	ice Use Only		Common								nent Number	
Date of Crash 04/19/2020	Time of Crash 16:50	City/To	wn Mo		hicle Cra	$\mathbf{sh}$ $\begin{vmatrix} N_1 \\ V_2 \end{vmatrix}$			peed Lim atitude _		State Police Local Police MBTA Police	XI XI
0.413/2020	24HR				Report	2	2 0		ongitude_		Other:	
	AT INTER	RSECTION:	<	LOCA	ATION :	>	N	OT A	T INT	ERSE	CTION:	
					NORTH	647	WA	SHING	TON ST			
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street							
-			At		Feet N	N S E W	of		•	or		
Route# Dire	ction 1	Name of Intersectin	g Roadway/Street				N	lile Mark	er		Exit Number	_
		Also at Inter	section with		Feet N	SEW		oute#	Intersec	ting Roa	dway/Street	_
]					Feet [N	S E W	of			Ü	•	
Route# Direc	ction	Name of Intersec	eting Roadway/Street						La	ndmark		
XVehicle 1	1_#Occupants	X Hit/Run	Moped	Case Numbe	r	20000	000267					
License#_		St MA	A DOB/Age	Reg	# 4KR894		Re	g Type I	PAN	Reg	State MA	
Sex_F Lic.	18 1	18	19		Year 2014						20	_
	AN Last	_	Endorsme	nt	er (Same as oper							
Address 32 W	Last HITES AVE (ap	First <b>441)</b>	Middle		ess		Fir			Middle	:	_
City WATER			te_MA Zip_02472							. ,	Zin	
		MENT EMPLOYI		City State Zip  Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)								
$\neg$			onding to Emergency		at Sequence $97^{\frac{2}{9}}$	[	22 22	2	3		4	
	Issued)		onding to Emergency.		: Harmful Event	23				A	10 Undercar	riage
,			2: ChSec		er Contributing Co		24 24	1 <b>←</b>	<b>-</b>     9	$\downarrow \downarrow$	5 11 Totaled	
			4: Ch Sec Sec		erride/Override	25	Towed N	<b>6</b>	(	)	6	
		ator and all occu		Clide	Ziride/Override	26 Seat		29	30 31 Eject Trap Code Code	32 Injury Tra	33 ansp.	
Name (Last Fi	rst Middle)		Address See Above		Age/DOB	Sex Pos.					ode Medical Facil	lity
Operator			See Above				0 4	4 (	0	10 1		
Please Select of the Follow		e2 1 #Occupant	s Non-Motorist	A Type	14 Action 1	5 Location	n 16	Condition	17	Ні	t/Run Mor	ped
License#	License#StDOB/Age				Reg # UNK Reg State 2					State XX		
Sex_F Lic. Class 99 18 18 Lic. Restrictions 9 CDL											20	
Operator UN		UNKNOWN	Endorsme UNKNOWN	nt	er (Same as oper	ator)						
Address UNI	Last	First	Middle	 Addı	'ess		Fir	st		Middle		
City UNK		Sta	te_XX Zip_UNK						State	, ,	Zip	_
Insurance Con	npany_UNKNOV			-	cle Action Prior to	Г	99 21	Dama	aged Area	Code: (0	Circle Up to The	ree)
Vehicle Travel	_		ponding to Emergency		t Sequence 99 2	2 22	22 22	2	3		4	
Citation # (If Issued)					Most Harmful Event 23							
,			n 2: ChSec		er Contributing Co		24 24	1 4	<b>-</b>     9	$\langle  $	5 11 Totaled	
			n 4: ChSec		erride/Override	25	Towed N	8	7		6	
			occupants involved		Julius Sverilluc	26 Seat		29 Airbag E	30 31 Eject Trap	32 Injury Tre	33	
Name (Last F	irst Middle)		Address	3	Age/DOB	Sex Pos.	System Stati	is Switch	Code Code	Status C	ansp. Code Medical Fac	ility
Operator	/Non-Motorist		See Above	÷			99 99	4 9	99	99 9	9	

