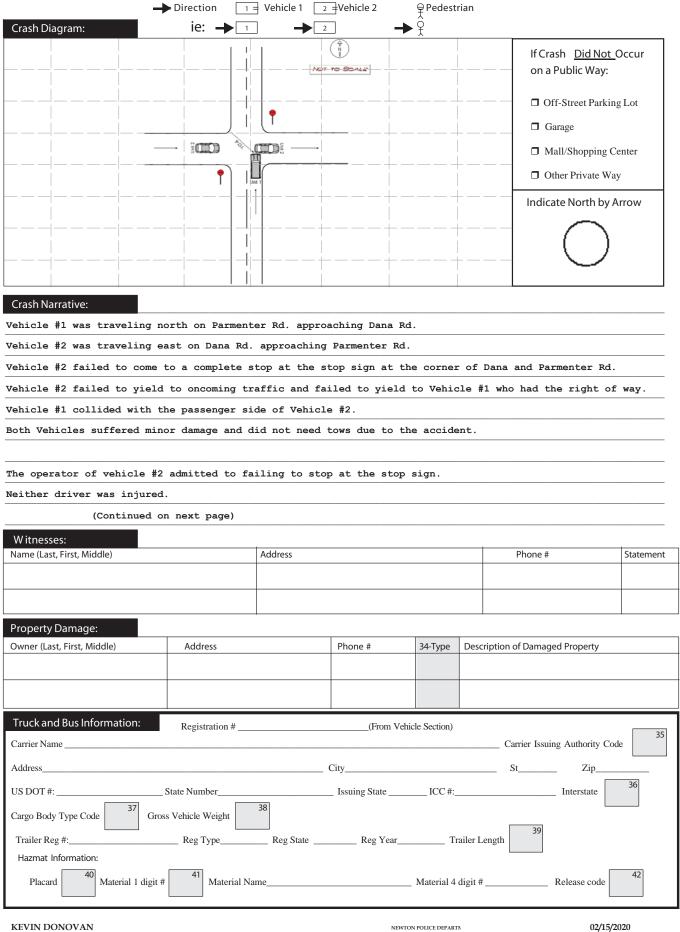
	Poli	ice Use Only		Commonwe	alth	of Massa	achu	setts			RM	V Docu	ment Number	r	
	Date of Crash 02/15/2020	Time of Crash 20:34	City/Tov NEWTON	MIOLOI		icle Cra	sh	Number Vehicles	Injure	d Latin	ed Limi		State Police Local Police MBTA Police		
		24HR	SECTION:	P(LOCA	Report	>	2	0		gitude_		Other: CTION:		
		AIINIEN	SECTION:		LUCA	HON			NO	IAI	11/11	LNSL	CHON:	-	2
1	EAST			1 (0)							o.r		10		
4	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street									2 10
		NORTH PARMENTER RD				Feet NSEW of or Exit							Exit Number	_	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of									
2 1		Also at intersection with					Route# Intersecting Roadway/Street								3 11
1	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Landmark								
3	X Vehicle 1	#Occupants	se Number 2000000160												
	_									DAI	N.T.		364		
	License#	Class D 18 M 1	St MA	19	_								State MA		
			Lic. Restrictions CYNTHIA	CDL Endorsment		ear_2014		Make				_ Veh Co	onfig. 1	╸┝	1′
⁴ 2	Operator PAF	Last	First	Middle	Owner (Same as operator) Last First Middle									— L	1 ¹²
	Address 320 WARREN ST				Address									-	
	City WALTHAM State MA Zip 02453 Insurance Company ARBELLA MUTUAL														
5	1	Direction: X	Vehicle Action Prior to Crash Levent Sequence 1 22 22 22 22 22 24 25 3 4												
1		ssued)		onding to Emergency? N		Harmful Event	23				\prod	\overline{A}	10 Underca	arriage	
	,			2: ChSec		r Contributing Co	1 ode 1	24	24	+	9	\bigcup	5 11 Totaled	l	
⁶ 1	1			4: ChSec		ride/Override	25	Towe	8		7		6		
	Please fill out for operator and all occupants involved					inde/Override [26 27 at Safety	28 Airbag Air	29 30 pag Eject	31 Trap	32 Injury Tr	33 ransp.	\dashv	13
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex Po	s. \$ystem	Status Swi	tch Code	Code	Status C	ode Medical Fa	cility	1
	Орегатог			See Hoove				1	4 4	0	0	10 1	L		
3	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupants	Non-Motorist A T	ype	Action 1	Locat	ion	Cone	dition	17	Пн	it/Run Mo	oped	
	License#		StMA	DOB/Age	_ Reg#	Reg # 73S670					N	Reg	Reg State_MA		
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2011 Veh Make TOYOTA Veh Config. 1									
⁸ 2	Operator FITZGERALD CASEY SUSAN Last First Middle					Owner (Same as operator)									
	Address 6 REI	DMOND AVE	Last First Middle Address												
	City NORTH READING State MA Zip 01864					City State Zip									
	Insurance Com	pany SAFETY	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									hree)			
	Vehicle Travel	Direction: N	Event Sequence 1 22 22 22 2 Q Q												
	Citation # (If I	ssued)	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									~			
	Violatio	n 1: Ch <u>^{94C/34}</u> Se	ec Violation	Driver Contributing Code 4 24 3 24											
	Violatio	n 3: ChSe	ec Violation	Underride/Override 25 Towed Y 8 7 6					6						
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB		26 27 eat Safety os. System	28 Airbag Air Status Sv	29 30 Eject	31 Trap Code		33 ransp. Code Medical Fa	acility	
		Non-Motorist		See Above		Agabob		1	4 4	0	0	10 1		,	

