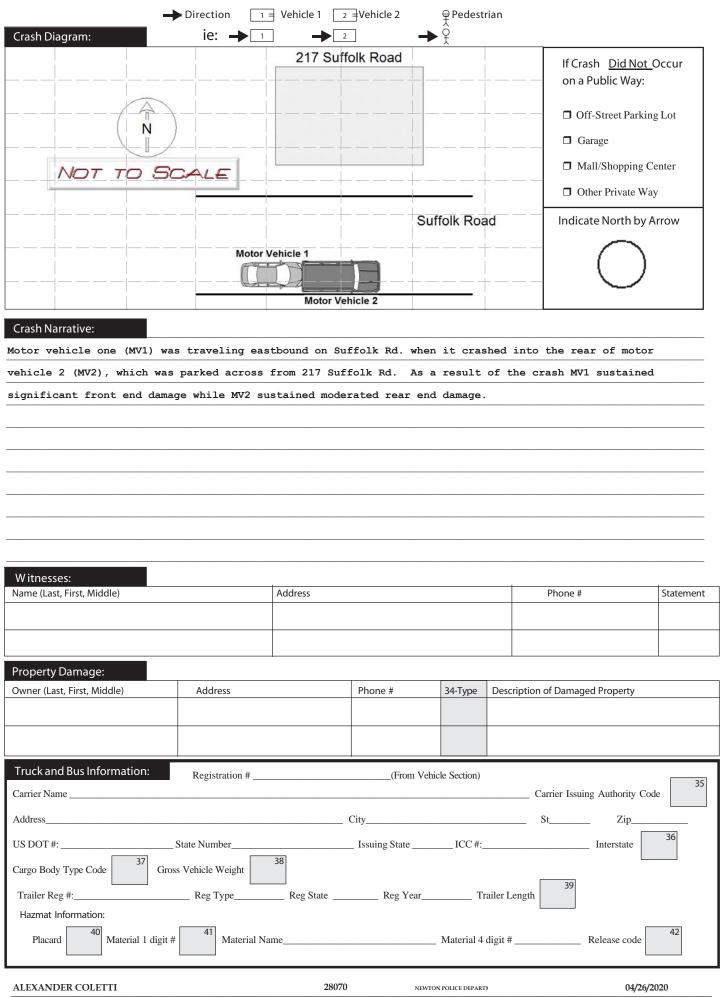
Date of Crash 04/26/2020	lice Use Only		Common			_						t Number
		City/Town	Mo	otor Vel	hicle Cra	sh N	umber ehicles	Number Injured		Limit <u>25</u> le	St Lo	ate Police Cocal Police BTA Police
0.4.59.50.50	24HR				Report		2	0	Longit	ude	O	ther:
	AT INTERSE	CTION:	<	LOCA	TION :	>		NOT	AT I	NTERS	ECT	ION:
					EAST	217		SUFFOLI	K RD			
Route# Direc	etion		oadway/Street		Route# Directio	n Addre	ss#		Name	of Roadw	/ay/Stre	et
-		At			Feet N	SEW	of -	— — – Mile Ma	• _	or		
Route# Direc	ction Name	of Intersecting I	Roadway/Street					Mile Ma	rker		E	xit Number
		Also at Intersec	etion with		Feet N	SEW	of	Route#	Inte	ersecting F	Roadwa	v/Street
]					Feet N	SEW	of			Ü		,
Route# Direc	Route# Direction Name of Intersecting Roadway/Street									Landmar	·k	
XVehicle 1	1 1 #Occupants	Hit/Run	Moped	Case Numbe	r	2000	000280					
License#	·	St MA	DOB/Age	Reg	_‡ 677DL6			_Reg Type	PAN	R	eg Stat	
Sex_F_ Lic.	Class D 18 18 Lie	c. Restrictions	1 CDL	Veh	Year_2009	Veh M	ake_HC	NDA		Veh	Config	. 1 20
Operator FIN	NE C	ATHERINE	S Endorsmen	nt Own	er (Same as oper	ator)						
Address 30 O	RCHARD STREET (a	First pt. 2)	Middle		ess			First			ddle	
City BOSTO			MA Zip 02130	City						State	Zip_	
1 '	_{npany} PROGRESSIVE				cle Action Prior to		1 21	_				e Up to Three)
Vehicle Travel	l Direction: N S X	W Respon	ding to Emergency?	N Even	t Sequence 2 2	2 22	22	²² O		3	4	
	Issued)				Harmful Event	2 23				9		10 Undercarriage
Violation	n 1: ChSec	Violation 2:	ChSec	Drive	L er Contributing Co	de 19	24	24	-)3	11 Totaled
Violation	n 3: ChSec	Violation 4:	ChSec	Unde	erride/Override	25	Towed	<u>N</u> 0		7	6	
	fill out for operator a	and all occupa				20 Seat	27 Safety	28 29 Airbag Airbag	30 Eject T	31 32 Trap Injury Code Status	33 Transp.	
