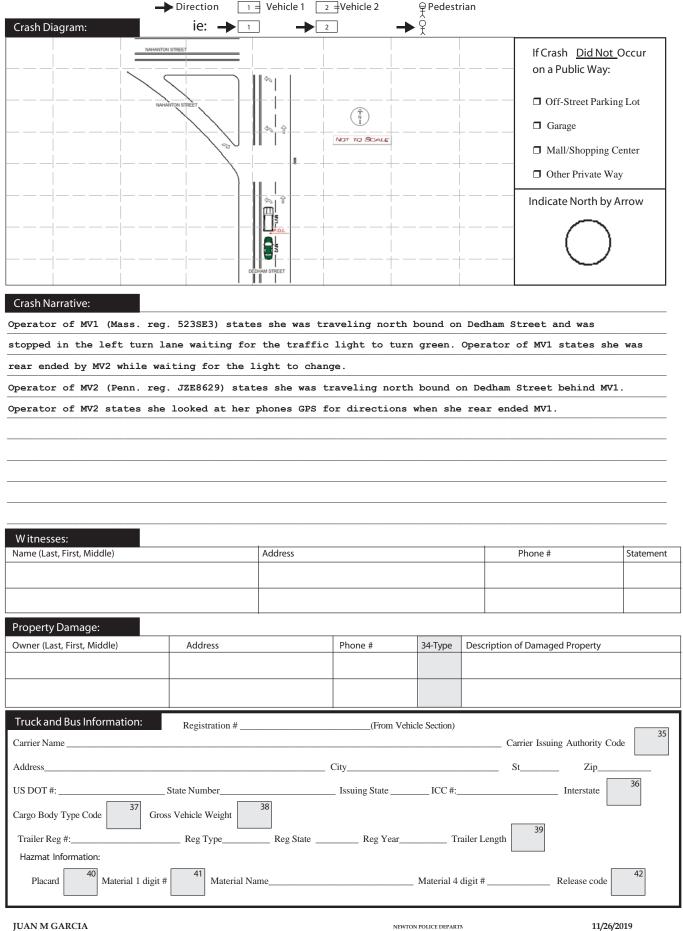
	Poli	ce Use Only		Commo	onweal	th o	f Mass	ach	use	etts			RM	V Doc	umen	t Number		
	Date of Crash 11/26/2019	Time of Crash 14:25	City/T	own	Motor `	Vehi	icle Cra	ısh		mber nicles	Num		eed Lim	it <u>30</u>	St	tate Police ocal Police IBTA Police	<u>N</u>	
	11/20/2019	14;25 24HR	NEWTON		Poli	ce F	Report		2		2		ngitude_		M O	ther:		
		AT INTER	RSECTION:	ION: < LO			OCATION >				NC	T A	AT INTERSECTION			ION:		_
	NOR	TH DEDHA	AM ST															2
1 1	Route# Direct	tion	Name o	f Roadway/Street		F	Route# Direction	on A	ddress	s #		N	Name of I	Roadwa	ay/Stre	eet		1 2
_	At EAST NAHANTON ST						Feet NSEW of or										_	<u>-</u>
	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											1
2 1							Feet NSEW of											
	Route# Direction Name of Intersecting Roadway/Street						Landmark											
3	XVehicle1	#Occupants	Hit/Run	Moped	Case N	umber		1	190000	)1214								
	License#		St M	IA DOB/Age		Reg#_I	R75965				Reg	<sub>Type</sub> C	ON	Re	eg Stat	<sub>e</sub> MA		
	Sex_F   Lic. Class   D   18   Lic. Restrictions   1   CDL						Reg #         R75965         Reg Type CON         Reg State MA           Veh Year 2012         Veh Make HONDA         Veh Config. 2											
4	Operator BUI		DANELIA	Endo MERCI	orsment EDES		ENTRAVISIO											1 1
3		Last OOLIDGE HILL	RD (apt. 3)	Mi	ddle		s 33 FOURTH				First			Mid	ldle		- L:	L —
	City WATERTOWN State MA Zip 02472						City NEEDHAM State MA Zip 02494											
	Insurance Company OLD REPUBLIC INSURANCE COMPANY						Vehicle Action Prior to Crash  21  Damaged Area Code: (Circle Up to Three)											
5				ponding to Emerg		Event S	Sequence 1	22 2		22	22	2	3		4			
1		ssued)		r	,		Iarmful Event	2.	3					$\Lambda$		10 Undercarr	riage	
				n 2: ChSec_	:		Contributing C		1 2	4	24		9	$\langle  $	၂၅	11 Totaled		
<sup>6</sup> <b>1</b>				n 4: ChSec			ide/Override	2		 Towed	N	3	7		6			
	Please fill out for operator and all occupants involved							П			28 Airbag A	29 Fi	30 31 ect Trap	32 Injury	33 Transp.			1
	Name (Last First Operator	st Middle)		Ad See A	hove.		Age/DOB	Sex	Pos. S	System	Status Sv	vitch Co	ode Code	Status	Code 1	Medical Facil	ity	1
	орышы									1	<b>T</b> :	,,,		6	1			
3	Please Select C of the Followin	I A Venicle	2 <u>1</u> # Occupar	Non-Mot	torist A Type	14	Action 1	Loc	cation	1	Con	ndition	17		Hit/Ru	ın Mop	oed	
	License# St MA DOB/Age					Reg # JZE8629						Reg Type_PANReg				g State_PA		
	Sex_F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment						Veh Year 1997 Veh Make TOYOTA Veh Config. 1											
<sup>8</sup> 2	Operator BOURSIQUOT AISHA  Last First Middle						PIERRE	st		ARIE	First		V	Mid	ldle		_	
_	Address 275 2ND AVE						s 1638 FRANK	LIN A	VE								-	
	City NEEDHAM State MA Zip 02494						ILLOW GRO	VE					State	PA	_Zip_	19090	-	
	Insurance Company ALL STATE						Action Prior to	o Crash		1 21		Dama	ged Area	Code:	(Circl	le Up to Thr	ree)	
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event S	Sequence 1	22 2	22	22	22		3	$\overline{}$	4			
	Citation # (If Is	ssued)_T1440759				Most H	Iarmful Event	1 2.	3		(	•	.   \   9	$\left  \cdot \right $		10 Undercarr 11 Totaled	riage	
	Violatio	n 1: Ch <u>90/9/B</u> Se	ec Violati	on 2: ChSe	c	Driver Contributing Code 20 24 24												
	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed Y 8 7 6											
ſ	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	26 Seat Pos.	27 Safety <i>f</i> System	28 Airbag A Status S	29 irbag Ej witch C	30 31 Frap Code Code	32 Injury Status	33 Transp. Code	Medical Faci	ility	
Ī		Non-Motorist		See A			Age/DOB			1		9 0	0	8	1	curcar raci	,	
ŀ																		
												+					$\blacksquare$	



CDP1 11 ·24·00

Police Officer Name (Please Print)

Date