	Poli	ice Use Only		Commonwe	alth d	of Massa	achu	setts	,		RMV	V Docur	ment Number		
	Date of Crash 01/24/2020	Time of Crash 15:33	City/Tov NEWTON	1410101		icle Cra	sh	Number Vehicles			ed Limi tude _		State Police Local Police MBTA Police	XI	
		24HR				Report		2	0		gitude_		Other:		
		AT INTER	RSECTION:	<	LOCA	TION	>		NO'	ГАТ	INT	ERSE	CTION:		
	sou	TH CENTR	E ST											2 ¹	
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direction Name of Roadway/Street At WEST BOYLSTON					Route# Direction Address #				Name of Roadway/Street					
						Feet NSEW of					or				
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number Feet NSEW of								_	
	Also at Intersection with					Route# Intersecting Roadway/Street								- 3 ¹	
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of									
3	My v v 4 4 1/2 Dywn Dy					Landmark									
	X Vehicle 1	1_#Occupants	Hit/Run	Moped Case	Number		200	00000094							
	License #St MA_ DOB/Age					Reg # F8L` Reg Type PAR Reg State MA									
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2014 Veh Make FORD Veh Config. 20									
4	Operator OSTROFF ARLENE Last First Middle					Owner (Same as operator) Last First Middle									
1	Address 1 PETERSON RD					Last First Middle Address								- 1 ¹	
	City NATICK		Sta	te_MA Zip 01760	City_						State		Zip	_	
	Insurance Company COMMERCE					e Action Prior to	Crash	1 2	21	Damage	ed Area	Code: (Circle Up to Thi	ree)	
5	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency? N	Event	Sequence 1 2	22 22	22	22 €)	3		4		
	Citation # (If I	ssued)			Most l	Harmful Event	1 23			_	9		10 Undercar 5 11 Totaled	riage	
	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co	ode 1	24	24	_		\bigvee	3 11 Totaled		
⁶ 2	Violation	Violation 3: ChSec Violation 4: ChSec Underride/Override									6				
	Please fill out for operator and all occupants involved						Se	26 27 eat Safety	28 Airbag Air	29 30 pag Ejec	31 t Trap	32 Injury Tra	33 ansp.	lity 1	
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex Po	os. \$ystem	Status \$wi	tch Code	e Code 0	\$tatus Co	ode Medical Facil	lity	
	1							33	1).			10 1	•		
⁷ 2	Please Select C of the Followi	IX Vehicle	2 1 #Occupants	Non-Motorist A Ty	/pe1	Action 1	Locat		16 Cone	lition	17	□ні	it/Run Mo	ped	
	License#	License #St MA DOB/Age					Reg # 9BXK30					Reg State MA			
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2014 Veh Make HYUNDAI Veh Con							onfig. 20		
⁸ 1	Operator FIELDS JOHN S Endorsment					Owner (Same as operator)									
1	Address 129 ADAMS ST First Middle					Last First Middle Address									
	City HOLLISTON State MA Zip 01746					CityStateZip									
	Insurance Company, AMICA MUTUAL					Vehicle Action Prior to Crash Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSEW Responding to Emergency?N					Event Sequence 1 22 22 22 22 2 2 Q Q									
	Citation # (If Issued) Most Harmful Event 1 23							M	10 Undercarriage						
	Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 4 24 24									5 11 Totaled					
		Violation 3: Chsec Violation 4: Chsec Underride/Override									V/	6			
		ease fill out for		26 27 28 29 30 31 32 33 33 35 35 36 37 37 38 37 38 38 38 38						33 ansp.	\dashv				
	Name (Last Fi		<u> </u>	Address See Above		Age/DOB	Sex I	os. Systen	n Status Sv	ritch Coo	de Code	Status C	Code Medical Fac	ility	
	Operator/	Non-Motorist		See Above			-	99	4 99	0	0	10 1		\blacksquare	
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