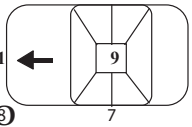
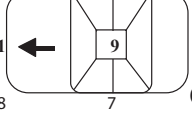


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<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment</div> <div>Operator WILKES MARTIN</div> <div>Address 9 JEFFERSON RD</div> <div>City WAKEFIELD State MA Zip 01880</div> <div>Insurance Company COMMERCE</div> <div>Vehicle Travel Direction: N S X W Responding to Emergency? N</div> <div>Citation # (If Issued)</div> <div>Violation 1: Ch Sec Violation 2: Ch Sec</div> <div>Violation 3: Ch Sec Violation 4: Ch Sec</div>						<div>12</div> <div>Reg # 63EG78 Reg Type PAN Reg State MA</div> <div>Veh Year 2011 Veh Make TOYT Veh Config. 1 20</div> <div>Owner (Same as operator)</div> <div>Address</div> <div>City State Zip</div> <div>Vehicle Action Prior to Crash 1 21</div> <div>Event Sequence 1 22 40 22 22 22 2</div> <div>Most Harmful Event 1 23</div> <div>Driver Contributing Code 1 24 24</div> <div>Underride/Override 25 Towed Y</div> <div></div> <div>10 Undercarriage 11 Totaled</div>																																																																						
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Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2007 Veh Make TOYT Veh Config. 2 20							
4 Operator PEGHINY SUSAN			Owner FACCENDA RONALD					12		
Address 2202 COMMONWEALTH AVE			Address 2202 COMMONWEALTH AVE							
City NEWTON State MA Zip 02466			City NEWTON State MA Zip 02466							
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)							
5 Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2 3 4							
Citation # (If Issued) _____			Most Harmful Event 1 23 1 9 10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24 5 11 Totaled							
6 Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N 6							
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Operator See Above			1 4 99 0 0 10 1 NONE							
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License # --- St MA DOB/Age ---			Reg # 1734 Reg Type COR Reg State MA							
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018 Veh Make RAM Veh Config. 13 20							
8 Operator BONADIO PETER			Owner RUSSO BROS INC							
Address 2140 COMM AVE			Address BOX 2105							
City NEWTON State MA Zip 02433			City FRAMINGHAM State MA Zip 01703							
Insurance Company OHIO SECURITY			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 1 22 1 22 22 3 4							
Citation # (If Issued) T2080303			Most Harmful Event 1 23 1 9 10 Undercarriage							
Violation 1: Ch 19/71 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 11 24 24 5 11 Totaled							
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Operator/Non-Motorist See Above			1 4 99 0 0 10 1 NONE							

→ Direction

ie: → 1 → 2 →

1 Vehicle 1 2 Vehicle 2

⊙ Pedestrian

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

MV1 was operating eastbound on Commonwealth Ave (public way), and MV2, MV3, and MV4 were all operating westbound on Commonwealth Ave by Ash St. MV3 was stopped with her left blinker on waiting to turn into her driveway and MV2 was stopped behind MV3. MV4 attempted to stop but due to the weather conditions and slippery road conditions he was unable to and slid out. While sliding out MV4 struck MV2 in the left rear bumper, struck MV3 in the front left bumper and wheel well, and then struck MV1 in the front left bumper. MV1, MV2 and MV3 sustained sever damage. MV3 was able to park in her driveway but both MV1 and MV3 were towed by Todys. No injuries reported. MV4 operator was issued MA Uniform Citation # T2080303 C.O. 19-71 Following Too Closely (local).

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42