AT INTERSECTION:    AT INTERSECTION:   COATION   NOT AT INTERSECTION		Poli	ce Use Only		Com	monwe	alth c	of Mass	achus	setts	\$		RM	V Doc	umen	ıt Number		
ACATINERSECTION:  ACTIVERSECTION:  WASSINGTON ST  House of Direction  Name of Intersecting Roadway/Street  All MASS PIKE OFF RAMPWISS I  Rousel Direction  Name of Intersecting Roadway/Street  All MASS PIKE OFF RAMPWISS I  Rousel Direction  Name of Intersecting Roadway/Street  All Mass PIKE OFF RAMPWISS I  Rousel Direction  Name of Intersecting Roadway/Street  All Mass PIKE OFF RAMPWISS I  Rousel Direction  Name of Intersecting Roadway/Street  All Mass PIKE OFF RAMPWISS I  Rousel Direction  Name of Intersecting Roadway/Street  All Mass PIKE OFF RAMPWISS I  Rousel Direction  Name of Intersecting Roadway/Street  All Mass PIKE OFF RAMPWISS I  Rousel Direction  Name of Intersecting Roadway/Street  All Mass PIKE OFF RAMPWISS I  Rousel Direction  Name of Intersecting Roadway/Street  All Mass PIKE OFF RAMPWISS I  Rousel Direction  Name of Intersecting Roadway/Street  Pear NSE W SE W Seed See Rog Type FAN Reg State W See W See W See See Rog Type FAN Reg State W See W See See W See See Reg Type FAN Reg State W See W See See Reg Type FAN Reg State W See See See See Reg Type FAN Reg State W See See See See See See See See See				1	Town	Motor	· Veh	icle Cra	ısh [						- S	tate Police local Police MBTA Police	□ Xì	
WASHINGTON ST  Route# Direction Name of Readway/Street  MASS PIKE OFF RAM/PWEST  Route# Direction Name of Intersecting Readway/Street  Alto at Intersecting Rea	'	01/06/2020				Po	olice 1	Report			1 3		_			ABTA Police Other:		
Rouse® Direction Name of Readway/Street  MASS PIKE OFE RAMD/WEST  Rouse® Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet NSEW of Roate® Intersecting Roadway/Street  Landmark    Feet NSEW of Roate® Intersecting Roadway/Street    Feet NSEW of Roate® Intersecting Roadway/Street   Landmark   La		·	AT INTI	ERSECTION	•	<	LOCA	TION	>		N(	)T A	T INT	ERSI	ECT	ION:		
Rouse   Direction   Name of Roadway/Street   Rouse   Direction   Address   Name of Roadway/Street			WAS	SHINGTON ST													-	
Route   Direction   Name of Intersecting Roadway/Street   Feet   N   E   W   of   Route   Intersecting Roadway/Street   Feet   N   E   W   of   Route   Intersecting Roadway/Street   Feet   N   E   W   of   Route   Intersecting Roadway/Street   Eadman   Roadway/Street   Roadway/Street   Eadman   Roadway/Street   Roadwa	Ī	Route# Direct			of Roadway/Str	reet		Route# Direction	on Add	ress #		]	Name of	Roadwa	ay/Stre	eet		
Route® Direction  Name of Intersecting Roadway/Street  Feet NS F W of Route® Intersecting Roadway/Street  Feet NS F W of Route® Intersecting Roadway/Street  Landmark  License # Sr MA DOB Age Sex, F Lie, Class D	$\dashv$							Feet NSEW of or										
Routes   Direction   Name of Intersecting Roadway/Street   Event   Signature   Event   Signature   Event   Signature   Event   Signature   Event   E	-	Route# Direct				Street	[			, or	Mil	e Marke	er	01	Е	Exit Number		
Route's Direction   Marne of Intersecting Roudway/Street   Landmark	-						[.	Feet	N S E V	of	Pou	to# _	Interce	cting D	oodwa	w/Street	-	
Discrete   Company   Content   Con								Feet	N S E V	v of	Rou	iCπ	Interse	cting ix	oauwa	ly/Sirect		
License #		Route# Direction Name of Intersecting Roadway/Street						Landmark										
Ser   F   Lic Class   D   18   18   Lic Restrictions   9   9   CDL   Veh Year 2016   Veh Make VOIK   Veh Config.		XVehicle1	2_#Occupar	nts Hit/Ru	ın Mo	ped Case	Number		200	0000024							1	
Sex_F_Lic. Class   18   18   18   Lic. Restrictions   9   9   9   CDL   Veh Year_2016   Veh Make VOIK   Veh Config.    Operator MCCARRON   ELIZA   G   Endorsment   Models   M	I	License#		St	MA DOB/Ag	re	Reg#	6RZ365			Reg	Type_P	AN	Re	eg Stat	te MA		
Operator   MCCARRON   ELIZA   G   Endorment   Owner   MCCARRON   ROBERT   Maddle   Address   18 UPLAND RD   Address   12 UPLAND RD   Address   1		Sex F Lic. C	Class D 18		19		_		Veh l	Make V						20		
Address 18 UPLAND RD  Address 19 Unsurance Company SAFETY  Vehicle Action Prior to Crush  I Vehicle Travel Direction: N S E X Responding to Emergency? N Event Sequence I 22 22 22 22 23 3 4  Vehicle Travel Direction: N S E X Responding to Emergency? N Event Sequence I 22 22 22 22 23 3 4  Vehicle Travel Direction: N S E X Responding to Emergency? N Event Sequence I 22 Towed Y S I I Violation 3: Ch. See Violation 4: Ch. See Underride Override I S Towed Y S I I I I I I I I I I I I I I I I I I	$\dashv$			ELIZA		Endorsment		MCCARRON	J		RT					,	-	
City WELLESLEY		Address 18 UP	Last PLAND RD	First		Middle					First			Mid	ldle		-  -	
Insurance Company SAFETY  Vehicle Action Prior to Crash  Vehicle Travel Direction: NSEN Responding to Emergency? N  Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 23 3 4 100 100 100 100 100 100 100 100 100 1					State MA Zin	p 02482							State	<sub>e</sub> MA	Zin	02482		
