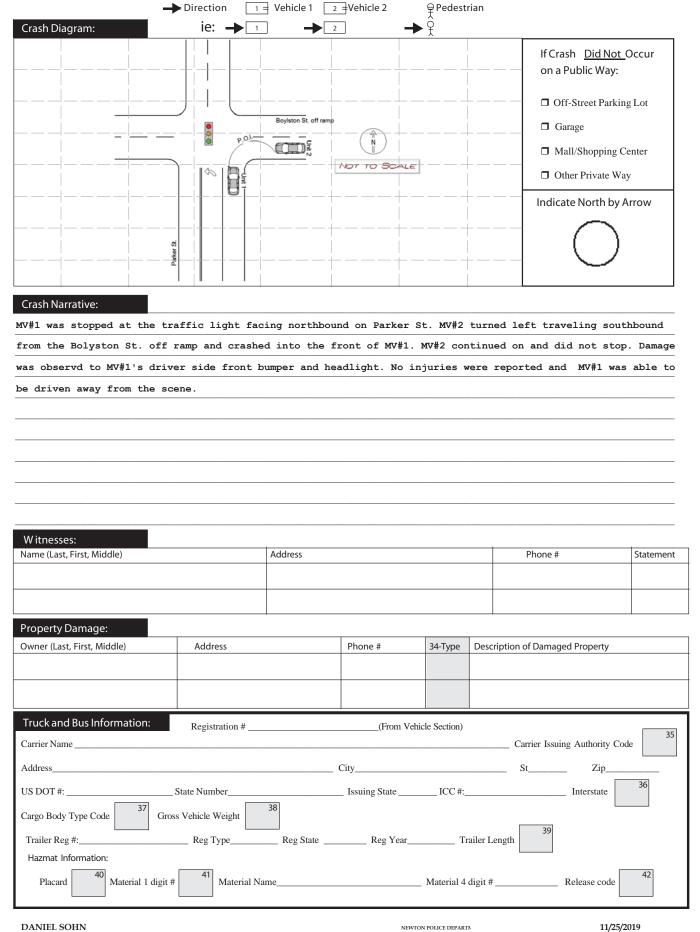
	Poli	ce Use Only		Comn	nonwea	lth o	of Massa	ach	uset	tts			RMV	Docur	nent Numbe	r		
	Date of Crash 11/25/2019	Time of Crash 17:30	City/ NEWTON	Town	Motor	Veh	icle Cra	sh	Num		umber njured		Limit		State Police Local Polic MBTA Poli	e X		
	11/25/2019	17:30 24HR			Pol	lice I	Report		2	0			itude_		Other:	ce 🔲		
		AT INTER	OCATION > NOT AT INTERSECTION								CTION:		2					
	NOR	TH PARKE	R ST														2	
1 4	Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street										2	
	WEST BOYLSTON ST.					Feet NSEW of or Exit Number												
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet NSEW of											
2	Also at intersection with						Route# Intersecting Roadway/Street											
2 1	Route# Direction Name of Intersecting Roadway/Street						Feet NSEW of											
3							Landmark											
	XVehicle1	2_#Occupants	X Hit/Ru	ın Mop	ed Case N	Number		1	900001	1212								
	License#		St_	MA DOB/Age		Reg#_	4XT384			R	eg Type	PAN		Reg	State_MA			
	Sex M Lic. Class D Lic. Restrictions B CDL						Veh Year 2012 Veh Make AUDI Veh Config. 1											
4	Charater MAJUMDER SUMIT						(Company to d											
3	Address 96 RIDGEROOD DRIVE						Owner (Same as operator) Last First Middle Address											
	City NORWOOD State MA Zip 02062																	
						CityStateZip												
5	Insurance Company PLYMOUTH ROCK ASSURANCE Vehicle Travel Direction: X E W Responding to Emergency? N						Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three) 22 22 23 4											
1	Vehicle Travel	Direction:	S E W R	esponding to Eme	ergency?_N	Event S	Sequence 1	22 2] -		Ť	$\overline{\mathcal{A}}$	10 Underc	Parriage		
	,	ssued)				Most F	Harmful Event	1 -		n 2	1 4	⊢	9		5 11 Totaled	~		
6	Violation	1: ChSec	Violati	ion 2: ChS	Sec	Driver	Contributing Co		1 24	2			<u>/ `</u>		6			
⁶ 1	Violation 3: ChSec Violation 4: ChSec						Underride/Override Towed N											
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	26 Seat Sa Pos. \$5	27 2 afety Airba ystem Statu	8 29 ag Airbag us Switch	30 Eject Code	31 Trap I Code S	32 njury Tra Status Co	33 insp. ode Medical Fa	acility	1	
	Operator			See	See Above												_	
MAJUMDER		MINGMEI		218 PARKER ST		F		3 9	99 4	99	0 0		10 1					
-																		
⁷ 3	Please Select C of the Followi	I X Vehicle	2 <u>1</u> #Occup	ants Non-M	Notorist A Type	е 1	4 Action 1	Loc	cation	16	Conditi	on	17	X Hi	t/Run M	oped		
	License#StDOB/Age					Reg #												
	Sex Lic. Class 99 18 18 Lic. Restrictions 9 CDL					Veh Year UNK Veh Make UNKNOWN Veh Config. 1												
8	Operator UNKNOWN UNKNOWN Endorsment UNKNOWN						(Same as ope	rator)										
1	Last First Middle Address UNK UNK						Last First Middle											
	City UNK State XX Zip UNK					Address City State Zip												
	Insurance Company UNKNOWN					City State Zip Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)												
	Vehicle Travel Direction: N X E W Responding to Emergency?N						Sequence 1	22 2		22 22	2		3		4			
				. Responding to Emergency :			, [-	2.3					$\sqrt{\perp}$		10 Underc	carriage		
	Citation # (If Issued)						Most Harmful Event 1 9 5 11 Totaled											
	Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code 99											
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						ride/Override		То	wed N		30	21	32	33			
	Ple Name (Last Fi		operator and	all occupants in	volved Address		Age/DOB	Sex	26 Seat Sa Pos. S	27 28 afety Airba System Sta	8 29 ag Airbag tus Switch	30 Eject Code	31 Trap I Code		insp. ode Medical I	acility		
	Operator/	Non-Motorist		See	e Above				9	99 4	99	0	0	99 1				
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CDP1 11 ·24·00

Police Officer Name (Please Print)

ID/Badge #