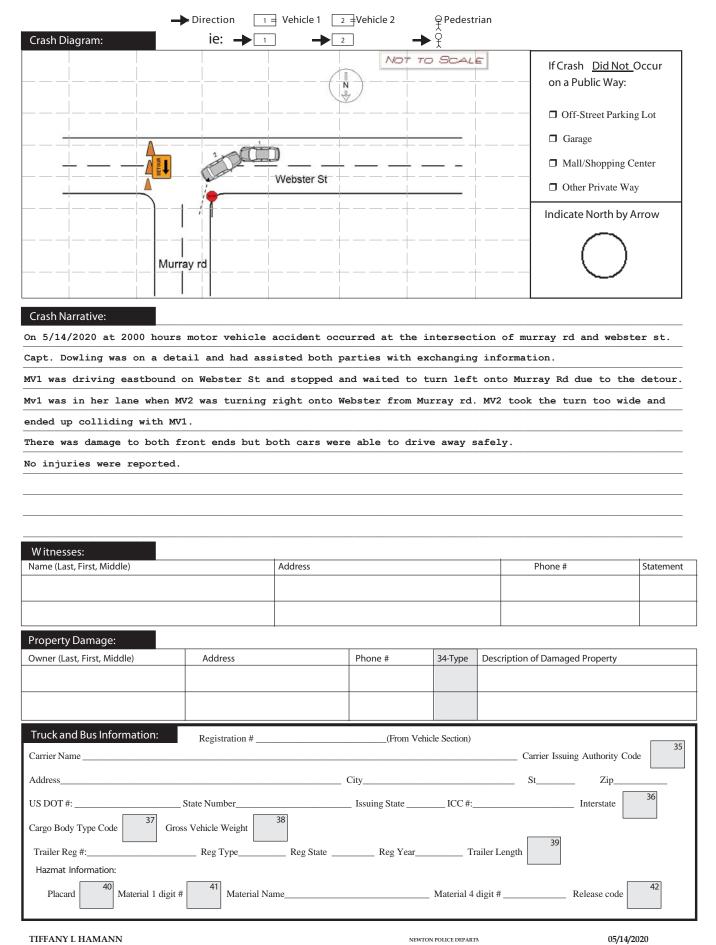
| | Poli | ice Use Only | | Commonwea | lth o | of Mass | sacl | ıuse | etts | | | RM | V Doc | cumen | ıt Number | | |
|-----------------------|---|--|--------------------|--|--------------|---|------------|--|-----------------|--|-----------------------------------|-------------------------|------------------------|-----------------------|---|---------------|--|
| | Date of Crash 05/14/2020 | Time of Crash 19:54 | City/To NEWTON | MIOTOI | | | ash | Vel | mber hicles | Number Injured | d Lat | ed Lim | | — N | tate Police ocal Police IBTA Police | NA NA D | |
| | | 24HR | | | | e Report 2 | | | | | LongitudeOther: | | | ther: | _ | | |
| | | AT INTERSECTION: < | | | | | LOCATION > | | | | | | NOT AT INTERSECTION: | | | | |
| | sou | TH MURRA | AY RD | | | | | | | | | | | | | 2 | |
| 3 | Route# Direction Name of Roadway/Street At | | | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | | eet | _ 2 10 | |
| | EAST WEBSTER ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | | Feet NSEW of | | | | | | Mil-Medera or | | | | | |
| | | | | | | Feet NSEW of | | | | | | Mile Marker Exit Number | | | | | |
| | | section with | - | Rot | | | | | | | oute# Intersecting Roadway/Street | | | | | | |
| 2 1 | Route# Direction Name of Intersecting Roadway/Street | | | | | Feet NSEW of | | | | | | | | | | 6 | |
| 3 | | Landmark | | | | | | | | | | | | | | | |
| | X Vehicle 1 | 4_#Occupants | Number 2000000293 | | | | | | | | | | | | | | |
| | License# | Reg # 8ZV752 Reg Type_PAN Reg State_MA | | | | | | | | | | | | | | | |
| | Sex_F_ Lic. 0 | Veh Year 2016 Veh Make HONDA Veh Config. 1 20 | | | | | | | | | | | | | | | |
| 4 | Operator NIC | Owner | (Same as op | erator) |) | | First | | | X4: | ddle | | - 1 11 | | | | |
| 2 | Address 26 CC | | Last First Address | | | | | | | | uaic | | . - | | | | |
| | City NEWTO | N | te_MA Zip_02465 | City | | | | | | | State | | _Zip | | . | | |
| | Insurance Company GEICO | | | | | e Action Prior | to Cra | sh | 2 21 |] 1 | Damag | ed Area | Code | : (Circ | le Up to Thre | e) | |
| 5 1 | Vehicle Travel | Direction: N | S X W Resp | onding to Emergency? N | Event S | Sequence 1 | 22 | 22 | 22 | ²² € | | 3 | 7 | 4 | | | |
| | Citation # (If Is | ssued) | | | Most H | ⊔ Harmful Event | 1 | 23 | | | _ | | $\langle $ | 5 | 10 Undercarri 11 Totaled | age | |
| | Violation | 1: ChSec | C Violation | 2: ChSec | Driver | Contributing | Code | 1 2 | 24 | 24 | | | | | 11 Totaled | | |
