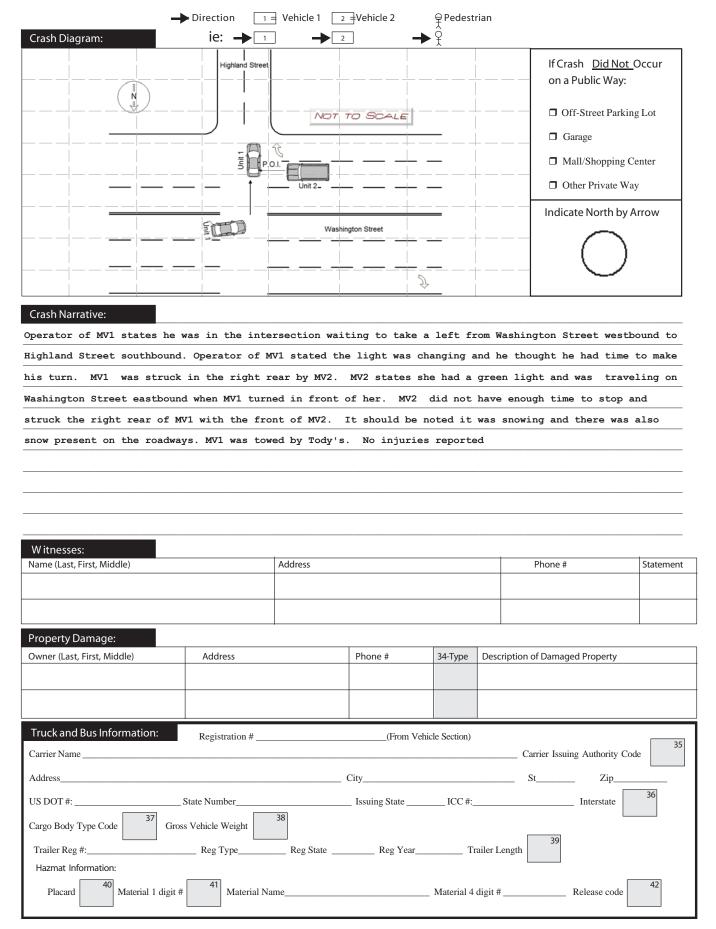
	Poli	ice Use Only		Comm	onweal	lth o	f Mass	achı	iset	ts		RM	IV Doc	umen	t Number		
	Date of Crash 12/01/2019	Time of Crash 19:16	City/I NEWTON	own	Motor	Vehi	icle Cra	sh	Numb			Speed Lin		St	tate Police ocal Police IBTA Police	<u>N</u>	
	12/01/2019	24HR			Pol	ice I	Report		2	0		Longitude			ther:		
		AT INTERSECTION: <						LOCATION > NOT AT INTERSECTION									
		HIGHL	AND ST													F	
1 <b>4</b>	Route# Direc		of Roadway/Street		Route# Direction	ection Address # Name of Roadway/Street						eet					
_	At WASHINGTON ST					Feet N S E W 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 <b>4</b>							Feet NSEW of										
	Route# Direction Name of Intersecting Roadway/Street						Landmark										
<sup>3</sup> <b>5</b>	XVehicle1	#Occupants	Hit/Ru	n Mope	d Case N	lumber		19	9000012	229							
	License#		St 1	IC DOB/Age_		Reg# I	FHB1290			Reg	Tyne	PASS	Re	o Stat	e NC		
	Sex M   Lic. Class   C   18   18   Lic. Restrictions   1   CDL						Reg # FHB1290         Reg Type PASS         Reg State NC           Veh Year 2013         Veh Make NISSAN         Veh Config.         1										
4			THOMAS	Enc. WELL	lorsment S		(Same as ope	rator)								-	
3	Address 463 S	Decretor         FARMER         THOMAS         WELLS           Last         First         Middle           ddress         463 SUNDOWN RD					Owner(Same as operator)  Last First Middle  Address										
	City MOORESVILLE State NC Zip 28117						CityStateZip										
	Insurance Company CINCINNATI INSURANCE COMP						Which Action Drives to Count 21 Damaged Area Code: (Circle Up to Three)										
5	1			sponding to Emer	gency? N			22 22	2 22	22	2		<b>D</b>	<b>4</b>			
1		ssued)		spending to zine.	Bene)		Iarmful Event	23	1			$\Lambda$			10 Undercarr	iage	
	,			on 2: ChSe	с		Contributing Co		4 24	24	1	<b>-</b>   ]:	9	5	11 Totaled		
<sup>6</sup> 3	1			on 4: ChSe			ide/Override	25	l	wed N	8	7	7	6			
	Please fill out for operator and all occupants involved						lac, o verride	Π.	26 Z Seat Safe		29 Airbag	30 31 Eject Trap Code Code	1 32 Injury	33 Transp.		-	
	Name (Last Fir	st Middle)			Above		Age/DOB	Sex 1	Pos. <b>S</b> yst	tem Status	Switch	Code Code  O  O	Status 10	Code 1	Medical Facili	ty	
	Орегию				110010				1	*	99	0 0	10	1			
<sup>7</sup> <b>3</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupa	nts Non-Mo	otorist A Type	;	4 Action 1	Loca	ation	16 C	onditio	n 17		Hit/Ru	ın Mop	ed	
	License# St MD DOB/Age					Reg#_1	ICR2863		Reg Type PASS				Reg State MD			_ ]	
	Sex_F Lic. Class C 18 18 Lic. Restrictions B 9 CDL						Veh Year 2012 Veh Make HYUNDAI Veh Config. 20										
8 1	Operator ROLIN DANIELLE RENE  Last First Middle						Owner (Same as operator)										
	Address 11215 GEORGIA AVE (apt. 732)						s									-	
	City SILVER SPRING State MD Zip 20902						City State Zip										
	Insurance Company PROGRESSIVE						Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel	Direction: N	S X W	esponding to Emer	rgency?N	Event S	Sequence 1	22 22	22	22	2	3	3	4			
	Citation # (If I	ssued)	Most Harmful Event 1 23 G						_   }-	10 Undercarriage 5 11 Totaled							
	Violatio	n 1: ChSe	Driver Contributing Code 1 24 24														
	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed N 8 7 6										
	Pl Name (Last Fi		operator and a	ll occupants inve	olved Address		Age/DOB		26 2 Seat Safe Pos. Sy	27 28 ety Airbag stem Status	29 Airbag Switch	30 31 Eject Trap Code Cod	32 Injury	33 Transp. Code	Medical Faci	lity	
		Non-Motorist			Above Above		Age/DOB		1	stem Status 4		Code Cod  0 0	e Status 10	1	ivicuical fact	iity	
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									+								
									$\perp$								
							1								I		



ALLAN L CICCONE, III NEWTON FOLICE DEFARTS 12/01/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date