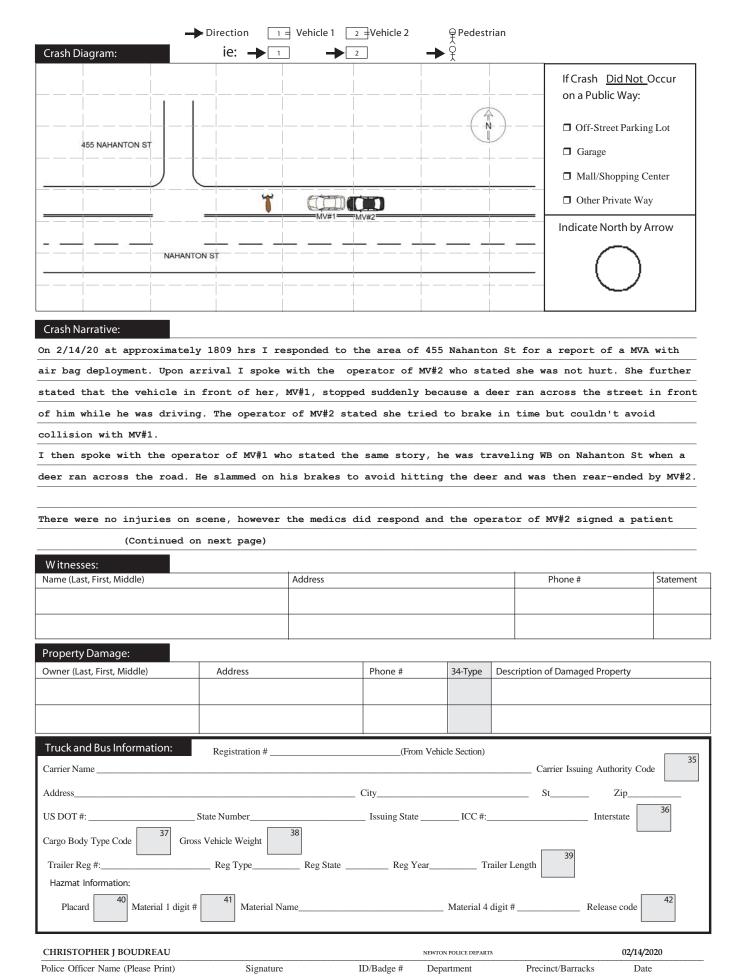
| License # | Pol | ice Use Only | | Comn | nonwea | lth o | of Massa | achu | ısett | S | | RM | V Doci | ument | Number | |
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| AT INTERSECTION: AT INTERSECTION: AT INTERSECTION: See Above AT INTERSECTION: AT INTERSECTION: AT INTERSECTION: Name of Intersecting Roadway/Street As a Microsoft Roadway/Street Direction Name of Intersecting Roadway/Street As a Microsoft Roadway/Street As a Microsoft Roadway/Street Divertice As a Number See State MA Veh Config. 1 20 Veh Config. 1 20 Veh Microsoft Roadway/Street Divertice As a Number See State MA Veh Config. 1 20 Veh Config. 2 21 Address State Male TOYOTA Veh Config. 1 20 Veh Microsoft Roadway/Street Divertice As a Number State Male TOYOTA Address State Male TOYOTA Veh Config. 1 20 Veh Config. 2 21 Address State Male TOYOTA Veh Config. 1 20 Districted Roadway/Street Address State Male TOYOTA Veh Config. 1 20 Veh Microsoft Roadway/Street Districted Roadway/Street Address State Male TOYOTA Veh Config. 1 20 Veh Microsoft Roadway/Street Districted Roadway/Street Address State Male TOYOTA Veh Config. 1 20 Veh Microsoft Roadway/Street Address State Male TOYOTA Veh Config. 1 20 Veh Microsoft Roadway/Street Districted Roadway/Street Address State Male TOYOTA Veh Config. 1 | | | _ | Town | Motor | Vehi | icle Cra | sh | | | | | | Sta Lo | ate Police | N X |
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| Route® Direction Name of Indersecting Roadway/Street Also at Intersecting Roadway/Street Feet N E W of Route® Indersecting Roadway/Street | | AT INTER | RSECTION | } | < I | OCAT | TION | > | | N | OT A | T INT | ERSE | ECTI | ON: | |
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| Routes Direction Name of Intersecting Roadway/Street Landmark | Route# Dire | ction N | Vame of Intersec | ting Roadway/Stro | eet | — [- | | | | Mi | le Mark | er | | Ex | it Number | _ |
| Feet N E N S E N | | | Also at Int | ersection with | | | Feet [| N S E | W of | Roi | ıte# | Interse | cting Ro | oadway | /Street | - |
| Secondary Control Co | Route# Direc | | | | | [- | Feet | N S E | W of | | | | Ü | , | | |
| License # | Route# Direc | ction | Name of Inter | secting Roadway/ | Street | | | | | | | La | andmark | | | _ |
| Sex M. Lie. Class D 18 | XVehicle 1 | #Occupants | Hit/Ru | n Mop | ed Case N | Number | | 20 | 0000015 | 57 | | | | | | - 1 |
| Sex M. Lie. Class D 18 | License# | | St ^I | MA DOB/Age | | Reg#I | LV82092 | | | Reg | Type I | LVN | Re | g State | MA | |
| Operator SOROKIN ANDREW Address 70 WATERMAN RD Address 70 WATERMAN RD City CANTON State MA Zip 02021 Insurance Company PILGRIM INSURANCE Vehicle Travel Direction: Signature Signatur | | 18 1 | 8 | 19 | | _ | | | | _ | | | | | 20 | _ |
| Address 70 WATERMAN RD City CANTON State MA Zip 02021 Insurance Company PILGRIM INSURANCE Vehicle Travel Direction: N S E N Responding to Emergency? N Citation # (If Issued) Violation 1: Ch. Sec. Violation 2: Ch. Sec. Underride/Override Please fill out for operator and all occupants involved Name Clast. First Middle) Operator Sec Above Please Select One of the Following City STOUGHTON State MA Zip 02022 Vehicle Travel Direction: N S E N Responding to Emergency? N Event Sequence 1 2 2 2 2 2 2 2 2 3 0 10 10 Undercarriage Oniver Contributing Code 1 2 4 2 2 2 2 2 2 3 0 11 Totaled Driver Contributing Code 1 2 4 2 2 2 2 2 2 2 3 0 11 