	lice Use Only		Commo					setts	}				nent Number			
Date of Crasl 02/22/2020	Time of Crash	City/To NEWTON	own N			cle Cra	sh	Number Vehicles			ed Limi itude		State Police Local Police - MBTA Police	N X		
04242020		9:26 NEWTON 24HR			Report		2	0		ongitude		MBTA Police Cother:				
	AT INTER	RSECTION:	•	< LC	OCAT	ION :	>		NO	T AT	INTI	ERSEC	CTION:			
						NORTH	15		CYPRI	ESS ST						
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street											
_			At			Feet N	N S E V	W of		(	•	or				
Route# Dire	ection N	Name of Intersecti	ng Roadway/Street		-		1-1-1		Mile	Marker			Exit Number			
			rsection with		_ -	Feet	SE	W of	Route	#	Intersec	ting Roac	lway/Street	_		
<b>–</b>					_	Feet N	SE	W of	route	,,	intersee	ing Roue	iway/Bareet			
Route# Dire	ection	Name of Inters	ecting Roadway/Stre	eet							Lar	ndmark				
<b>X</b> Vehicle	1 1_#Occupants	Hit/Run	Moped	Case Nu	mber		200	00000176								
License#_		St M	IA DOB/Age		Reg # <u>7</u> 7	7SG99			Dog T	una PA	N	Dog	State_MA			
Sex_M Lic	18 1	18	19			ar 2013			_			_	20	_		
		Lic. Restrictio	ns G CDL Endors	sment				маке				ven Coi	ning.			
Operator         NICOLETTI   JAMES   Last   First   Middle   Middle   Middle   Last   First   Middle   Last   First   Middle   Middle   Last   First   Middle   Middle						Owner (Same as operator)  Last First Middle  Address										
City WELLE			tate MA Zip 0248											-		
		City State Zip														
_	Insurance Company SAFETY  Vehicle Travel Direction: X   E   W   Responding to Emergency? N						Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)  Event Sequence  1 22 22 22 22 23 4									
			ponding to Emerger			equence 1	23				$\bigcap$	$\overline{\mathcal{I}}$	10 Undercar	riage		
	Issued) T2080642					armful Event	1	24		<b>—</b>	9	$(\mid \mid \mid$	5 11 Totaled	11450		
			n 2: ChSec_			Contributing Co	ode 1	9 3	8		7	$\Delta D$	6			
			n 4: ChSec		Underrio	de/Override		Towe	ed <u>Y</u>							
Please Name (Last F	e fill out for opera	ator and all occi	apants involved Addr	ress		Age/DOB	Sex Se	26 27 eat Safety os. System	28 Airbag Air Status Sw	29 30 bag Ejec itch Cod	0 31 et Trap e Code	32 Injury Tra Status Co	33 nsp. de Medical Faci	lity		
Operato	r		See Ab	oove				99	4 99	0	0	10 1				
				_	_				1				_			
											+					
Please Select	One		T_,		14	1	5		16		17		<u> </u>			
of the Follov		e2 1_#Occupai	nts Non-Moto	orist A Type		Action	Locat	tion	Con	dition		Hit	:/Run Mo	ped		
License#	License # St MA DOB/Age					DYGRY	Reg Type_PAS					Reg State MA				
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL					Veh Yea	Veh Year 2014 Veh Make TOYOTA Veh Config. 1										
Operator FA	STOV	ALICE	T Endors	sment		(Same as open	rator)									
Address 5 So	DUTH STONE M	First IILL DRIVE (apt	. <b>311)</b>		Address	Las	t		First			Middle				
City DEDHA	AM	S	tate MA Zip 0202								State	7	Zip			
Insurance Co	mpany CITIZENS	3			-	Action Prior to			21	Damage	ed Area	Code: (C	Circle Up to Th	ree)		
Vehicle Trave	_		esponding to Emerge			equence 1 2	22 22	22	<b>22</b> 2		3	(	<b>4</b>			
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1			on 2: ChSec_			Contributing Co		24	24	<b>+</b>	9	$\left\{ \left[ \cdot \right] \right\}$	5 11 Totaled			
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			l occupants involv		Underno	de/Override		26 27 eat Safety		29 30 bag Ejec	0 31 Trap	32	33			
Name (Last	First Middle)	l operator and an	Add	dress		Age/DOB		os. Syster	n Status Sv	vitch Co	de Code	Status Co	nsp. ode Medical Fac	ility		
Operato	r/Non-Motorist		See Ab	pove				99	4 99	9 0	0	10 1				
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