Poli	ce Use Only		Common	wealth	of Mass	achu	isetts					nent Number	
Date of Crash 03/19/2020	Time of Crash 14:43	City/To	wn Mo		hicle Cra	ash	Number Vehicles			d Limi ude		State Police Local Police MBTA Police	XI N
00/17/2020	24HR				Report		2	0		gitude_		Other:	,
	AT INTER	RSECTION:	<	LOC	ATION	>		NOT	AT	INTE	ERSEC	CTION:	
					EAST	125	;	WESTO	HESTE	R RD			
Route# Direct	tion		Route# Direction Address # Name of Roadway/Street								_		
-		1	At		Feet	N S E	W of		•		or		
Route# Direct	tion N	Name of Intersectin	g Roadway/Street		1001	5 2		Mile M	larker –			Exit Number	_
		Also at Inters	<u> </u>		Feet [N S E	W of	Route#		ntarcac	ting Pose	dway/Street	_
					Feet [N S E	W of	Routen	11	inter sec	illig Koac	uway/Sireet	
Route# Direct	tion	Name of Intersec	eting Roadway/Street							Lar	ndmark		
XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Numb	er	20	000000242						
License#		St MA	A DOB/Age	- Reg	# 7NJ186			Reg Tv	_{ne} PAN	J.	Reg	State_MA	
Sex_M_ Lic. (71acc D 18 13		19	-	Year_2018	Vel	Make H				Veh Co	20	_
Operator WIL		ANDREW	Endorsme	ent	ner HONDA LE						, ven eo	iiiig.	
Address 125 W	Last /ESTCHESTER	RD First	Middle		ress 600 KELLY	ast		First			Middle		_
City NEWTON							State	MA ,	7in 01040	_			
'		-	City HOLYOKE State MA Zip 01040 Vabicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
Insurance Company STANDARD FIRE INS Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: N S X W Responding to Emergency? N Event Sequence 2 22 22 22 22 22 22 22 23									4	,			
]			onding to Emergency			23	<u> </u>				\overline{A}	10 Undercar	rriage
,	ssued)		2. Ch S		t Harmful Event	2	24 1	24 1	←	9		5 11 Totaled	
1			2: ChSec		rer Contributing C	25 25	10 1	₈ `		7		0	
		ator and all occup	4: ChSec	Und	erride/Override		Towe		9 30	31	32	33	\dashv
Name (Last Firs			Address		Age/DOB	Sex S	26 27 Seat Safety Pos. System	28 2 Airbag Airba Status Swite	9 30 Eject Code	Trap Code	32 Injury Tra Status Co	33 insp. ide Medical Faci	lity
Operator			See Above	e			99	4 4	0	0	10 1		
Please Select C	ne V Vahiala	- 0 # O	To Nov. Metaviol	· • m	14	15		16 Cand		17			_1
of the Followir	IX Vehicle	2 <u>0</u> #Occupant	Non-Motorist	t A Type	Action	Loca	ation	Cond	ition		Hit	t/Run Mo	ped
License#StDOB/Ag				Reg	# VT20369	VT20369 R				3	Reg State MA		
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					Year 2019 Veh Make DODGE Veh Config. 20								
Operator	Last	First	Endorsme	ent Owr	ner USB LEASI	NG LT		First			Middle		_
Address	Last		Madic	Add	ress 1850 OSBO	RN AVE					Wilder		_
City		Sta	nteZip	City	OSHKOSH					_State	WI Z	Zip 54902	_
Insurance Com	pany			Veh	icle Action Prior	to Crash	11 2	<u>1</u>	amageo	d Area	Code: (C	Circle Up to The	ree)
Vehicle Travel	Direction: N	S E W Res	sponding to Emergency	/? <u>N</u> Eve	nt Sequence 1	22 22	22	22 2		3		4	
Citation # (If Is	Mos	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled											
Violation	n 1: ChSe	ec Violatio	n 2: ChSec	Driv	er Contributing C	Code 1	24	24		/ 1		5 11 Totaled	
Violation	n 3: ChSe	ec Violatio	n 4: ChSec	Und	erride/Override	25	Towed			Ø		6	
Ple	ease fill out for	operator and all	occupants involved	 			J		9 30 Eject	31 Trap	32 Injury Tra	33 insp.	
Name (Last Fin	Non-Motorist		Address See Above		Age/DOB		Pos. System	Status Swi	tch Code	Code		ode Medical Fac	ility
Орегатогл	TVOII-IVIOIOIISI		See Above						+				

