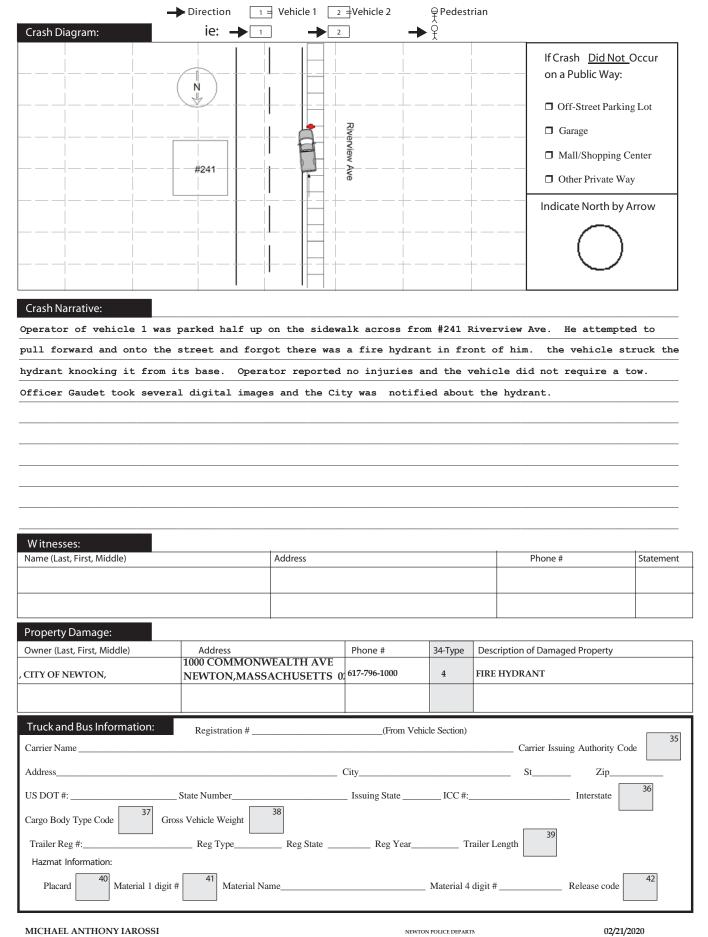
	ce Use Only		Common				useti	ts				nent Number	
Date of Crash 02/21/2020	Time of Crash 12:17	City/To	wn M		ehicle Cr	ash	Numb Vehicl			ed Limi itude		State Police Local Police MBTA Police	X
0421/2020	24HR	NEWTON			Report		1	0		Longitude		Other:	
	AT INTER	SECTION:	<	LOC	ATION	>		NO	T AT	INTI	ERSEC	CTION:	
					SOUT	н 24	11	RIVER	RVIEW	AVE			
Route# Direction Name of Roadway/Street  At					Route# Direction Address# Name of Roadway/Street								
1		•	At		Feet	N S F	E W of		•	_	or		_
Route# Direc	tion N	lame of Intersectin			- Feet	N S F	w of	Mile	Marker			Exit Number	
		Also at Inters	section with				_	Route	#	Intersec	ting Road	lway/Street	-
Route# Direc	tion	Name of Intersec	eting Roadway/Street		Feet	N S F	w of			T	. 11-		
[ <b>V</b> ]	1 110									Lai	ndmark		
Vehicle1	#Occupants	Hit/Run	Moped	Case Numb	er		20000001	73					
License#	18 18	St MA	OOB/Age		g# <u>1WFJ81</u>							20	_
Sex_M_ Lic.	Class D 10	Lic. Restriction			Year 2016	V	eh Make_	TOYT			_ Veh Cor	nfig. 2	
Operator COI	vner (Same as operator)  Last First Middle												
Address 23 JU					dress								-
City CHELMS	Cit	CityStateZip											
Insurance Com	pany GEICO			Vehicle Action Prior to Crash  21  Damaged Area Code: (Circle Up to Three)  22  22  22  23  4									
Vehicle Travel	Direction: N	X E W Resp	onding to Emergency	y? <u>N</u> Eve	ent Sequence 35		22 22	22 2		3		10 Undercar	
Citation # (If I	ssued)			Mo	st Harmful Event	35	3		<b>+</b>	9	$( \mid \mid \mid )$	5 11 Totaled	nage
7			2: ChSec		ver Contributing		19 24			7	$\Delta D$	6	
			4: ChSec	Un	derride/Override		Tov	wed N 28	20 30	0 31	32	33	
Name (Last Fir		ntor and all occup	Addres	ss	Age/DOB	Sex	26 Seat Safe Pos. Syst	ty Airbag Air em Status Sw	29 30 bag Ejec itch Code	O 31 Trap Code	32 Injury Trai Status Coo	de Medical Facil	ity
Operator			See Abov	ve		-	1	4 4	0	0	10 1	NONE	
Please Select C	Vehicle	#Occupant	s Non-Motoris	st A Type	14 Action	15 Lo	cation	16 Con	dition	17	Hit	/Run Mor	oed
of the Followi	ng:			31			Condition						
License #StDOB/Age							_Reg TypeR			eg State			
Sex Lic.		Lic. Restriction	s CDL Endorsm	nent	Year		eh Make_				Veh Cor	nfig.	
Operator	Last	First	Middle		ner			First			Middle		-
Address					dress								-
1		Sta	teZip		y							Zip Zircle Up to Thr	
Insurance Com			P . F		nicle Action Prior		22 22	22 2	C	3	`	4	(CC)
Vehicle Travel			ponding to Emergenc	-	ent Sequence		3			$\Lambda$	$\overline{\mathcal{I}}$	10 Undercar	riage
	ssued)		n 2: Ch S		st Harmful Event		24	24	+	9	$\left\{ \mid \ \mid \right\}$	5 11 Totaled	
			n 2: ChSec		ver Contributing	L	5 <sub>Toy</sub>	8 and		7		6	
			occupants involved		derride/Override		Tow 26 2 Seat Safe	7 28 ty Airbag Air	29 30	) 31 Trap	32	33	
Name (Last Fi	rst Middle)		Addre	ess	Age/DOB	Sex	Seat Safe Pos. Sys	ty Airbag Air tem Status Sv	bag Ejec vitch Co	t Trap de Code	Injury Trai	nsp. ode Medical Fac	ility
Operator/	Non-Motorist		See Abov	ve									
						-							



CDP1 11 ·24·00

Police Officer Name (Please Print)