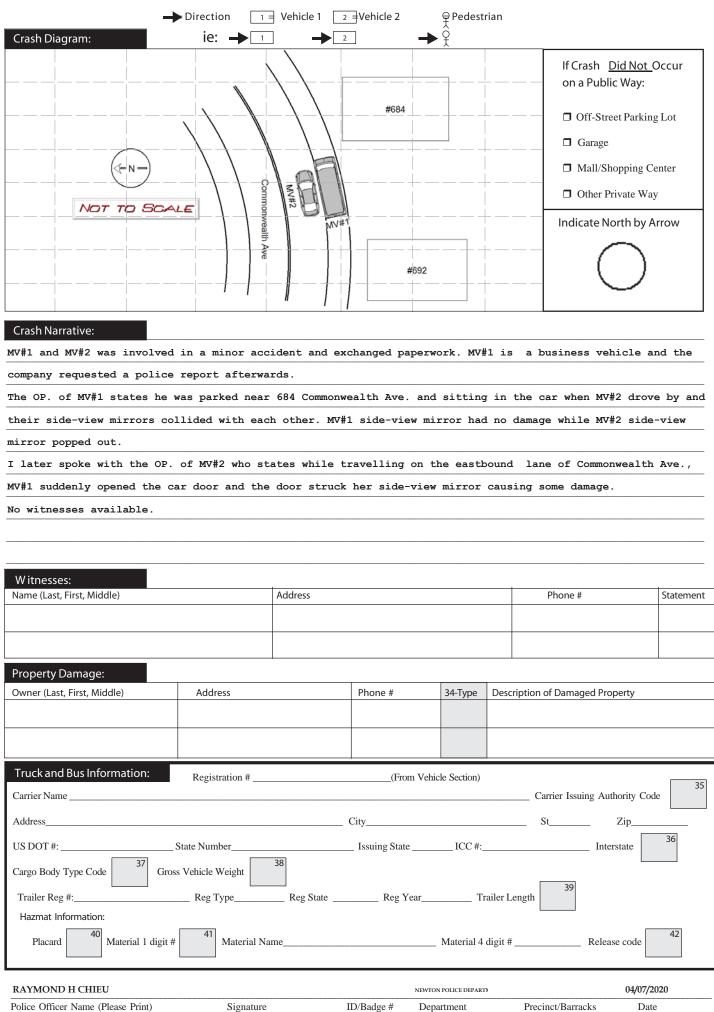
		ice Use Only			Common	wealth	of Massa	ich	use	etts			RMV	/ Docum	ent Number	
	Date of Crash 04/07/2020	Time of Crash		City/Tow	n Mo	otor Vel	nicle Cra	sh		mber nicles	Numbe Injured		d Limi ude		State Police Local Police MBTA Police	
	04/07/2020	V07/2020 16:06 NEWTON 24HR				Police Report			2		0		gitude_		Other:	
		AT INTERSECTION: <				LOCA	LOCATION > NOT AT INTERSECTION							TION:		
							EAST 684 COMMONWEALTH AVE									
	Route# Direc	etion	Na		oadway/Street		Route# Direction	n A	Addres	s #		Nar	ne of R	Roadway/S	treet	
\dashv	At						Feet NSEW of orExit Number									
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number									
			Also a	at Interse	ction with		Feet N	N S I	E W o	of	Route	- In	ntersec	ting Road	way/Street	
	D	4:	N	[D 1/C44		Feet N	SI	E W	of						
	Route# Direc	e# Direction Name of Intersecting Roadway/Street								Landmark						
	XVehicle1	_1_#Occupants	Hit	/Run	Moped	Case Number	r		200000	00257						
	License#			St MA	DOB/Age	Reg #	S11245				_Reg Ty	pe_CO	V	Reg S		
	Sex_M Lic.	Class D 18 18	Lic. Rest	trictions	B 19 CDL	Veh Y	Year_2019	V	eh Ma	ke_RA	M			Veh Con	fig. 2 20	
	Operator LER	ROY JR	ROBER		S Endorsme		ultra safe			EST	First			Middle		
	Address 4 STI	IMSON ST					Address 2302 TURNPIKE ST City N. ANDOVER Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circ									
	City WEST RO	OXBURY		State MA Zip 02132 City N. ANDOVER State MA Zip 01845 NCE Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Crash 21)								ip <u>01845</u>				
	Insurance Com	npany SAFETY IN	ISURANC	E		Vehic	cle Action Prior to	Crasl	n [11 2	I I	amageo	d Area	Code: (Ci	ircle Up to Three)	
	Vehicle Travel	Direction: N	$\mathbf{S} \mathbf{X} \mathbf{W}$	Respon	nding to Emergency	? <u>N</u> Even	t Sequence 1 2			22	22 2		3	<u> </u>		
	Citation # (If I	ssued)				Most	Harmful Event	1 2	23		1	←	9	$\langle $	10 Undercarriage 5 11 Totaled	
	Violation	1: ChSec	Vio	olation 2	: ChSec	Drive	er Contributing Co		99	24	24				_	
	Violation 3: ChSec Violation 4: ChSec Underride/Override															
	Please t	fill out for opera	itor and all	l occupa	ants involved Address		Age/DOB	Sex	26 Seat Pos.	27 Safety 2	28 Airbag Airb Status Swit	9 30 ag Eject ch Code	31 Trap Code	32 Injury Tran Status Cod	sp. e Medical Facility	
	Operator	·			See Abov	e				99	4 4	0	0	10 1		
	Please Select C	One					14 1	5			16		17			
	of the Followi		2 <u>1</u> #Oc	cupants	Non-Motorist	t A Type	Action	Lo	cation		Cond	ition		Hit/	Run Moped	
	License#	. 18 1		St_MA	DOB/Age	Reg #	1686FJ				_Reg Ty	pe_PAN	J	Reg S	tate MA	
	Sex_F_ Lic.		Lic. Rest	trictions	19 CDL		Year_2015	V	eh Ma	ke_TC	YT			Veh Con	fig. 20	
	Operator GA	Last	KATHI		Endorsme	ent Owne	(Same as oper	ator)			First			Middle		
	Address 153 F	AIRWAY DR				Addr	ess									
	City NEWTO	N	City	City State Zip												
	Insurance Com	npany SAFETY IN	ISURANC	E		Vehic	cle Action Prior to	Crash	n	1 2	I	amageo	l Area	Code: (Ci	ircle Up to Three)	
	Vehicle Travel	Direction: N	s X W	Resp	onding to Emergency	? <u>N</u> Even	t Sequence 2 2			22	22 2		3	<u> </u>	4	
	Citation # (If Issued)						Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled									
	Violatio	on 1: ChSe	ec V	iolation	2: ChSec	Drive	er Contributing Co		99	.4	24				_	
	Violatio	on 3: ChSe	ec V	iolation	4: ChSec	Unde	rride/Override	2		owed			7		5	
	Pl Name (Last Fi		operator a	nd all o	ccupants involved		Age/DOB	Sex	26 Seat Pos.	27 Safety 2 System	28 2 Airbag Airb Status Sw	9 30 ag Eject	31 Trap Code	32 3 Injury Tran Status Coo		
		Non-Motorist			See Above					1	4 4	0	0	10 1	ividuosi Padiity	
				+												



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