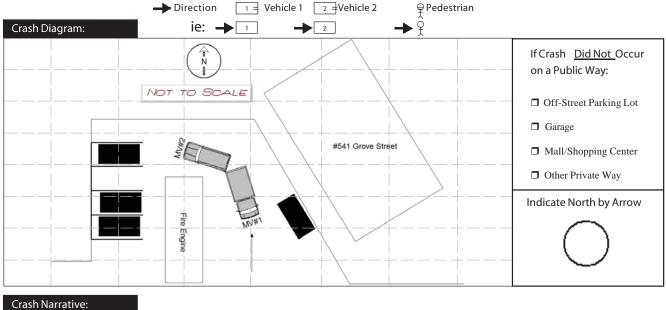
Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street    Feet   N   S   E   W   of   Route#   Intersecting Roadway/Street		Poli	ce Use Only		Comm	onweal	lth o	f Massa	ach	use	tts		[		RMV	Doc Doc	umen	t Number	
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Router   Direction   Name of Readway/Steer   Router   Direction   Name of Readway/Steer   Router   Direction   Name of Intersecting Roudway/Steer   Feet   Nis   E   W of   Router   Direction   Name of Intersecting Roudway/Steer   Feet   Nis   E   W of   Router   Direction   Name of Intersecting Roudway/Steer   Feet   Nis   E   W of   Router   Direction   Name of Intersecting Roudway/Steer   Feet   Nis   E   W of   Router   Direction   Name of Intersecting Roudway/Steer   Feet   Nis   E   W of   Linchmusk   District   Distric	-		AT INTER	RSECTION		< L	OCAT	TION :	>			N	OT A	AT I	NTE	ERSI	ECT	ION:	_
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Fee	1	Route# Direct	tion	Name			F	Route# Direction	on A	ddress	s #			Nan	ne of R	oadwa	ay/Stre	eet	
Routed Direction Name of Intersecting Roadway/Street Also a Intersecting Roadway/Street  For S F W F W of  Routed Direction Name of Intersecting Roadway/Street    Sect   S F W   of   Routed   Intersecting Roadway/Street	$\exists$				At			Feet N	NSE	W o	of –			_ •	(	or			$\perp$
Rouge   Direction   Name of Intersecting Roadway/Street   Fee   S   E   W   of   Intersecting Roadway/Street   Landmark	-	Route# Direc	tion N	Name of Intersec	ing Roadway/Stree	rt .						Mi	le Mar	ker			Е	xit Number	_
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Address   SQUINSIGAMOND AFE						orsment					ке					venc	Coming	,. <u> </u>	-
City SHREWSBURY  Insurance Company OLD REPUBLICINS  Vehicle Travel Direction: X S EW Responding to Emergency? Y  Vehicle Travel Direction: X S EW Responding to Emergency? Y  Citation # (If Issued).  Vehicle Travel Direction: X S EW Responding to Emergency? Y  Vehicle Travel Direction: X S EW Responding to Emergency? Y  Vehicle Travel Direction: X S EW Responding to Emergency? Y  Vehicle Travel Direction: X S EW Responding to Emergency? Y  Vehicle Travel Direction: X S EW Responding to Emergency? Y  Vehicle Travel Direction: X S EW Responding to Emergency? Y  Vehicle Travel Direction: X S EW Responding to Emergency? Y  Vehicle Travel Direction: X S EW Responding to Emergency? Y  Vehicle Action Prior to Crush  10 Dundercarriage  To row M  Nos Hamriful Event  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	72 S C	Last DUINSIGAMON	First		liddle		Las	t			Firs	t			Mid	ldle		-
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Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Soc							Driver	Contributing Co		99			8	Ų	/   7	<u> </u>	)		
Operator	3						Underri	ide/Override		] [				20	21	22		1	_
FAMIGLIETTI, NICOLE, F  29 JONATHAN ST (apt 1) BELMONT, MA 02418  Please Select One of the Following:  License # St DOB/Age Reg # 8XY856 Reg Type PAN Reg State MA Sex Lic. Class   18   18   Lic. Restrictions   19   CDL Veh Year 2015 Veh Make MERZ Veh Config.   2   2   2   2    Operator				ator and all occ				Age/DOB	Sex	Seat S Pos. S	Safety A System	28 Airbag Status	Airbag Switch	Eject Code	Trap 1 Code :	52 Injury Status	Transp. Code	Medical Facili	ity
Please Select One of the Following:    Class   Base   Base		Operator									1	4	4	0	0	10	1		
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Operator				8	19		_		Ve	eh Mal	ke MI		, -JF					20	
Address State State Zip City CAMBRIDGE State MA Zip 02140  Insurance Company QUINCY MUTUAL FIRE Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NSEW Responding to Emergency? NEw Total Sec Violation 1: Ch Sec Violation 2: Ch Sec Direction: Notation 1: Ch Sec Violation 2: Ch Sec Underride/Override Seat Safety Airbag Field Trap Injury Transp.  Please fill out for operator and all occupants involved Name (Last First Middle) Address Sec Above Age/DoB Sex Pos. System Status Switch Code Code Status Code Medical Facility  HAO, YAOQIONG 320 RINDGE AVE (apt 401) CAMBRIDGE, MA 02140  CHANG RUIVI 320 RINDGE AVE (apt 401)  CHANG RUIVI 320 RINDGE AVE (apt 401)  CHANG RUIVI 320 RINDGE AVE (apt 401)	- 1			_														,-	
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Name (Last First Middle)         Address         Age/DOB         Sex         Pos.         System         Status Switch         Code         Code         Medical Facility           Operator/Non-Motorist         See Above	Ļ						Underri	iue/Override					29	30	31	32	33		_
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The OP. of MV#1 was responding to a cardiac arrest emergency call. She was backing into an area close to the front door for the ease of loading patients. Emergency lights and back-up alarm were all in use. She didn't expect a vehicle to be illegally parked at a certain area while she was backing up, and also didn't see observe any lights on that vehicle. That's when MV#1 collided into the rear of MV#2.

MV#2 was parked near the front door in order to help an elderly party out of the car and into the building. The owner, who was also the driver of MV#2 was not inside the vehicle when the crash occurred. Inside MV#2 were two passengers waiting for the owner to come back.

Pictures were taken and left with IT Bureau.

W itnesses: Name (Last, First, Middle)							
Name (Last, First, Middle)							
	Ad	ddress			Phone :	#	Statement
Property Damage:	<u> </u>						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Carrier Name					Carrier Issa		
					Carrier issi	uing Authority Code	
Address							
			City		St	Zip	
AddressUS DOT #:	State Number		City		St	Zip	
AddressUS DOT #:	State Number		City		St	Zip	
AddressUS DOT #:	State Numberss Vehicle Weight 38		City Issuing State	ICC #:_	St	Zip	
AddressUS DOT #: Cargo Body Type Code 37 Gros	State Numberss Vehicle Weight 38		City Issuing State	ICC #:_	St	Zip	