Totaled Driver Contributing Code 1 2 4 2 2 2 2 2 2 2 3 0 11 Totaled Driver Contributing Code 1 2 4 2 2 2 2 2 2 2 2 3 0 11 Totaled Driver Contributing Code 1 2 4 2 2 2 2 2 2 2 2 3 0 11 Totaled Driver Contributing Code 1 2 4 2 2 2 2 2 2 2 3 0 11 Totaled Driver Contributing Code 1 2 4 2 2 2 2 2 2 2 2 3 0 11 Totaled Driver Contributing Code 1 2 4 2 2 2 2 2 2 2 2 3 0 11 Totaled Driver Contributing Code 1 2 4 2 2 2 2 2 2 2 2 3 0 11 Totaled Driver Contributing Code 1 2 4 2 2 2 2 2 2 2 3 0 11 Totaled Driver Contributing Code 1 2 4 2 2 2 2 2 2 2 2 3 0 11 Totaled Driver Contributing Code 1 2 4 2 2 2 2 2 2 2 2 3 0 11 Totaled Driver Contributing Code 1 2 4 2 2 2 2 2 2 2 2 3 0 11 Totaled Driver Contributing Code 1 2 4 2 2 2 2 2 2 2 2 2 2 3 0 11 Totaled Driver Contributing Code 1 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | ANDREW | Er | ndorsment | | | | | RESS | | | | | | ŀ |
| City CANTON State MA Zip 02072 Insurance Company PHGRIM INSURANCE Vehicle Action Prior to Crash Vehicle Action Prior to | Address 70 W | Last ATERMAN RD | First | | Middle | Addres | 84 (apt. 6) SU | MMER | ST | Firs | | | Mide | dle | | - |
| Insurance Company PITGRIM INSURANCE Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: NSE Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Underride Override Please fill out for operator and all occupants involved Same Class Total Maddie Address 55 ROBIN HILL RD City HOLLISTON State MA Zip 01746 Insurance Company CITIZENS INSURANCE COMP OF AMERICA Vehicle Travel Direction: NSE N Company CITIZENS INSURANCE COMP OF AMERICA Vehicle Action Prior to Crash 2 2 1 22 22 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | State_MA Zin | 02021 | | | | | | | | | | | |
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| Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address AgeDOB Sex Pos. System Status Evictor Evict Pass System Status Evictor | Violation | | | on 2: ChS | ec | | l | | 24 | 24 | 1 | • / ˈ | <u>'</u> |) 9 1 | 11 Totaled | |
| Please Select One of the Following: License # | Violation | 1 3: ChSec | Violati | on 4: ChS | lec | | _ [| | | ved N | 8 | 7 | , , | 6 | | |
| Please Select One of the Following: License # — St MA DOB/Age — Reg # 758FW2 Reg Type PAN Reg State MA Sex F Lic. Class D | | fill out for opera | ator and all occ | cupants involved | d | | | | J | | 29 Airbag E | 30 31 | 32 Injury | 33 Fransp. | | \neg |
| Please Select One of the Following: St MA DOB/Age The Following: | | | | | | | | Sex I | | | | | | Code | Medical Facili | ty |
| of the Following: X Vehicle 2 1 # Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped License # St MA DOB/Age Reg # 758FW2 Reg Type PAN Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2013 Veh Make TOYOTA Veh Config. 1 Operator PATEL YOGESHWARI Last First Middle Address 55 ROBIN HILL RD City HOLLISTON State MA Zip 01746 City HOLLISTON State MA Zip 01746 Insurance Company CITIZENS INSURANCE COMP OF AMERICA Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E N Responding to Emergency? N Sec Violation 2: Ch Sec Underride/Override 25 Towed Y Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos System Status Switch Code Medical Facility | 1 | | | | | | | | | - | , | | 10 | - | | |
