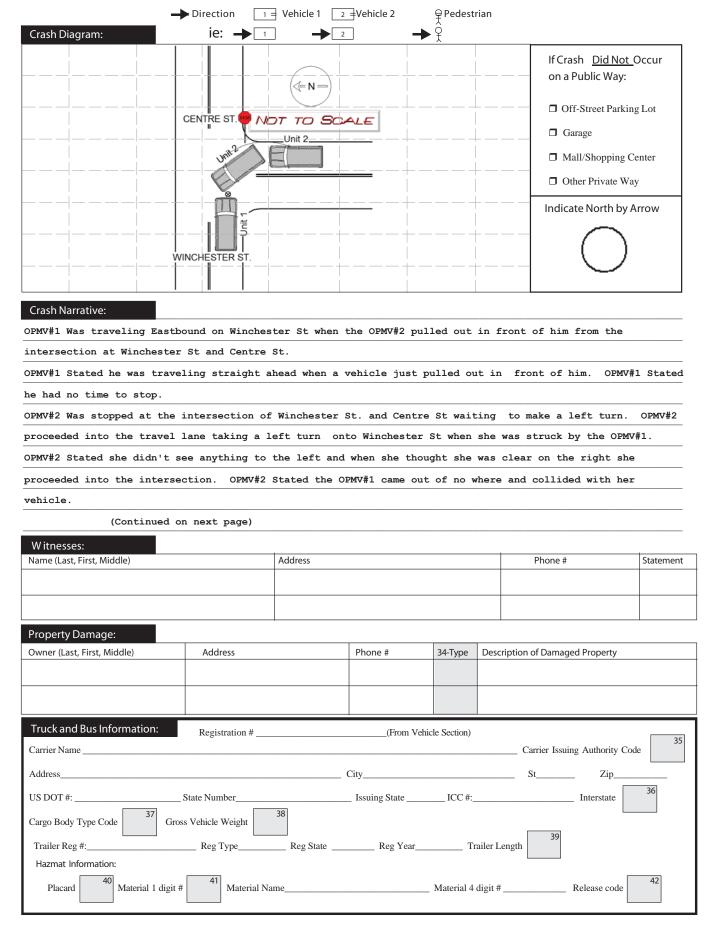
	Poli	ice Use Only		Commo	onwealt	h o	f Mass	ach	use	tts			RMV	Docu	ıment l	Number	
	Date of Crash 01/10/2020	Time of Crash 16:24	City/To	own N	Motor V	⁷ ehi	cle Cra	ısh	Nun Vehi		Number Injured	Speed Latitu			Stat Loc	e Police al Police TA Police	XI
	01/10/2020	24HR					Report		2		0	1	tude_		Oth	er:	
		AT INTER	RSECTION:		< L0	CAT	ION	>			NOT	AT I	NTE	ERSE	CTIC	ON:	<u> </u>
	WES	T CENTR	RE ST														
1 3	Route# Direc	tion	Name o	f Roadway/Street		R	oute# Directi	on A	ddress	#		Nam	e of R	oadwa	y/Street		
	EAST	Route# Direction				Feet NSEW of • or							_				
	Route# Direc					Mile Marker E: Feet N S E W of						Exit	Number	\dashv			
			Also at Inte	rsection with		-	_		_		Route#	In	tersect	ting Ro	adway/	Street	- -
1	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									[3	
3							Landmark									\dashv	
1	X Vehicle1	#Occupants	Hit/Run	Moped	Case Nui	mber		2	2000000	0040							
	License#	18 1	St M	DOB/Age	F	Reg # <u>4</u>	CZ989			F	Reg Type	PAN		Re	g State_	MA 20	_
	Sex_M_ Lic.	Class D 18 1	Lic. Restrictio	ns 1 CDL		√eh Yea	ar_2016	Ve	h Mak	e_HYU	N			Veh C	onfig.	1	
42	Operator TAM	perator TAMANG DIL B Endorsment Last First Middle					Owner (Same as operator) Last First Middle									- :	
	Address 79 W	ddress 79 WALNUT ST (apt. 1)					Address									-	
	City BELMONT State MA Zip 02478					City State Zip								-			
	Insurance Company COMMERCE INS.					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)											
2	Vehicle Travel	Direction: N	S X W Res	ponding to Emerge	ency? N F	Event S	equence 1	22 2		22 2			3	$\overline{\mathcal{A}}$	4		
	Citation # (If I	ssued)			N	Most H	armful Event	1 23			1	⊢	9) Undercarr l Totaled	riage
	Violation	1: ChSec	c Violatio	n 2: ChSec_	I	Oriver (Contributing C		_	1	24 8		<u>/ </u>		6		
1	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed Y											
		Please fill out for operator and all occupants involved une (Last First Middle) Address				Age/DOB Sex System Status Switch Code Code Status Code Medical Fa						Medical Facili	ity				
	Operator			See A	bove				9	99 4	99	0	0	10	1		
⁷ 3	Please Select C of the Followi		2 <u>1</u> #Occupar	nts Non-Moto	orist A Type	14	Action	15 Loc	cation	16	Conditi	on	17	□⊦	lit/Run	Мор	ed
	License #St MADOB/Age					Reg # 7WZ946 Reg Type_PAN Reg State_MA							MA	_			
	Sex_F Lic. Class D 18 18 Lic. Restrictions B 20 CDL					Veh Year_2018 Veh Make_TOYT Veh Config. 1											
2	Operator DA	erator DARCY KAREN M Endorsment M Last First Middle					(Same as ope	rator)			First			Midd	le .		_
_	Address 10 KNOB HILL RD					Address								-			
	City SHARON State MA Zip 02067					City State Zip								-			
	Insurance Company LIBERTY MUTUAL INS.					Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)								ee)			
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					Event Sequence 1 22 22 22 2 3 4											
	Citation # (If Issued)						Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									riage	
	Violatio	n 1: ChS	: I	Driver Contributing Code 19 24 4 24													
	Violatio	n 3: ChS	: t	Underride/Override													
		Please fill out for operator and all occupants involved Name (Last First Middle) Address						Sex	26 Seat Sa Pos. S	27 afety Airl System St	28 29 bag Airbag atus Switcl	30 Eject Code	31 Trap I Code		ransp. Code	Medical Faci	lity
		Non-Motorist		See A			Age/DOB			99 4	99	0			1		
ļ																	



-	Direction	Vehicle 1	2 ≢Vehicle 2	₽Pedestria	an		
Crash Diagram:	ie: 🕕 🛚 1	→ [2	2	→ ♀			
					on a	ash Did Not C Public Way: ff-Street Parking barage fall/Shopping Ce other Private Way ate North by A	g Lot enter
			-				
Crash Narrative:							
	m						
MV#1 Was towed by Tody's	Towing.						
W itnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Name (Last, First, Middle)		Address			Filotie #		Statement
Durana anta i Danasa a a c		•			•		•
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type I	Description of Damag	ed Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)			
Carrier Name					Carrier Issui	ng Authority Cod	e 35
					Carror 19501	5in	
Address			City		St	Zip	
LIS DOT #-	Stata Number		Iconina State	ICC#		Interestate	36
US DOT #:	_ State Intiliber		issuing State	ICC #:		_ merstate	
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38					
					39		
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	ler Length		
Hazmat Information:							
40	41						42
Placard Material 1 digit	# Material Na	me		Material 4 di	git #	Release code	
REID LARSON				WTON POLICE DEPARTM		01/10/20	020
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barrae	cks Date	,

CDP1 11 ·24·00