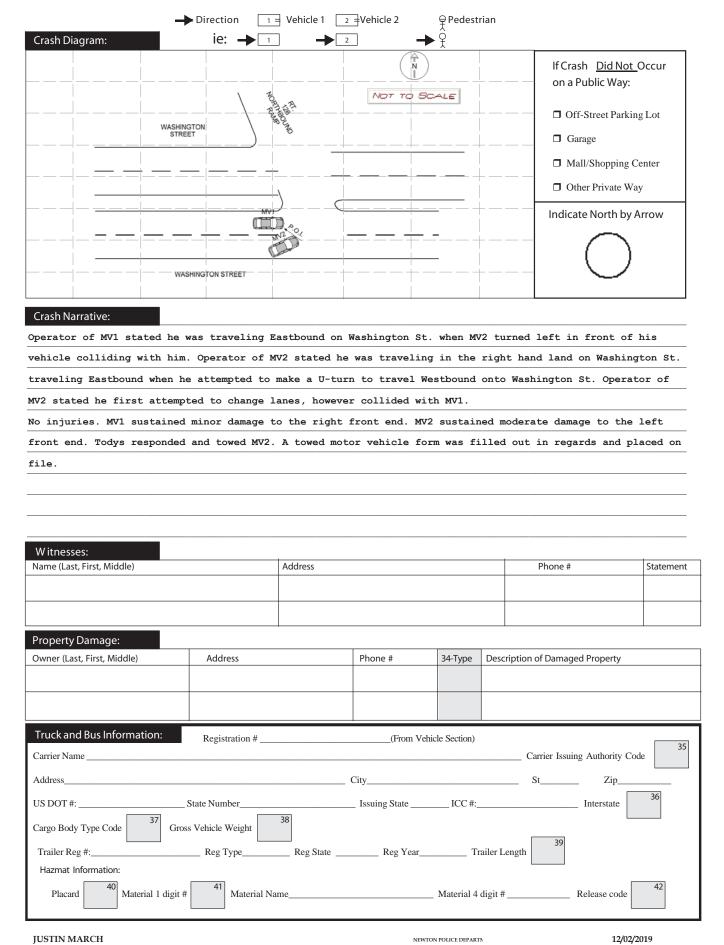
	Poli	ice Use Only		Commo	onweal	th o	f Mass	ach	use	tts			RMV I	Docum	ent Number		
	Date of Crash 12/02/2019	Time of Crash	City/T NEWTON	own N	Notor	Vehi	icle Cra	ısh	Nun Vehi		lumber njured	Speed Latitud	Limit <u>.</u> de	30	State Police Local Police MBTA Police	NA NA	
	12022019	24HR	NEWTON				Report		2		0	Longit			Other:		
		AT INTERSECTION: <						LOCATION > NOT AT INTERSECTION:									
							EAST WASHINGTON ST									F	
1 4	Route# Direc	Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/St							treet	_			
	At						Feet NSEW of or										
	Route# Direction Name of Intersecting Roadway/Street					— <u> </u>	Mile Marker Exit Number										
	Also at Intersection with						Feet X S E W of ROUTHBOUND ON RAM Route# RT. 128 NORTHBOUND ON RAM Intersecting Roadway/Street										
² 5						-	Feet	N S E	W of		Routen	1110	crscen	ng Road	way/Bireet		
	Route# Direction Name of Intersecting Roadway/Street					Landmark											
3	XVehicle1	1_#Occupants	Hit/Rur	Moped	Case N	umber		1	1900001	1240						-	
	License#		St N	IA DOB/Age		Reg#2	24819			R	eg Type	TAN		Reg S	tate MA		
	Sex M Lic. Class D Lic. Restrictions 1 CDL						Reg # 24819 Reg Type TAN Reg State MA Veh Year 2012 Veh Make TOYOTA Veh Config. 1										
4	Operator PRO		SAMSON	Endor	rsment		TAURUS TA						`	ven com	iig.	_	
1	Address 55 GI	Last EORGETOWN P	First	Mid	dle		S 209 TUDOR]	First			Middle		-	
	City HYDE PARK State MA Zip 02136						BOSTON						State N	MA 7	ip_02127	-	
	Insurance Company PROTECTIVE INSURANCE COMPANY					-	Action Prior t	n Crach		21					ircle Up to Thr	ee)	
5	1			sponding to Emerge	mey? N		Sequence 1			22 22	2 0		0		4		
2		ssued)		sponding to Emerge	ncy:		Iarmful Event	2.	3				\prod		10 Undercarr	riage	
	,			n 2: ChSec_				1	1 24	[] :	1 4	-	9	. :	5 11 Totaled		
3	1						Contributing C	2	_	owed 1	8		7		5		
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						ide/Override					30 Eject	31	32 3 jury Tran	33	\dashv	
	Name (Last Fir		1	Add	lress		Age/DOB	Sex			28 29 pag Airbag tus Switch		Code St	atus Code	sp. e Medical Facil	ity	
	Operator			See Al	bove				1	1 4	99	0	0 1	1 1			
⁷ 5	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupa	nts Non-Moto	orist A Type	14	4 Action	Loc	cation	16	Conditi	on	17	Hit/	Run Mop	ed	
	License # St MA DOB/Age					Reg # 7AL516 Reg Type PAN Reg State N							tate_MA	_]			
	Sex_M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2015 Veh Make NISSAN Veh Config. 20											
1	Operator ROSEN NORMAN Endorsment					Owner ALCANTARA ALBA Last First Middle											
1	Address 300 CODMAN HILL RD (apt. 33C)					Address	_S 4 (apt. 4) CU	RWIN	CIR		rirst			Middle		_	
	City_BOXBOROUGH State_MA Zip_01719					City LYNN State MA Zip 01905											
	Insurance Company PLYMOUTH ROCK ASSURANCE CORP					Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)											
	Vehicle Travel Direction: N S X W Responding to Emergency? N					Event S	Sequence 1	22 2	22 2	22 22	2 2	٨	3		4		
	Citation # (If Is	ssued)				Most H	Iarmful Event	1 2.	3		۔ ا		9	$\left(\left \cdot \right \right)$	10 Undercari 5 11 Totaled	riage	
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 12 24 19 24											
	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed Y 6										
			operator and a	ll occupants invol					26 Seat S	27 2 afety Airb	28 29 bag Airbag	30 Eject	Irap In	jury [Fran			
	Name (Last Fi	rst Middle) Non-Motorist		Ad See Al	oove		Age/DOB	Sex	Pos. S	System Sta 1 4	99	Code	Code S	Status Coo	de Medical Faci	lity	
	1									1		-	- 1	- -		\dashv	
								+		+							



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

Date