| of the Following: X Vehicle 2 1 # Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped License # St MA DOB/Age Reg # 758FW2 Reg Type PAN Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2013 Veh Make TOYOTA Veh Config. 1 Operator PATEL YOGESHWARI Last First Middle Address 55 ROBIN HILL RD City HOLLISTON State MA Zip 01746 City HOLLISTON State MA Zip 01746 Insurance Company CITIZENS INSURANCE COMP OF AMERICA Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E N Responding to Emergency? N Sec Violation 2: Ch Sec Underride/Override 25 Towed Y Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos System Status Switch Code Medical Facility | | | | | | | | | | | | | + | | | |
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| Vehicle Travel Direction: NSE X Responding to Emergency?!N Event Sequence 1 | Insurance Con | npany CITIZENS | INSURANCE | COMP OF AME | ERICA | Vehicle | Action Prior to | Crash | 1 | 21 | Dama | aged Area | a Code: | (Circle | e Up to Thre | ee) |
| Citation # (If Issued) 12080487 Most Harmful Event 1 25 Violation 1: Ch 19/71 Sec Violation 2: Ch Sec Driver Contributing Code 5 24 Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility | Vehicle Travel | Direction: N | S E X | Responding to Em | ergency?N | Event S | Sequence 1 | 22 22 | 22 | 22 | o | 3 | | 4 | | |
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| Violation 3: ChSec Violation 4: ChSec Underride/Override | Violatio | on 1: Ch <u>19/71</u> Se | ec Viola | ion 2: Ch | Sec | Driver | Contributing Co | ode ! | 5 24 | 24 | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility | Violatio | on 3: ChSe | ec Viola | ion 4: Ch | Sec | Underr | ide/Override | 25 | Tow | ed Y | 0 | 7 | | 6 | | |
| | | | operator and a | all occupants in | | | A co/DOD | | | 7 28 ty Airbag | 29 Airbag | 30 31 Eject Trap | 32 Injury | Γransp. | Madical E- " | lity |
| | | | | See | | | Age/DOB | | | | | | | | wicdical Fact | iity |
| | | | | | | | | | \top | | \neg | | | | | \exists |
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| | → Direction | 1 = Vehicle 1 | ₂ ≢Vehicle 2 | Pedestri | an | |
|-----------------------------|----------------------|----------------|---------------|-------------------|--|-----------|
| Crash Diagram: | ie: →□ | 1 - | 2 → | P | | |
| | | | | | If Crash <u>Did Not</u> On a Public Way: | Occur |
| | | | | | ☐ Off-Street Parking | Lot |
| | | | | | ☐ Garage | , |
| | | | | | ☐ Mall/Shopping Ce | enter |
| | | | | | Other Private Way | |
| | | - | | | Indicate North by A | |
| | | | | | indicate North by A | now |
| | | | | | | |
| | | <u> </u> | | + | | |
| | | | | | | |
| Crash Narrative: | due to heavy fro | ont end damage | the operator | r was give | en in hand MA citation T208 | 80487 |
| for C.O violation 19-71; | | | | 9110 | in in nana ini citation izot | |
| | | | | | | |
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| | | | | | | |
| Witnesses: | | | | | | |
| 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 Veh | nicle Section) | | |
| Carrier Name | Registration # | | (110111 VC) | , | Carrier Issuing Authority Cod- | e 35 |
| Address | | | City | | St Zip | |
| US DOT #: | State Number | | Issuing State | ICC #: | Interstate | 36 |
| Cargo Body Type Code 37 G | Gross Vehicle Weight | 38 | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | iler Length 39 | |
| Hazmat Information: | | | | | | |
| Placard 40 Material 1 dig | it # 41 Material I | Name | | _ Material 4 d | igit # Release code | 42 |
| CHRISTOPHER J BOUDREAU | | | NEWT | ON POLICE DEPARTA | 02/14/20 |)20 |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)