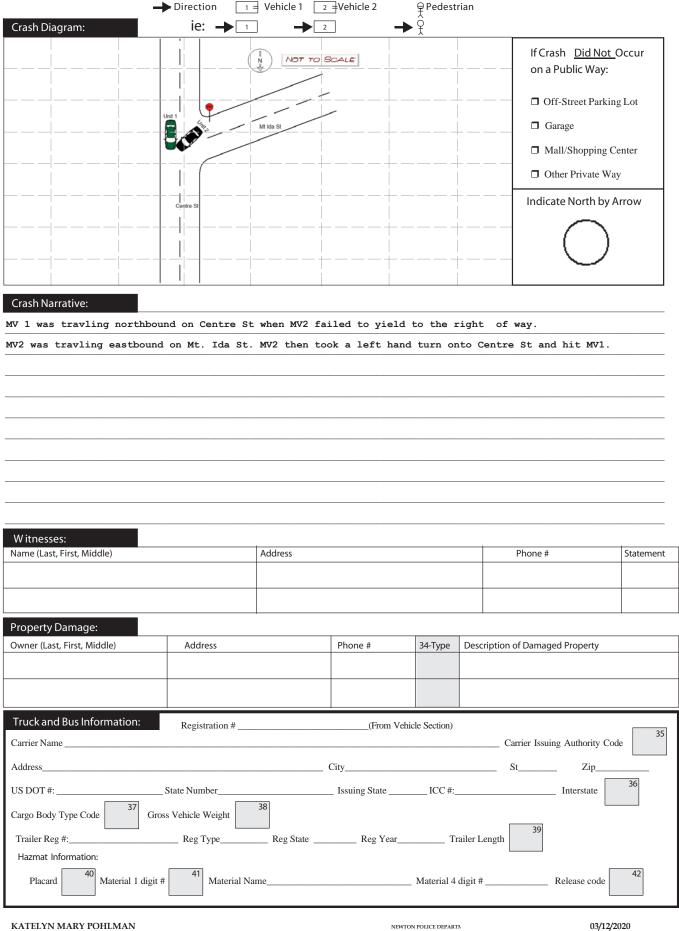
	Poli	ce Use Only		Commonwea	lth o	of Massa	achu	isetts	6		RM	V Docui	ment Number		
	Date of Crash 03/12/2020	Time of Crash 07:09	City/Tov NEWTON	Motor	Veh	icle Cra	sh	Number			eed Limi		State Police Local Police MBTA Police	N N	
	03/12/2020	07.09 24HR				Report		2	0	- 1	ngitude_		Other:		
		AT INTERSECTION: <					OCATION > NOT AT IN						CTION:		
	NOR	TH CENTR	E ST											2	
1	Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Stre						/Street	$ 2^1$			
	At EAST MT IDA ST					Feet NSEW of • or								_ _	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street									
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
	Name of intersecting Roadway/Street					Landmark									
3	XVehicle1	Number	Jumber 2000000233												
	License#		Reg # 8DM611 Reg Type PAN Reg State MA												
	License # St MA DOB/Age Sex M Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2018 Veh Make TOY Veh Config. 2									
4	Operator NOONE COOPER Endorsment					Owner TOYOTA LEASE TRU								$ 1^1$	
2	Address 96 GRANT ST					Address PO BX 105386							e	_ 1	
	City NEEDHAM State MA Zip 02492					TLANTA					State	GA	Zip <u>30348</u>	_	
	Insurance Company GOVT EMPLOEE					e Action Prior to	Crash	1	21				Circle Up to Thr	ree)	
5	Vehicle Travel	Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 1 22 22 22 22 22 23 4													
		ssued)				Tarmful Event	1 23				9		10 Undercari	riage	
	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co		1 24	24			┨,	5 11 Totaled		
⁶ 1	Violation	3: ChSec	Violation	4: ChSec	Underr	ide/Override	25	Tow	ed N	8	7		0		
	Please fill out for operator and all occupants involved							26 27 Seat Safety		29 Sirbag Eje	30 31 ect Trap	32 Injury Tra	33 ansp.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Name (Last First Middle) Operator			Address See Above		Age/DOB	Sex I	os. \$ysten	Status \$	witch Co	de Code	\$tatus Co	ode Medical Facil	lity	
	*														
-															
3	Please Select One of the Following: X Vehicle 2 1 # Occupants Non-Motorist			Non-Motorist A Typ	ne 1	Action 15 Location 16 Condition				ondition	17	□ні	it/Run Mop	oed	
	License # St MA DOB/Age					Reg # 662ZH1 Reg Type PAN Reg State MA							State MA	_]	
	Sex_F_ Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2015 Veh Make BMW Veh Config. 2									
8 1	Operator DO	NER Last	ILANA First	Endorsment	Owner	(Same as ope	as operator) Last First				Middle				
_	Address 31 CHANNING ST					Address									
	City NEWTON State MA Zip 02458					City State Zip									
	Insurance Company_VERMONT MUTUAL INS					Vehicle Action Prior to Crash 4 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: $X \times W$ Responding to Emergency? N					Event Sequence 1 22 22 22 22 23 4									
	Citation # (If Is	itation # (If Issued) Most Harmful Event 1 23 5							10 Undercari 5 11 Totaled	riage					
	Violation	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 3 24 4 24													
	Violation	n 3: ChSe	Underride/Override Z5 Towed N 8 7 6												
	Plo Name (Last Fi	ease fill out for		Age/DOB Sex Pos. System State					8 29 30 31 32 33 ag Airbag Eject Trap Injury Transp. atus Switch Code Code Status Code M			ility			
		Non-Motorist		See Above		Age/DOB		1	4	4 0	0	10 1		y	



CDP1 11 ·24·00

Police Officer Name (Please Print)