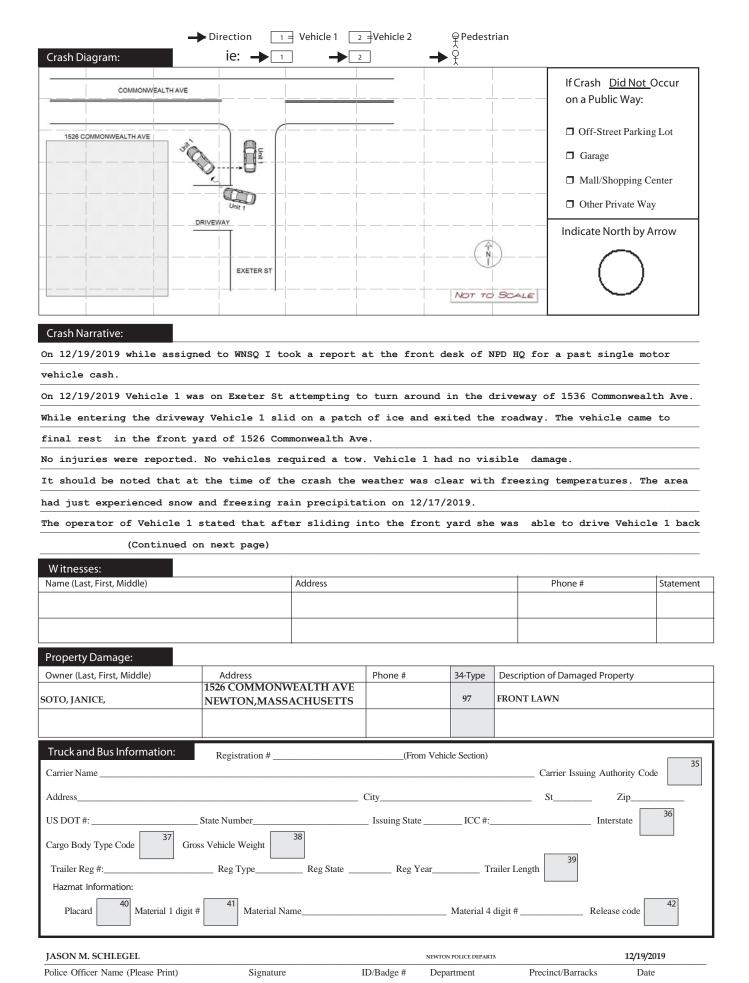
	Poli	ice Use Only		Commonwea	lth o	of Mass	ach	usett	S		RMV	/ Docui	ment Number	
	Date of Crash 12/19/2019	Time of Crash 10:00	City/Town	1410101		icle Cra Report	ash	Numbe Vehicle 1		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	XI E D
		AT INTER	SECTION:		LOCAT		>	1					CTION:	
	WES.	т сомм	ONWEALTH AVE		П									2
1	Route# Direc			padway/Street		Route# Directi	on A	ddress #		N	ame of R	loadway	/Street	
_	At NORTH EXETER ST			Feet N S E W of • or							_ 2			
	Route# Direc	etion N	lame of Intersecting I		<u> </u>	East [MCE	lw .c	Mile	Marker			Exit Number	_
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street								$-\mid$
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								
3	X Vehicle 1	XVehicle1 1_#Occupants				•								
	_			T Case I	Number	4443100		90000131						_
	License#	18 1		DOB/Age	-	111N60 ear_2020							State MA 20	
4	Sex_F_ Lic. (Lic. Restrictions MARGARET	CDL Endorsment								Veh Co	onfig. 1	
1	ll .	Operator BECKLER MARGARET Endotsment Last First Middle Address 4 MOUNT PLEASANT ST (apt. 304)				(Same as ope			First			Middle	e	_ 7
	City BILLERICA State MA Zip 30096				Address City StateZip									
	Insurance Com	pany COMMER			Vehicle	e Action Prior t	o Crash	1	21	Damag	ed Area	Code: (Circle Up to Th	ree)
5 1	Vehicle Travel	Direction: N	S E X Respon	ding to Emergency?_N	Event	Sequence 35	22 2	22 22	22 2	!	3		4	
	Citation # (If I	ssued)			Most F	Harmful Event	35	3	1	4	9		10 Undercar 5 11 Totaled	rriage
6	Violation	1: ChSec	Violation 2:	ChSec	Driver	Contributing C		9 24	24		VŢ)	
⁶ 4	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6								
	Please t Name (Last Fir		ntor and all occupa	nts involved Address		Age/DOB	Sex	26 Safety Pos. System	28 Airbag Ai Status Sw	29 3 bag Ejec itch Cod	0 31 Et Trap le Code	32 Injury Tr Status C	33 ansp. ode Medical Faci	gility 97
	Operator			See Above				1	4 4	0	0	10 1	L	
⁷ 9	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Typ	pe 1	4 Action	Loc	cation	16 Con	dition	17	Пн	it/Run	ped
	License#StDOB/Age					eg#Reg TypeReg State					State	_]		
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					eh YearVeh MakeVeh Config.						-		
8 1	Operator Last First Middle				Owner	La	st		First			Middle	e	-
	Address					Address								
	CityStateZip				-						State			_
	Insurance Company					e Action Prior t			22 2		ed Area	Code: (Circle Up to Th 4	ree)
	Vehicle Travel Direction: NSEW Responding to Emergency? Citation # (If Issued)					Event Sequence 10 Undercarriage								
	,		Most Harmful Event 9 5 11 Totaled											
			cc Violation 2	Driver Contributing Code Underride/Override Underride/Override Z5 Towed 8 7 6										
	Pl	ease fill out for	operator and all of		Jiidell			26 27 28 29 Seat Safety Airbag Airbag		29 30 bag Eiec	30 31 32 Figet Trap Injury Tr		33 ransp.	\dashv
	Name (Last Fi	rst Middle) Non-Motorist	<u> </u>	Address See Above		Age/DOB	Sex	Pos. Syste	m Status S	witch Co	de Code		Code Medical Fac	cility
	- F 3744/31/									+				
										+				
										+				



-	Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestria	an						
Crash Diagram:	ie: → 1	→	2	Ŷ							
					If Crash <u>Did Not C</u> on a Public Way:	Occur					
					— ☐ Off-Street Parking	g Lot					
					☐ Garage						
		+			☐ Mall/Shopping Ce	anter					
				+							
					Other Private Way	ý					
					Indicate North by A	rrow					
				+							
					\ \ /						
Crash Narrative:					•						
on to Exeter St. The opera	tor of Vehicle	1 stated th	nat while she w	as exitin	g the front ward her tire	s were					
spinning and may have cau					-						
to notify the homeowner of											
responded to 1526 Commonwe											
observe tire tracks in the											
had been done. No phone number is listed for the homeowner of 1526 Commonwealth Ave as a result I will mail notification of this crash to the homeowner.											
W itnesses: Name (Last, First, Middle)		Address		Phone #	Statement						
rame (zasty) msty matately		7.00.033			· · · · · · · · · ·	Statement					
Property Damage:	T										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property						
Truck and Bus Information:	Registration #		(From Vehi	cle Section)							
Carrier Name	registration "		(From veni	Carrier Issuing Authority Cod	35 le						
Address_			City		St Zip						
US DOT #:			•			36					
37	ss Vehicle Weight	38	Issuing State	ICC #	Interstate						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length 39						
Hazmat Information:	3 71										
Placard 40 Material 1 digit #	# 41 Material N	Jame		Material 4 di	git # Release code	42					
IASON M. SCHLEGEL				N POLICE DEPARTA	12/19/2	240					

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)