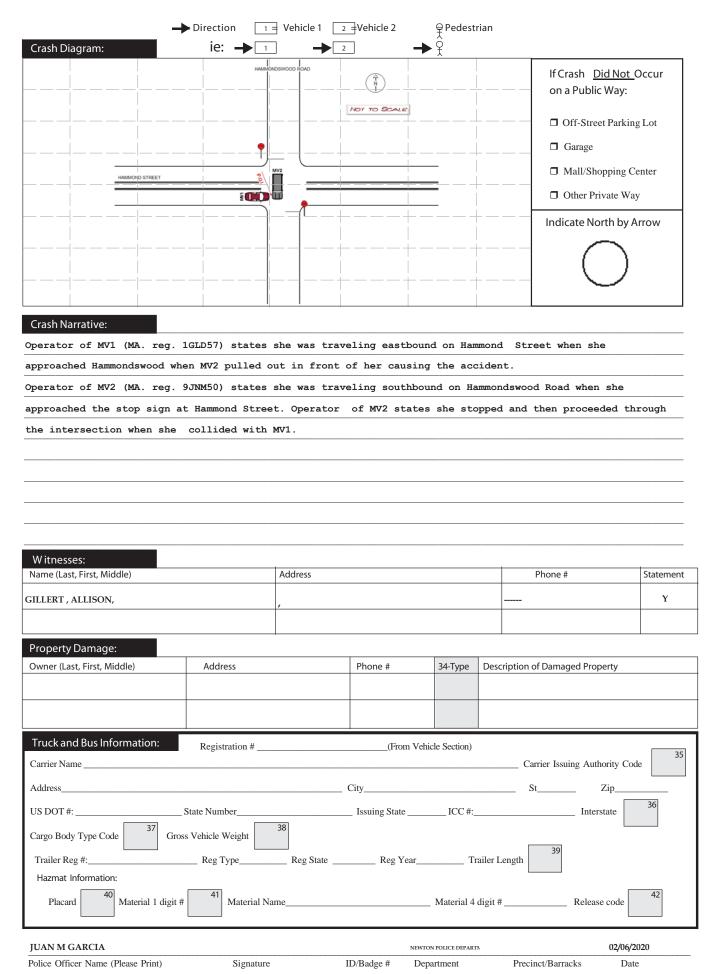
	Poli	ice Use Only		Commonwe	ealth	of Mass	achu	setts	\$		RM	V Docu	ment Numb	oer		
	Date of Crash 02/06/2020	Time of Crash 14:55	City/To	wn Moto	r Vel	nicle Cra	ısh [Number Vehicles			ed Limi		State Poli Local Pol MBTA Po	ce 🔲		
	02/00/2020	24HR		P	Police 1			2	2	2 Lon		ongitude		olice 🔟		
	AT INTERSECTION: < I					LOCATION > NOT AT INTERSECTION							CTION:		2	
	sou	ТН НАММ	OND ST													
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street									2 10	
	EAST	г намм		Feet NSEW of or						Exit Num	han					
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of								oci		
2			Also at liners	ection with								ecting Roadway/Street			3 11	
2 2	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of										
3	X Vehicle 1	_1_#Occupants														
	ZZ Veinere i	roccupants		200000126												
	License#	18 1		Reg # 1GLD57 Reg Type PAN Reg State MA												
	Sex_F_ Lic.			Veh Year 2016 Veh Make FORD Veh Config. 1												
⁴ 2		ISAAC Last		Owner (Same as operator) Last First Middle									1 ¹²			
	Address 61 GREENLEAF AVE					Address										
	City MEDFORD State MA Zip 02155 Insurance Company ELECTRIC INSURANCE					CityStateZip Vehicle Action Prior to Crash										
5	1		_		22 22	1	22 2		3		4					
1		ssued)		onding to Emergency? N		Harmful Event	23					\overline{A}	10 Unde	ercarriage		
	,			2: Ch Sec				24	24	—	9		5 11 Total	led		
⁶ 2	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 5 7 Violation 3: ChSec Violation 4: ChSec Underride/Override 7 Towed N 7										6					
	Please	fill out for opera	- Citae	linde, e verride		26 27 leat Safety		29 30 rbag Ejec	0 31	32 Injury T	33 ransp.		13			
	Name (Last Fir	Name (Last First Middle) Operator				Age/DOB Sex		os. \$ystem	Status Sv	itch Code	Code Code Stat		Code Medical	Facility	1	
															1	
7																
2		Please Select One of the Following: Vehicle 2 1 # Occupants				Action Action	Loca	tion	Cor	dition	17	Пн	it/Run	Moped		
	License#					Reg # 9JNM50				Reg Type_PAN			Reg State MA			
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2015 Veh Make To							Yeh Config. 20			
⁸ 1	Operator DEZEME JOSE MARTINE Last First Middle					Owner (Same as operator)										
1	Address 19 IR	MA STREET (ap	_ Addr	Last First Middle Address												
	City BOSTON	1	_ City_	StateZip												
	Insurance Com	pany PROGRES	_ Vehic	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)												
	Vehicle Travel	Direction: N	_ Event	Event Sequence 1 22 22 22 22 3 4												
	Citation # (If I	ssued) T0644891	Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled												
	Violatio	n 1: Ch <u>89/9</u> Se	ec Violatio	Drive	Driver Contributing Code 4 24 24											
	Violatio	n 3: ChSe	ec Violatio	Unde	Underride/Override 25 Towed N 8 7 6											
		Please fill out for operator and all occupants involved Name (Last First Middle) Address					Sex Pos. System		28 29 30 Airbag Airbag Eject Status Switch Code) 31 Trap de Code	Trap Injury Transp. Code Status Code		Medical Facility		
		Non-Motorist		See Above		Age/DOB		1	4 4		0		2 NWH			
							+		+	+						



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