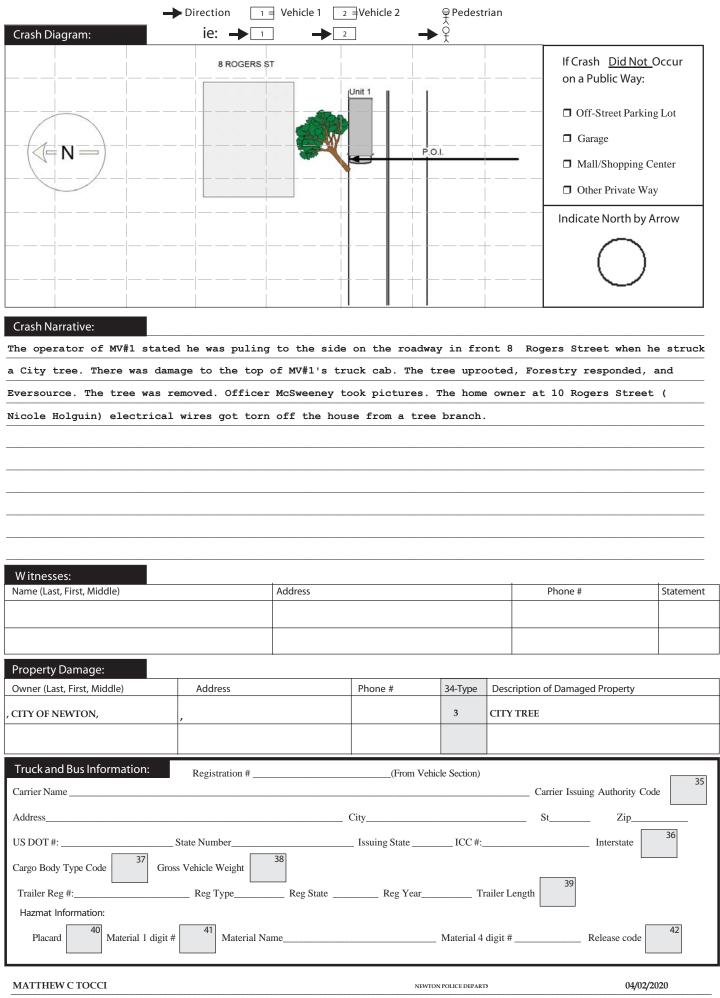
	Police Use Only		onwealth				IXIVI V		ıt Number			
	Date of Crash Time of Crash C 04/02/2020 09:57 NEWTOR		Aotor Vel	hicle Crash	Number Vehicles	Number Injured	Speed Limit	25 S L	tate Police ocal Police MBTA Police			
	24HR		Police Report		1	0	Longitude Other:		Other:			
	AT INTERSECTION	ON:	< LOCA	TION >		NOT	AT INTE	RSECT	ION:			
				WEST	8	ROGERS	ST					
\neg	Route# Direction Na	ame of Roadway/Street		Route# Direction	Address #		Name of Ro	adway/Str	eet			
\dashv		At		Feet N S	EW of		• or	•				
	Route# Direction Name of Inter	rsecting Roadway/Street				Mile Ma	rker	Е	exit Number			
	Also a	at Intersection with		Feet N S	E W of	Route#	Intersection	ng Roadwa	nv/Street			
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_	Route# Direction Name of I	Route# Direction Name of Intersecting Roadway/Street					Landmark					
	Wehicle 1 1_#Occupants Hity	/Run Moped	Case Numbe	r	2000000254							
	License #	St RI DOB/Age	Reg #	AP29183		_Reg Type	CON	_ Reg Star				
	Sex_M Lic. Class A 18 18 Lic. Rest	rictions 19 CDL	Veh	Year_2020	Veh Make_IN	TER		/eh Config	g. 6 20			
\neg	Operator TAVAREZ CLAUD			er EAN HOLDINGS	LLC	T						
	Address 84 OXFORD ST (apt. 1)	st Mide		Last ess 14002 E 21ST ST		First		Middle				
		State_RIZip_029		TULSA			State_C	OK Zip	74134			
	Insurance Company UNKNOWN	· x		cle Action Prior to Cra	sh 1 21	_		-	ele Up to Three)			
\neg	Vehicle Travel Direction: NSEX	Responding to Emerge		t Sequence 21 22	22 22	22 2	3	4				
_	Citation # (If Issued)	, ,	-	Harmful Event 21	23				10 Undercarriage			
	Violation 1: ChSec Vio	olation 2: ChSec_		er Contributing Code	99 24	24	- 9	5	11 Totaled			
	Violation 3: ChSec Violation 4: ChSec Underride/Override											
1	Please fill out for operator and all	occupants involved				28 29 Airbag Airbag	30 31 Eject Trap In Code Code \$t	32 33 jury Transp				
ŀ	Name (Last First Middle) Operator	Add See Al		Age/DOB Sex	Pos. \$ystem	Status Switch 4 4		atus Code 1	Medical Facility			
	o positivos	30011			+	* *						
	Please Select One of the Following:	cupants Non-Moto	orist A Type	14 Action 15 I	ocation	Conditie	on 17	Hit/Ru	un Moped			
	License #	Reg #	Reg # Reg Type Reg State									
	Sex Lic. Class	19		Year				-	20			
	Operator	Endor	sment	er				cii coiiiig	· []			
	Last First Address	st Mide		Last		First		Middle				
			Δddr	Pecc								
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	City Insurance Company		City Vehic	cle Action Prior to Cra	21	_		_				
	City Insurance Company Vehicle Travel Direction: NSEW	_	City Vehicency? Even	cle Action Prior to Cra	sh 21	Dai	naged Area C	Code: (Circ	ele Up to Three) 10 Undercarriage			
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Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks Date

CDP1 11 · 24·00