Name (Last Fi			Address See Above		Age/DOB	Sex Pos.		Status Switch 4 99		Code \$tatus 0 10	Code 1	Medical Facility
1												
_												
Please Select (of the Followi		_# Occupants	Non-Motorist	A Type	Action 1	Locatio	n 1	6 Conditi	on	17	Hit/Ru	n Moped
License#		St	DOB/Age	Reg	_‡ 3367CE			_Reg Type	PAN	R	eg Stat	
Sex Lic.	Class 18 Lie	c. Restrictions	CDL		Year_2014	Veh M	ake_AU	DI		Veh	Config	20
Operator	1	First	Endorsme	nt Own	er <u>LAVALLEE</u>		DAVID	First		G	ddle	
Address		rirst	Middle	Addr	ess 17 DEVON R			First		MI	date	
Address		Stata	Zip	City	BROOKLINE					State_MA	Zip_	02467
		State									. (Cimal	
City	npany SAFETY INSUE			Vehi	cle Action Prior to	Crash	11 21	Da	maged A	Area Code	e: (Circi	e Up to Three)
City		RANCE	onding to Emergency		t Sequence 1	Crash	11 21 22	Da 22 2	maged A	Area Code		e Up to Three)
City Insurance Con Vehicle Travel	npany SAFETY INSUE	RANCE Respo		? <u>N</u> Even			11		maged A	3	0	10 Undercarriage
City Insurance Con Vehicle Travel Citation # (If I	SAFETY INSUED IN SIX	RANCE Respo	onding to Emergency	?N Even	t Sequence 1	2 22 23 1	11		maged A		Q Q	*
City Insurance Con Vehicle Travel Citation # (If)	SAFETY INSUE I Direction: N S X Issued)	RANCE Responsi	onding to Emergency 2: ChSec	?N Even Most Drive	t Sequence 1 2 Harmful Event	2 22 1 23 de 1	22 24	22 2 24 1	maged A	3	0	10 Undercarriage
City Insurance Con Vehicle Travel Citation # (If) Violatio Violatio	SAFETY INSUED IN SECTION OF SECTI	RANCE Responsi	onding to Emergency 2: ChSec 4: ChSec ccupants involved	?N Even Most Drive Unde	t Sequence 1 2 Harmful Event Example Contributing Contributing Contride/Override	2 22 1 23 1 23 de 1 25 26 Seat	24 Towed	22 2 2 2 2 2 2 2 2 2 3 2 3 2 3 2 3 2 3	30 Eject II	3 9 7	(a) (c) (c)	10 Undercarriage 11 Totaled
City Insurance Con Vehicle Travel Citation # (If) Violatio Violatio	SAFETY INSUE I Direction: N S X Issued) on 1: Ch Sec on 3: Ch Sec lease fill out for oper	RANCE Responsi	onding to Emergency 2: ChSec 4: ChSec ccupants involved Address	?N Even Most Drive Unde	t Sequence 1 2 Harmful Event Cer Contributing Co	2 22 1 23 de 1	24 Towed	22 2 24 1	30 Eject II	3 7 31 32 7 31 njury	G 33 Transp.	10 Undercarriage
City Insurance Con Vehicle Travel Citation # (If) Violatio Violatio	SAFETY INSUED IN SECTION OF SECTI	RANCE Responsi	onding to Emergency 2: ChSec 4: ChSec ccupants involved	?N Even Most Drive Unde	t Sequence 1 2 Harmful Event Example Contributing Contributing Contride/Override	2 22 1 23 1 23 de 1 25 26 Seat	24 Towed	22 2 2 2 2 2 2 2 2 2 3 2 3 2 3 2 3 2 3	30 Eject II	3 7 31 32 7 31 njury	G 33 Transp.	10 Undercarriage 11 Totaled
City Insurance Con Vehicle Travel Citation # (If) Violatio Violatio	SAFETY INSUE I Direction: N S X Issued) on 1: Ch Sec on 3: Ch Sec lease fill out for oper	RANCE Responsi	onding to Emergency 2: ChSec 4: ChSec ccupants involved Address	?N Even Most Drive Unde	t Sequence 1 2 Harmful Event Example Contributing Contributing Contride/Override	2 22 1 23 1 23 de 1 25 26 Seat	24 Towed	22 2 2 2 2 2 2 2 2 2 3 2 3 2 3 2 3 2 3	30 Eject II	3 7 31 32 7 31 njury	G 33 Transp.	10 Undercarriage 11 Totaled



ID/Badge # Police Officer Name (Please Print) Precinct/Barracks Signature Department Date