Vehicle Travel Direction:   N   E   M   Responding to Emergency?   N		,							o Crash	1 2	_				_		ee)	
Citation # (If Issued)  Violation 1: Ch. Sec Violation 2: Ch. Sec Driver Contributing Code  Violation 3: Ch. Sec Violation 4: Ch. Sec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age DOB Sec	$\neg$	Vehicle Travel	Direction:	N S E W R	esponding to E	nergency? N	Event	Sequence 1	22 22		22	2	3		4			
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Violation 3: Ch					ion 2: Ch	Sec		l		24	24	1	' /'	<u>'</u>	5	11 Totaled		
Please fill out for operator and all occupants involved   Address   Age/DOB   Sex   Suffry   Aright   Vehicle   Cole   Sums   Code   Memory   Code   Code   Code   Sums   Code   Memory   Code   Code   Code   Sums   Code   Memory   Code		Violation	3: ChS	Sec Violat	ion 4: Ch	_Sec		_ [		Towe	<sub>ed</sub> Y	8	(	)	6			
PUOPOLO, SOPHIA				erator and all oc	cupants involv	ved			Sei			29 irbag E	30 31	32 Injury	33 Transp.		$\neg$	
PUOPOLO, SOPHIA  PUOPOLO, SOPHIA  PUOPOLO, SOPHIA  Please Select One of the Following:  Non-Motorist A Type  Id Action  If a du d d d d d d d d d d d d d d d d d			st Middle)		S				Sex Pos	s. \$ystem	Status 8	witch C			Code	Medical Facilit	ty	
Please Select One of the Following:    St MA   DOB/Age   Reg # 175VT6   Reg Type PAN   Reg State M	F	*	)PHIA						F 3	-	-	_					$\neg$	
of the Following:    Vehicle 2	F									1	1			10	1			
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of the Following:    Vehicle 2																		
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Veh Year 2013 Veh Make TOYT Veh Config.  Operator CHOKLER ALEKSANDR  Coperator CHOKLER ALEKSANDR  Address 160 STANTON AVE (apt. 515)  City NEWTON State MA Zip 02466  City NewTon State MA Zip 02466  City Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle U Vehicle Travel Direction: N S E N Responding to Emergency? N Most Harmful Event 1 23 Damaged Area Code: (Circle U Vehicle Travel Direction: N S E N Responding to Emergency? N Sec Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Direction: N S E N Responding to Emergency? N Sec				icle2 2_#Occup	ants Non-	-Motorist A Ty	/pe 1		Locati	ion	16 Co	ndition	17		Hit/Ru	un Mop	ed	
Sex M Lic. Class D Lic. Restrictions 9 CDL Veh Year 2013 Veh Make TOYT Veh Config.  Operator CHOKLER ALEKSANDR  Address 160 STANTON AVE (apt. 515)  City NEWTON State MA Zip 02466  City Vehicle Travel Direction: N S E X Responding to Emergency? N Vehicle Action Prior to Crash Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 24 24  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y  Please fill out for operator and all occupants involved Name (Last First Middle)  Address State Zip Damaged Area Code: (Circle Underride/Override 25 Towed Y 8 7 6 Code Status Code Make TOYT Veh Config.  Veh Year 2013 Veh Make TOYT Veh Config.  Owner (Same as operator)  Owner (Same as operator)  Damaged Area Code: (Circle Underride/Override 22 22 22 22 22 22 22 22 22 22 22 22 22	I							Reg # 175VT6 Reg Type PAN Reg State MA							te_MA	_		
Operator CHOKLER ALEKSANDR  Address 160 STANTON AVE (apt. 515)  City NEWTON State MA Zip 02466  Insurance Company SAFECO  Vehicle Travel Direction: NSEN Responding to Emergency?N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Owner (Same as operator)  Address  Address  Address  Address  Owner (Same as operator)  Address  Address  Address  Address  Address  Owner (Same as operator)  Address  Address  Address  Address  Address  Age/DOB Sex Pos System Status Switch Code Code Status Code Manual Code Status Code Manual Code Code Code Status Code Manual Code Code Code Status Code Code Code Status Code Code Code Status Code Code Code Status Code Code Code Code Status Code Code Code Code Code Code Code Code	s	Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL						20										
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Violation 3: ChSec Violation 4: ChSec Underride/Override		Violation	n 1: Ch	_Sec Viola	tion 2: Ch	Sec	Driver	Contributing C	ode 99	24	24					11 Totaled		
Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Ag		Violation	n 3: Ch	_Sec Viola	tion 4: Ch	Sec	Under	ride/Override	25	Tower	Y_	8	7		6			
Name (Last First Middle)  Address Age/DOB Sex Pos. System Status Switch Code Code Status Code M Operator/Non-Motorist See Above	ľ			for operator and	all occupants i					26 27 at Safety	28 Airbag	29 irbag E	30 31 lect Trap	32 Injury	Transp.			
				st	S			Age/DOB	Sex Po		n Status	Switch (	Code Code	Status		Medical Facil	lity	
CHOKLER, GALINA 160 STANTON AVE (apt 515) F 3 1 4 4 0 0 10 1	(				160 STANTON	AVE (apt 515)			F 3	1								
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