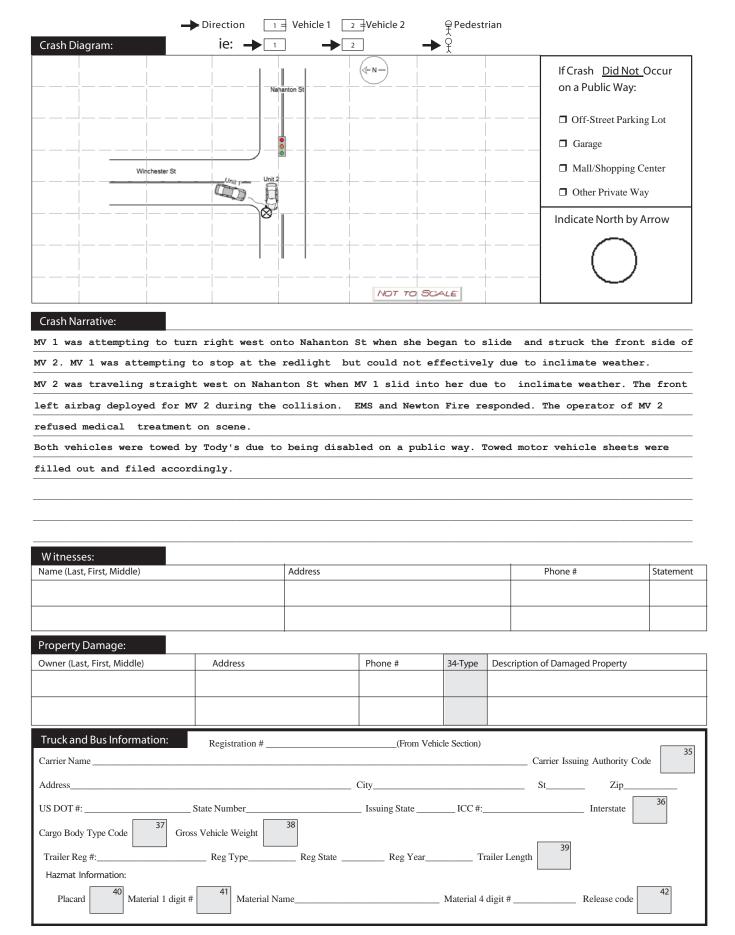
Date of Crash Time of Crash OJ/18/2020 18-47 1	2 10 2 10
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Sex_F_ Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20 Operator BLOOM HILARY Owner (Same as operator) Address 32 COMMON ST City WALTHAM State MA Zip 02451 City State Zip Insurance Company AMICA MUTUAL INSURANCE Vehicle Travel Direction: N S E N Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	1 ¹²
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Name (Last First Wildle) Address Age-Dob SA Tos. System Plattics Switch Code Code Status Code Medical racing	1 13
Operator See Above1 4 4 0 0 10 1	_
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Please Select One of the Following: Vehicle 2 2_# Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped	
License # St MA DOB/Age Reg # 842XF5 Reg Type PAN Reg State MA	
Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL Veh Year 2013 Veh Make MAZDA Veh Config. 10 CDL Findersment	
8 Operator AHMED ALEXANDRA T Endorsment Owner HAGERTY MICHAEL Last First Middle Last First Middle	
Address 11 LAKEHILL AVENUE Address 11 LAKEHILL AVE	
City ARLINGTON State MA Zip 02474 City ARLINGTON State MA Zip 02474	
Insurance Company AMICA MUTUAL INSURANCE Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)	
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Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33	-
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Address	1
11 LAKEHILL AVE	-
HAGGERTY, KAVI ARLINGTON, MA 02474 M 6 1 4 4 0 0 10 1	
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DONALD MURPHY 01/18/2020 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date