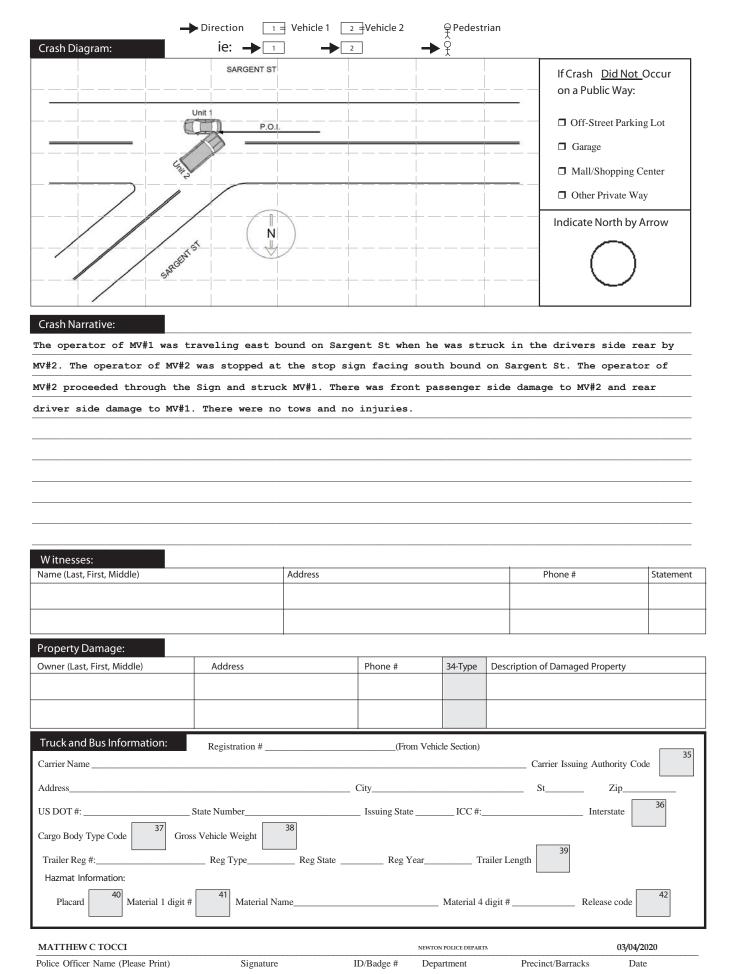
	Poli	ice Use Only		Comn	nonwea	lth o	of Massa	achi	use	tts			RMV	['] Docu	ment l	Number		
	Date of Crash 03/04/2020	Time of Crash 07:59	City/1	own	Motor	Veh	icle Cra	sh			Number Injured		Limit		Stat	e Police al Police TA Police	□ Xi	
	03/04/2020	24HR	NEWTON				Report		2		0		itude_		Oth	er:		
		AT INTER	< I	< LOCATION >					NOT AT IN					NTERSECTION:				
	EAST	Γ SARGE	NT														<u> </u>	
1 1	Route# Direc	Name of Roadway/Street At			et		Route# Direction Address# Name of Roadway/Street											
	SOUTH SARGENT ST					Feet NSEW of or Exit Number											. F	
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number Feet N S E W of											
	Also at Intersection with						Route# Intersecting Roadway/Street											
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of											_ [3	
3							Landmark											
	X Vehicle 1	1_#Occupants	Hit/Ru	n Mop	ed Case N	Number		2	00000	0211								
	License#		St_ ^I			Reg#_	RRD5485			F	Reg Type	PAN		Reg	State_		_	
	Sex_M Lic. 0	Class D 18 18	8 Lic. Restricti		DL	Veh Ye	ear_2019	Ve	h Mak	e_NISS	AN			Veh C	onfig.	1 20		
4	Operator RIC	HARD	DONY	E	ndorsment		PV HOLDIN	G									- -	
2	Address 3 WILBUR ST (apt. 2)						Address 4340 GLOBAL GATEWAY											
	City MALDEN State MA Zip 02158					City COLLEGE PARK State GA Zip 303374008												
	Insurance Company UNKNOWN						Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)											
5	Vehicle Travel	Direction: N	S X W Re	sponding to Em	ergency? N	Event S	Sequence 1	22 2		22 22	2 2		3		(4)			
1		ssued)					Harmful Event	23	3			_ (`	\bigvee_{i}			Undercarr	iage	
	,	1: ChSec		on 2: ChS	Sec		Contributing Co		1 24	1	24		9		5 11	Totaled		
⁶ 1	Violation	3: ChSec	Violatio	on 4: ChS	Sec		ide/Override	25	3	Towed N	1 8 ∕		7		6			
	Please fill out for operator and all occupants involved										28 29 pag Airbag tus Switch	30 Eject	31 Trap I Code S	32 Injury Ti	33 ransp.			
	Name (Last Fire	st Middle)		Sec	Address e Above		Age/DOB	Sex		ystem Sta	tus Switch	Code	Code S	status C	ode N	Iedical Facili	ty 1	
	орыны									1 4		10	0	10	+		\dashv	
															+		\blacksquare	
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupa	nts Non-A	Motorist A Туре	e 1	4 Action 1	Loc	cation	16	Conditi	on	17	Πн	it/Run	Мор	ed	
	License # St XX DOB/Age					Reg#	3RWX21	Reg Type_PAN					Reg State_MA			_		
	Sex_F Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL												20					
8	Operator BOZA MONTIEL AYDE						LOPEZ		DA	ANIEL							_	
1	Last First Middle Address 100 OCEAN VIEW DR						10 OCEAN V				First			Middl	e			
	City BOSTON State MA Zip 02125					City B	OSTON						State_	MA	Zip <u>02</u>	125		
	Insurance Company GEICO					Vehicle	e Action Prior to	Crash		21	Da	maged	Area (Code: (Circle	Up to Thre	ee)	
	Vehicle Travel Direction: N X E W Responding to Emergency?N					Event S	Sequence 1	22 2	2 2	22 22	2 0		3		4			
	Citation # (If Issued)						Harmful Event	1 23	3							Undercarr	iage	
	Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 99 24 24 5 11 Totaled											
			Underride/Override 25 Towed N 8 7 6															
1		ease fill out for		ion 4: Ch Il occupants in		Juden	Cromuc			27 Airb		30 Eject	31 Trap I	32 njury Ti	33 ransp.		\dashv	
	Name (Last Fi	rst Middle)			Address		Age/DOB	Sex	Pos.	System St	atus Switc	Code	Code	Status	Code	Medical Faci	lity	
	Operator/	Non-Motorist		Sec	e Above					1 4	4	0	0	10	L		-	
									_						_		\dashv	



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