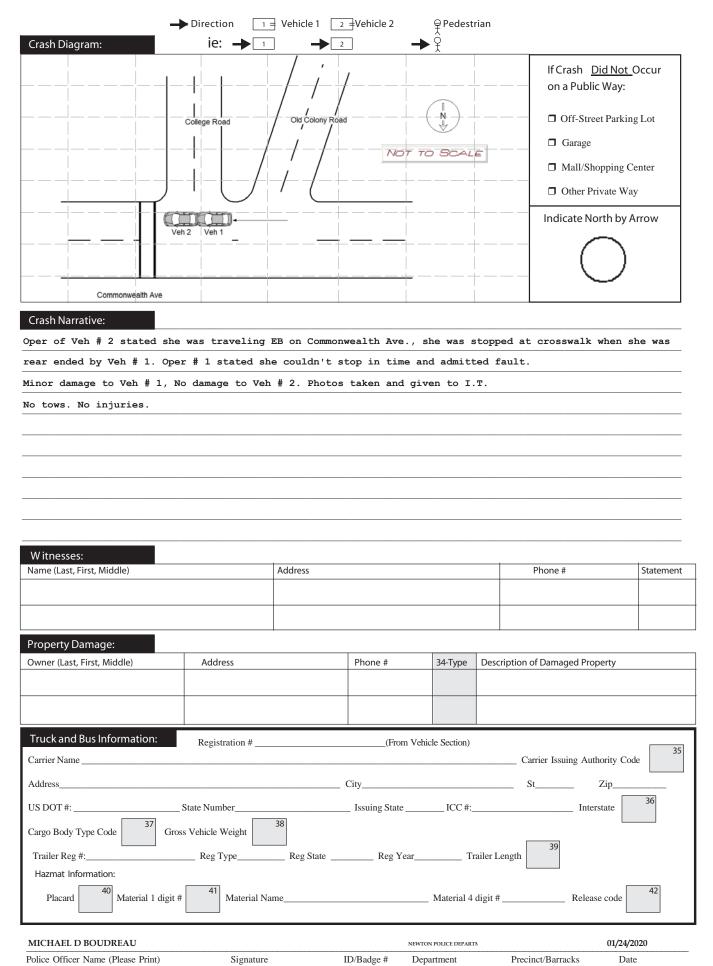
	Poli	ice Use Only		Comn	nonweal	lth o	of Mass	ach	use	tts			RMV	/ Docu	ıment	Number		
	Date of Crash 01/24/2020	Time of Crash	City/I	own	Motor	Veh	icle Cra	ash		nber	Numbe		ed Limi itude		Sta	ate Police cal Police BTA Police	N N	
	01/24/2020	24HR					Report		2		0		gitude_		Ot	her:		
		AT INTER	< L	LOCATION > NOT AT INTERSE							CTI	ON:						
		COLLE	GE RD															
1 1	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway							y/Stre	et				
	At EAST COMMONWEALTH AVE					Feet N S E W of or											_	
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number  Feet NSEW of											
			Also at Int	ersection with		-					Route	<del>-</del>	Intersec	ting Ro	adway	/Street	-  -	
2 <b>1</b>	Route# Direction Name of Intersecting Roadway/S					Street Feet N S E W												
3							Landmark											
	XVehicle1	1_#Occupants	Hit/Ru	n Mope	ed Case N	lumber		2	200000	0092								
	License#		St_ <sup>1</sup>			Reg#_	8ZAN90				Reg T	pe_PA	N	Re	g State		_	
	Sex_F_ Lic.	Class D 18 1	Lic. Restriction	ons B 19 Cl	DL	Veh Ye	ear_2003	V	eh Mal	ке_НО	NDA			Veh C	onfig.	1 20		
4	Operator BUC	CHANAN	LYDIA	C En	ndorsment	Owner	HIGHLEN	vot.	JA	RED	Eisot		D	Midd	10		-	
1	Address 60 SUTHERLAND ROAD (apt. 2)					Owner HIGHLEN JARED D  Last First Middle  Address 60 SUTHERLAND ROAD												
	City BOSTON State MA Zip 02135					City B	OSTON						State	MA	Zip _	02135	_	
	Insurance Company_GEICO						e Action Prior	to Crash	ı	21 1	] 1	Damage	ed Area	Code:	(Circl	e Up to Thr	ee)	
2	Vehicle Travel	Direction: N	S X W Re	sponding to Eme	ergency?_N	Event S	Sequence 1	22	22	22	<u>22</u> €		3	$\rightarrow$	4			
	Citation # (If I	ssued)				Most H	Harmful Event	1 2	23			4	9			10 Undercari	riage	
	Violation	1: ChSec	c Violatio	on 2: ChS	ec	Driver	Contributing C	Code	5 2	4	24	_				11 Totaled		
1	Violation	3: ChSec	Violatio	on 4: ChS	ec	Underr	ride/Override	2	25	 Гowed	<u></u>		7		6			
	Please fill out for operator and all occupants involved								26 Seat		28 irbag Airl Status \$wi	29 30 ag Ejec	0 31 t Trap e Code	32 Injury T	33 ransp.			
	Name (Last Fir Operator	st Middle)			Address Above		Age/DOB	Sex	Pos. S		Status Swi	ch Cod	e Code	Status C	Code 1	Medical Facil	ity	
	1									,				10	-			
<sup>7</sup> <b>2</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupa	nts Non-M	lotorist A Type	2	4 Action	15 Lo	cation	1	6 Cond	lition	17	ı	lit/Ru	n Mop	ed	
	License # St MA DOB/Age					Reg#_	MP1307		Reg Type_MVN					Reg State MA				
	Sex_F_ Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL					Veh Year 2017 Veh Make FORD Veh Config. 20												
1	Operator AMENDOLA LORIN  Last First Middle Middle						CITY OF NE	WTON	1		First			Midd	10		_	
	Last First Middle Address 3 POND AVE					Addres	3S 1321 WASH	INGTO	ON ST	REET	First			Midd	iie		_	
	City NEWTON State MA Zip 02458					City N	IEWTON						State	MA	Zip_	02465	_	
	Insurance Company SELF INSURED					Vehicle	e Action Prior	to Crash	ı [	21	] 1	Damage	ed Area	Code:	(Circle	e Up to Thr	ee)	
	Vehicle Travel	Direction: N	S X W	esponding to Eme	ergency?N	Event 3	Sequence 1	22 2	22	22	<b>22</b> 2		3		4			
	Citation # (If Issued)					Most H	Harmful Event	1 2	23			_	9			10 Undercari 11 Totaled	riage	
	Violatio	n 1: ChSe	ec Violat	ion 2: Ch	Sec	Driver	Contributing C		1 2	4 1	24	1	/ T		٦	. 1 Totaled		
	Violatio	n 3: ChSe	ec Violat	ion 4: Ch	Sec	Underr	ride/Override	2	.5 Te	owed_	N 8		7		6			
		ease fill out for	operator and a	ll occupants inv					26 Seat	27 Safety A	28 2 irbag Airl	9 30 pag Ejec	31 Trap		33 ransp.		$\neg$	
	Name (Last Fi	rst Middle) Non-Motorist		See	Address		Age/DOB	Sex	Pos.	System 99	Status Sw	itch Co	de Code 0	Status	Code 1	Medical Faci	lity	
	орегиют/				-10010			+		,,	. 4		0	10	*		$\dashv$	
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