| ⁶ 1 | Violation 3: ChSec Violation 4: ChSec Underride/Override | | | | | | | | | | | | | | | | |
| | | Please fill out for operator and all occupants involved Name (Last First Middle) Address | | | | | Sex | 26 Seat Pos. | 27 Safety | 28 irbag Airl | 29 3 bag Ejec tch Cod | 0 31 Et Trap | 32 Injury | 33 Transp. | Medical Facilit | v 1 | |
| | Operator | st Wilddie) | | See Above | | Age/DOB | | | | Status Swi | 0 | e Code 0 | \$tatus 10 | Code 1 | N.A | <u> </u> | |
| | IACUZZI, LIA | <u> </u> | | WALTHAM STREET (apt 0) WTON, MA 02465 | | | F | 4 | 1 | 4 4 | 0 | 0 | 10 | 1 | N.A | | |
| | COTTER, ELL | TE . | | COTTAGE PL | | | F | 3 | 1 | 4 4 | 0 | 0 | 10 | 1 | N.A | | |
| | | | | WTON, MA 02465 MOUNT AUBURN ST | | | | | | | | + | | | | _ | |
| 7 | MEEHAN, JAI | | | ATERTOWN, MA 02465 | | | 15 | 4 | | 4 4 | 0 | 0 | 10 | 1 | N.A | | |
| 3 | Please Select One of the Following: Vehicle 2 1_# Occupants Non- | | | s Non-Motorist A Type | e 14 | ocation | | Condition 1 | | | | Hit/Run Mop | | ed | | | |
| | License# | | Reg # _1 | | Reg Type_PAN | | | | Reg State MA 20 | | | | | | | | |
| | Sex_F_ Lic. Class D Lic. Restrictions 1 CDL | | | | | Veh Year 2014 Veh Make H | | | | | | YUNDAI Veh Config. | | | | | |
| 8 1 | Operator ROS | Owner (Same as operator) Last First Middle | | | | | | | | | | | | | | | |
| | Address 25 RC | OWE ST | Addres | ss | | | | | | | | | | | | | |
| | City AUBURN | NDALE | City | | | | | | | State | | _Zip | | | | | |
| | Insurance Com | Vehicle | Action Prior | to Cra | sh | 3 21 | | Damag | | Code | ` | le Up to Thre | e) | | | | |
| | Vehicle Travel | Event S | Sequence 1 | 22 | 22 | 22 | 22 2 | | 3 | $\overline{}$ | 4 | 40.77 | | | | | |
| | Citation # (If Is | Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled | | | | | | | | | | | age | | | | |
| | Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 9 Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N | | | | | | | | | 24 | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | Please fill out for operator and all occupants involved Name (Last First Middle) Address | | | | | Sex | 26 27 Seat Safety Ai Pos. System | | 28 29 3 Airbag Airbag Eje Status Switch Co | | 0 31 Trap de Code | 32 Injury Status | 33 Transp. Code | Medical Facili | ity | |
| | | Non-Motorist | | See Above | | Age/DOB | | | 1 4 | | 0 | 0 | 10 | 1 | N.A | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | + | | | + | | + | - | | | | |



CDP1 11 ·24·00

Police Officer Name (Please Print)