Date of Crash 02/15/2020	Time of Crash 20:34	1	vii	w Nah	TOTO # 'TAO	~ Kon INi	ımber	Number	Speed Lin	4.7	State Polic			
		NEWTON			icle Cra	l Ve	ehicles	Injured	Latitude		Local Police MBTA Pol	ce Xi		
	24HR				Report	2		0	Longitud		Other:			
	ATINTER	RSECTION:	<	LOCA	ΓΙΟN >	>		NOT	AT IN	TERSE	CTION:			
Route# Dire	ction		Roadway/Street		Route# Direction	n Addre	ss#		Name of	f Roadway	/Street			
		1			Feet N	SEW	of —	Mile Ma	•	or	Exit Numb			
Route# Dire	ction N	Name of Intersecting	•		Feet N	SEW	of	WHIC WIA	IKCI		Exit Nullio	CI		
		Also at Inters	ection with				-	Route#	Inters	ecting Roa	idway/Street			
Route# Direc	ction	Name of Intersec	ting Roadway/Street	Feet N S E W of										
				Landmark										
Vehicle	#Occupants	Hit/Run	Moped Cas	e Number		20000	000160							
License #	18 1	St	DOB/Age	_ Reg#				Reg Type		Reg		20		
Sex Lic.				_ Veh Y	ear	Veh M	ake			Veh Co				
Operator	Last	First	Middle	_ Owner	Last			First		Middle	e			
Address				_ Addres	SS									
City		Sta	teZip	_ City _										
Insurance Con	npany			_ Vehicle	e Action Prior to		21	_			Circle Up to	Three)		
Vehicle Trave	l Direction: N	S E W Respo	onding to Emergency?	Event	Sequence 2	22 22 23	22	22 2		3	4			
Citation # (If	Issued)			Most I	Harmful Event		24	1 4	⊢]	9	10 Under 5 11 Totale	_		
Violation	n 1: ChSec	C Violation	2: ChSec	Driver	Contributing Co	de	24	24 8			6			
	1 3: ChSec	Under	ride/Override		Towed .		20 2	21 22						
Name (Last Fi		ator and all occup	ants involved Address		Age/DOB	Sex Pos.	27 Safety Ai System S	28 29 rbag Airbag tatus Switch	30 3 Eject Trap Code Cod	31 32 Injury Tr e Status C	33 ansp. ode Medical F	² acility		
Operator	•		See Above				-							
Please Select of the Follow	IX Vehicle	2 <u>1</u> #Occupant	Non-Motorist A T	Type 1	4 Action 15	Location	16	Conditi	on 1'	7 🔲 н	it/Run 🔲 N	Moped		
License#		St MA		_ Reg#	Reg # <u>73S670</u> Reg Ty					pe_PAN Reg State_MA				
Sex_F_ Lic.	Class D 18 1	Lic. Restrictions		_ Veh Ye	ear_2011	Veh M	ake_TOY	OTA		Veh Co		20		
Operator FITZGERALD CASEY SUSAN Last First Middle				_ Owner	Owner Last First Middle									
Address 6 RE	DMOND AVE			_ Addres	ldress									
City NORTH	City NORTH READING State MA Zip 01864													
Insurance Company SAFETY					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel	$\begin{tabular}{lllllllllllllllllllllllllllllllllll$					Event Sequence 1 22 22 22 22 22 22 22 10 Undercarriage								
Citation # (If	Citation # (If Issued)					Most Harmful Event 1 9 5 11 Totaled								
Violation 1: ChSec Violation 2: ChSec				Driver Contributing Code 4 24 3 24 3 7 6										
			4: ChSec	Under	ride/Override		Towed _	<u>Y</u>	1 20 1 2	1 22				
P Name (Last F		operator and all	occupants involved Address		Age/DOB	Sex Pos.	Safety Ai System	28 29 rbag Airbag Status Switch	30 Trap Code Code	1 32 Injury Tr de Status (33 ansp. Code Medical	Facility		
Operator	/Non-Motorist		See Above				-							
								+						



CDP1 11 ·24·00

Police Officer Name (Please Print)

Date

-	→ Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestr	ian						
Crash Diagram:	ie: 🕕 🛚 1	_ →[2	P Â							
					If Crash <u>Did Not</u> on a Public Way:						
					☐ Off-Street Park	ing Lot					
					☐ Garage						
					☐ Mall/Shopping	Center					
					Other Private W						
					Indicate North by	Arrow					
Crash Narrative: The operator of vehicle #	2 was cited with	h: (Citation	#T2080768 / T	2080768)							
MGL 90/24/F OUI Drugs			11200070071								
MGL 89/9 Stop Sign Violat	ion										
MGL 89/8 Fail to Yield to	oncoming traff:	ic									
MGL 90/24/O MV, Reckless	operation of a D	MV									
MGL 94C/34/I Possession of Class E											
Vehicle #2 was towed from	the scene by To	ody's due to	the operator	being pla	ced under arrest.						
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 Vel	nicle Section)		35					
Carrier Name					Carrier Issuing Authority C						
Address			City		St Zip						
US DOT #:	_ State Number		Issuing State	ICC #:_	Interstate	36					
Cargo Body Type Code 37 Great	oss Vehicle Weight	38			L						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39						
Hazmat Information:											
Placard 40 Material 1 digit	# 41 Material N	Jame		_ Material 4 o	digit # Release code	42					
KEVIN DONOVAN				ON POLICE DEPARTM	02/15	/2020					

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)