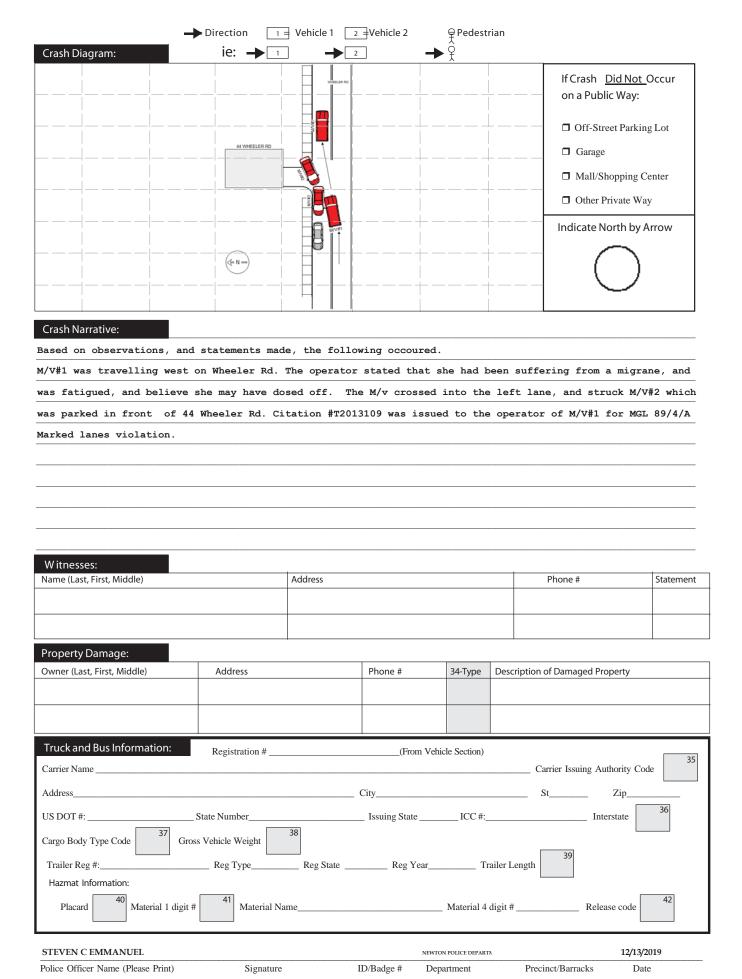
	Poli	ce Use Only		Commo	nwealt	h o	f Massa	ach	use	tts			RMY	V Doc	umen	t Number		
	Date of Crash 12/13/2019	Time of Crash 16:25	City/To	own M	lotor V	<sup>7</sup> ehi	cle Cra	sh		nber	Numb		ed Limi		St L	tate Police ocal Police IBTA Police	□ <b>X</b> i	
	12/15/2019	16:25 24HR	NEWTON		Polic	e R	Report		2	icics	0		ngitude_			IBTA Police ther:		
		AT INTER	OCATION > NOT AT INTERSECTIO									ION:						
									WEST 44 WHEELER RD									
1 <b>4</b>	Route# Direct	tion	Name of Roadway/Street			Route# Direction Address # Na								ame of Roadway/Street				
-	At						Feet NSEW of or											
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number											
				rsection with		_ -	Feet [	N S I	E W o	f .	Route	<del></del>	Intercac	ting D	oodwa	y/Street	-	
<b>2 2</b>						-	Feet [	N S I	E <b>W</b> o	f	Route	T	mersee	ting ix	oauwa	у/знест		
	Route# Direction Name of Intersecting Roadway/Street						Landmark											
3	XVehicle1	1_#Occupants	Hit/Run	Moped	Case Nur	nber		:	190000	1282								
	T: "		g. M	A DOD/4		, 4	T1285				D	РΔ	N	ъ	G	МА		
	18 18 19						Reg # 4TJ285         Reg Type PAN         Reg State MA           Veh Year 2016         Veh Make VOLVO         Veh Config.         2											
4			Lic. Restriction	S CDL _ Endorsr	ment									_ Veh (	Config	. 2	-	
$1^{4}$	Operator 25 SK	Last	First	Middle			(Same as open				First			Mid	ldle		- [	
	Address 25 SKYVIEW RD					Address  City State Zip												
	City NEWTON State MA Zip 02459  Insurance Company QUINCY MUTUAL									21	_				_	le Up to Thr		
5							Action Prior to			1	<b>22</b> 2	U	au Alea	Code.	4	е ор ю тис	ee)	
				onding to Emergence			equence 2		23				$\overline{\bigcap}$	$\overline{A}$		10 Undercarr	iage	
		ssued) T2013109				Aost Ha	armful Event	2		4	24	<b>—</b>	9			11 Totaled	lage	
)				2: ChSec			Contributing Co		21				<u> </u>	$\mathcal{L}$	) 6			
<b>1</b>				1 4: ChSec	U	Inderrio	de/Override	T -	] 1	Towed	<u> </u>		0 21	20		ı	_	
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	26 Seat S Pos. S	Safety A System S	28 irbag Air tatus Swi	29 3 pag Ejec tch Cod	0 31 Et Trap e Code	32 Injury Status	33 Fransp. Code	Medical Facili	ity	
	Operator			See Abo	ove					1 4	4	0	0	10	1			
7	Please Select C	) n n			Г	14		15		10	<u> </u>		17			<u> </u>		
1	of the Followin	IX Mahida	2 <u>0</u> #Occupan	ts Non-Motori	ist A Type	14	Action	Lo	cation	1,	Con	dition	17		Hit/Ru	ın Mop	ed	
	License # St DOB/Age					Reg # 72	25CC9	,	Reg Type_PAN					Reg State_MA				
	Sex Lic. Class													20				
3_	Endorsment Operator						BERGA			ARIN.				-				
1	Last First Middle Address						44 WHEELEI	R RD			First			Mid	ldle		_	
	City State Zip						EWTON						State	MA	7in	02459	-	
	Insurance Company INTEGON NATIONAL					Damaged Area Code: (Circle Up to Three										ee)		
	·			enonding to Emergen						22	<u>22</u> 2		3		<b>4</b>	•		
						Event Sequence 1 10 Undercarriage											riage	
				2. Ch S			armful Event	1	1 2	4	24	<b>—</b>	9		5	11 Totaled		
				on 2: ChSec			Contributing Co	L	1 -		v 8		7	<u> </u>	6			
١				on 4: ChSec l occupants involve		nderrio	de/Override			owed _		29   30	0 31	] 32	33		_	
	Name (Last Fi	rst Middle)	operator and ar	Addr	ess		Age/DOB	Sex		Safety A System	28 irbag Air Status Sv	pag Ejec	0 31 Trap de Code	Injury Status	Transp. Code	Medical Faci	lity	
	Operator/	Non-Motorist		See Abo	ve													
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