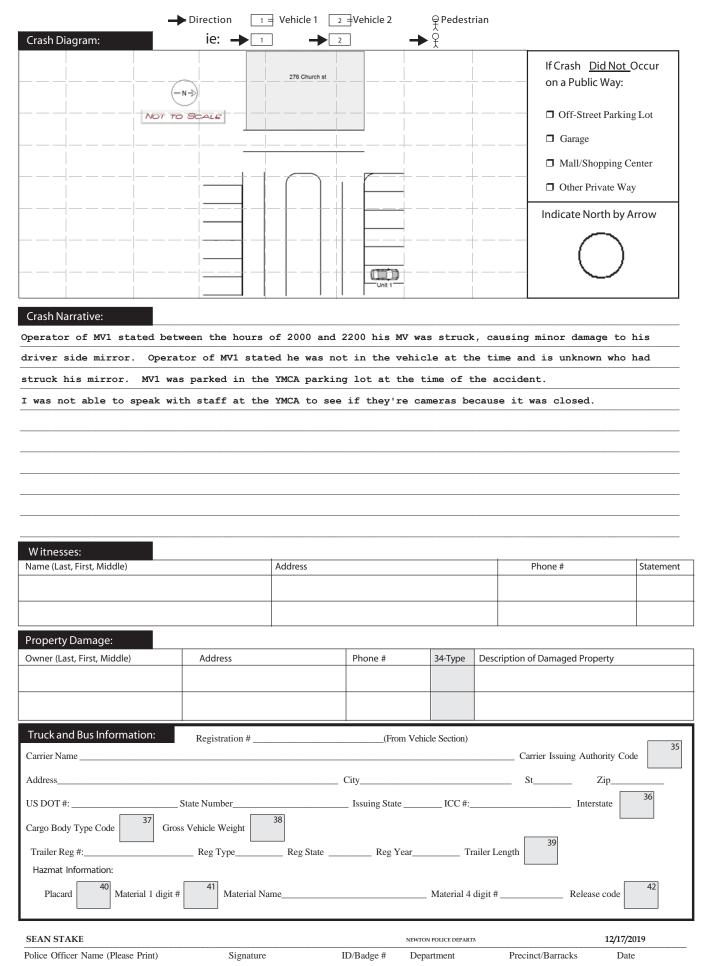
| | Pol | ice Use Only | | <u>Com</u> monweal | lth o | f Massa | ach | uset | ts | | RM | V Docun | nent Number | | |
|-----------------------|--|---|--------------------------|----------------------|--|---|---|-------------------|----------------------|-----------------|------------------|-------------|---|--------|--|
| | Date of Crash 12/17/2019 | Time of Crash 21:45 24HR | City/Town NEWTON | MIOTOI | | icle Cra Report | sh | Num Vehic 2 | | ired La | eed Limititude _ | | State Police Local Police MBTA Police Other: | N N | |
| | AT INTERSECTION: < | | | | | LOCATION > NOT AT INTERSECTION | | | | | | | CTION: | | |
| 1 | l | | | | | NORTH | | | | JRCH S | | | | | |
| 4 | Route# Direc | Route# Direction Name of Roadway/Street At | | | | | Route# Direction Address # Name of Roadway/Street | | | | | | | 2 | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | Feet NSEW of or Exit Number | | | | | | | | | |
| | Also at Intersection with | | | | | Feet NSEW of Route# Intersecting Roadway/Street | | | | | | | | | |
| ² 5 | Route# Direc | tion | ng Roadway/Street | Feet NSEW of | | | | | | | | | 99 | | |
| 3 | | | | Landmark | | | | | | | | | \dashv | | |
| 4 | Venicie | #Occupants | Number 1900001305 | | | | | | | | | | | | |
| | License # St MA DOB/Age Sex M Lic. Class D Lic. Restrictions 1 CDL | | | | | Reg # 1NWC17 Reg Type PAN Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 1 | | | | | | | | | |
| 4 | Operator NEI | | Lic. Restrictions BRYCE | Endorsment | | HONDA LEA | | | | | | | | $ 7^1$ | |
| 1 | Address 52 MAIN ST | | | Middle | | S 600 KELLY V | | | Firs | t | | Middle | | _ '/ | |
| | City ACTON State MA Zip 01720 | | | | City H | OLYOKE | | | | | State | MA | Zip 01040 | - | |
| 5 | Insurance Company GOVT EMPLOYEE INS | | | | | Action Prior to | | 1. | | Damaş | ged Area 3 | Code: (0 | Circle Up to Thre | ee) | |
| 2 | Vehicle Travel Direction: XSEW Responding to Emergency? N | | | | | Event Sequence 11 10 Underc | | | | | | | | iage | |
| | ` | ssued) 1: Ch Sec | | ChSec | | Iarmful Event Contributing Co | 11 | 1 24 | 24 | 1 | 9 | | 5 11 Totaled | | |
| ⁶ 4 | Violation 3: ChSec Violation 4: ChSec | | | | | Underride/Override Z5 Towed N 8 O 6 | | | | | | | | | |
| | Please fill out for operator and all occupants involved Name (Last First Middle) Address | | | | Age/DOB Sex Pos. System Status Surich Code Code Status Code Medical Facility | | | | | | | | _{tv} 99 | | |
| | Operator | | | See Above | | | | 9 | | 4 0 | 0 | 10 1 | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 1 | Please Select (of the Followi | IX Vehicle | 2 <u>0</u> #Occupants | Non-Motorist A Type | 14 | Action 1 | Loc | cation | 16 C | ondition | 17 | Hi | t/Run Mop | ed | |
| | License#StDOB/Age | | | | | teg # UNK Reg Type_UNK Reg State_ | | | | | | State XX | - | | |
| o | Sex Lic. Class Lic. Restrictions CDL Endorsment | | | | | /eh Year UNK Veh Make UNK Veh Config. | | | | | | | | | |
| ⁸ 2 | Operator Last First Middle Address | | | | | Owner Last First Middle | | | | | | | | | |
| | CityStateZip | | | | | Address | | | | | | | | | |
| | Insurance Company | | | | | Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| | Vehicle Travel Direction: NSEW Responding to Emergency? N | | | | | Event Sequence 99 22 22 22 22 3 4 10 Undercarriage | | | | | | | | | |
| | | Citation # (If Issued) | | | | | Most Harmful Event 2 1 5 11 Totaled | | | | | | | | |
| | Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec | | | | | Driver Contributing Code 99 Towed N 8 7 6 Underride/Override Towed N 8 7 6 | | | | | | | | | |
| | Pl | ease fill out for | operator and all oc | ecupants involved | Underr | | | 26 Seat Sa | 27 28 fety Airbag | 29 Airbag Ei | 30 31 Trap | Injury [Fra | 33 insp. | | |
| | Name (Last Fi | Non-Motorist | | Address See Above | | Age/DOB | Sex | Pos. S | ystem Statu | Switch C | ode Code | Status C | ode Medical Facil | lity | |
| | | | | | | | | | | | | | | | |
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