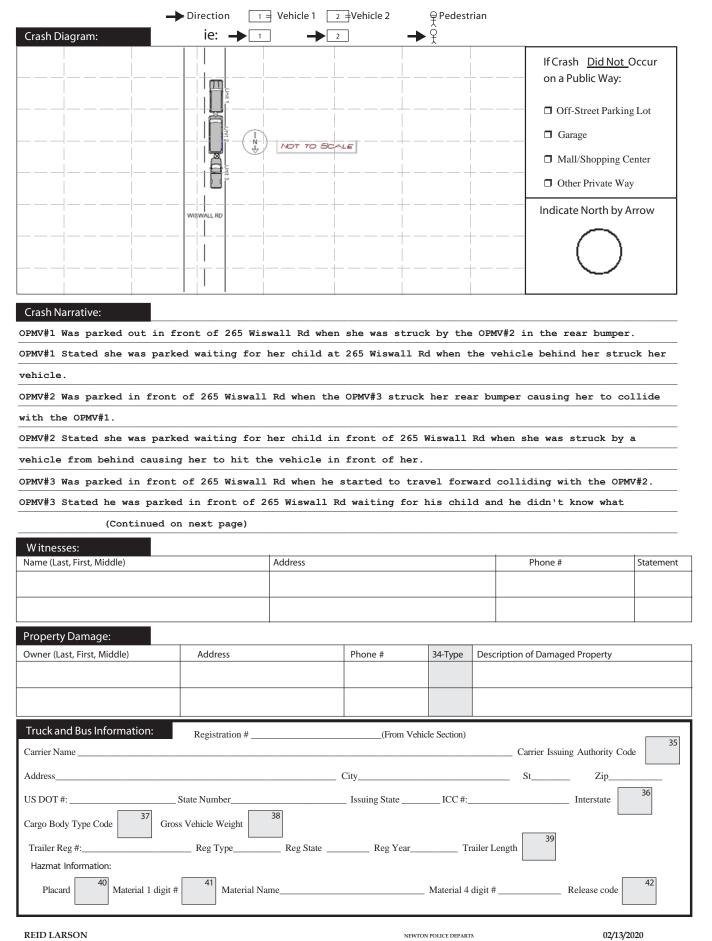
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Poli Date of Crash	ce Use Only Time of Crash		Commonweal Motor				Setts Number	Number		RM\ d Limi		State Po	lice 🗆
02/13/2020	18:30	NEWTON	MIOTOI			sh	Vehicles	Injured	Latit	ude		Local P MBTA	olice Xi
	24HR	RSECTION:		OCAT	leport	>	3	0 NOT		gitude_		Other:	,
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Route# Direct	tion	Name of Ro	adway/Street	R	oute# Direction						loadway		
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XVehicle 3	#Occupants	Hit/Run	☐ Moped Case N	lumber		200	0000150						
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Address 143 O	Last OAKDALE RD	First	Middle		(Same as open			First			Middle		
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1 -		RCE INS COMPANY	•	, —	Action Prior to		1 2					Circle Up	
1			ding to Emergency? N	Event S	equence 2 2	22 22	22	22 2		3		4	
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Please f		rator and all occupar	nts involved Address		Age/DOB	Sex Po	26 27 at Safety s. System	28 29 Airbag Airba Status \$wite	g Eject h Code	31 Trap Code	32 Injury Tra Status Co	33 insp. ode Medic	al Facility
Operator	,		See Above					4 99	0	0	10 1		,
Please Select C	one Vehicle	e#Occupants	Non-Motorist A Type	14		5 Locat		16 Condi	tion	17		t/Run	Moped
of the Followin	ng: Verilci	e# Occupants	Non-Motorist A Type		Action	Local	IOII	Condi	LIOII			t/Kull	Moped
License#	18	St		Reg#_				_Reg Ty	pe		Reg	State	20
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Ple	ease fill out for	r operator and all oc	cupants involved		L		26 27 at Safety	28 29 Airbag Airba	g 30 Eject	31 Trap	32 Injury Tra	33 insp.	
Name (Last Fig. Operator/	rst Middle) Non-Motorist		Address See Above		Age/DOB		os. System	Status Swit	ch Code	e Code		ode Medi	cal Facility
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•	Direction	1 = Vehicle 1	2 ≢Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: →□	1 -	2	₽ ĝ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parki	ng Lot
					☐ Garage	8
		-			☐ Mall/Shopping	Center
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	_ 	 -	+ -	 	Indicate North by	
					malcate North by	Allow
				-		
Crash Narrative:		611		h l d	in fourt of him	
happened. He was parked	and then all of	sudden accel	lerated into t	he parked	car in front of him.	
Witnesses:		1				1-
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 Vel	hicle Section)		25
Carrier Name					Carrier Issuing Authority C	ode 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length 39	
Hazmat Information:						
Placard 40 Material 1 digi	t # 41 Material I	Name		Material 4 o	digit # Release code	42
REID LARSON				TON POLICE DEPARTM	02/13	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)