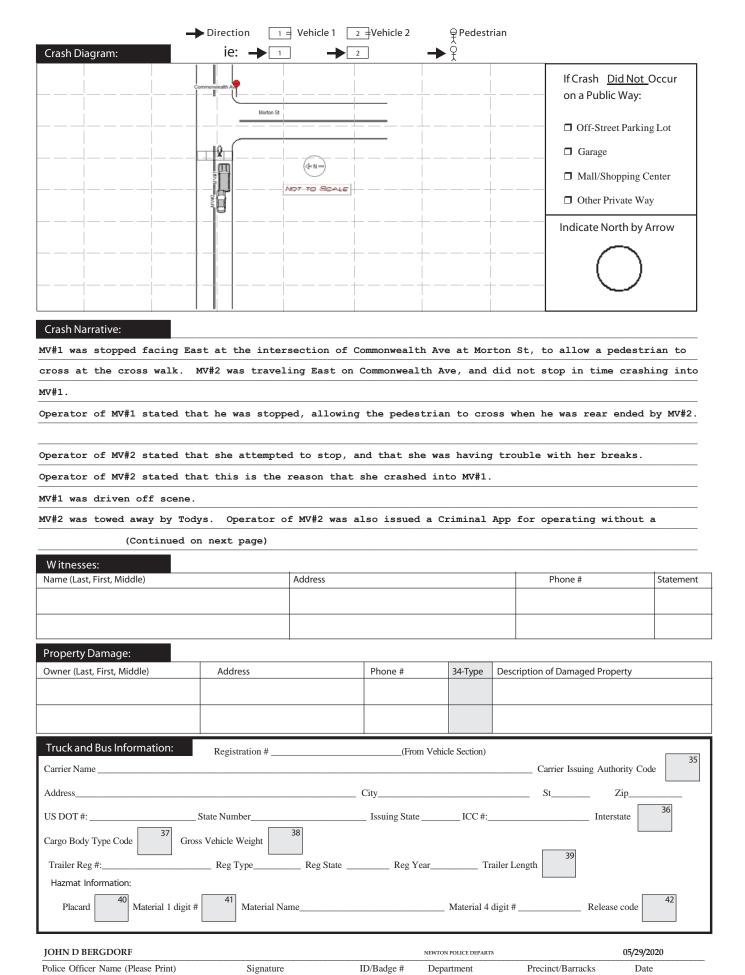
	Poli	ice Use Only		Commo	onwealt	th o	f Mass	ach	use	etts			RM	V Doc	cumen	ıt Number	
	Date of Crash 05/29/2020	Time of Crash 17:55	City/T	own N	Motor V	Vehi	icle Cra	ash		mber hicles	Num Inju		eed Lim	it <u>30</u>	SL	tate Police ocal Police IBTA Police	N X
Į	03/29/2020	17.55 24HR					Report		2		0	1	ongitude			ther:	
		AT INTER	RSECTION:		< L(	CAT	ION	>			N(	)T A	T INT	ERS	ECT	ION:	_
	EAST	г сомм	IONWEALTH A	VE													
${f 1} {f 1}$	Route# Direc	tion	Name o	f Roadway/Street		R	Route# Direct	ion A	Addres	s #		1	Name of l	Roadw	ay/Stre	eet	$ \begin{bmatrix} 1 \\ 2 \end{bmatrix}$
	At NORTH MORTON ST					Feet NSEW of or							_				
	Route# Direc	oute# Direction Name of Intersecting Roadway/Street				Feet N S E W of					Mile Marker Exit Number						_
	Also at Intersection with					Route# Intersecting Roadway/Street									-  -		
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									2	
3	_	_						Landmark									$\dashv$
	XVehicle1	#Occupants	Hit/Run	Moped	Case Nu	ımber			200000	00308							
	License#	18 1	St M		<del></del>	Reg # <u>6</u>	TS578				_Reg	Гуре_Р	AN	R	eg Stat		_
	Sex_M_ Lic.	Class D 18 1	Lic. Restrictio		rsment	Veh Ye	ar_2012	V	eh Ma	ke_BN	1W			_Veh	Config	g. 20	
4 1	Operator ME		SAM First	Mid	ldle	Owner MEISELMAN LAWRENCE  Last First Middle										- 1	
	Address 115 Jl	Address 115 JEWETT ST (apt. 1)  City NEWTON State MA Zip 02458				Address 51 PEMBROKE ST										-	
	City NEWTO					City NEWTON State MA Zip 02458									-		
	Insurance Com	Insurance Company USAA					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)										ee)
5	Vehicle Travel	Direction: N	S X W Res	ponding to Emerge	ency?_N	Event S	Sequence 1		22	22	22	2	3		<b>4</b>		
	Citation # (If I	ssued)				Most H	armful Event	1	23		241	1 4	. 9		Ø	10 Undercari 11 Totaled	riage
5	Violation	1: ChSec	C Violatio	n 2: ChSec_		Driver (	Contributing C		1	24	24	8			വ		
<b>1</b>				n 4: ChSec_		Underri	de/Override			Towed	1 <u>N</u>		,		,		$\perp$
		Please fill out for operator and all occupants involved (ame (Last First Middle) Address				Age/DOB Sex Sex System Status Switch Code Code Status Code Medical Faci							Medical Facil	ity 1			
	Operator			See A	bove					99	4	99 0	0	10	1		
<sup>7</sup> <b>3</b>	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupar	nts Non-Moto	orist A Type	14	Action	15 Lo	ocation	1	16 Co	ndition	17		Hit/Ru	un Mop	oed
	License#St MA DOB/Age					Reg# MBA227				Reg Type_PAS			R	Reg State_FL		_	
	Sex_F_ Lic.	Class 99 18 1				Veh Year 2004 Veh Make HO							_ Veh Config. 1				
1	Operator WII	Endorsment						Owner WILMERDING PATRICK								_	
1	Address 62 BE	EACON ST	rust	Wild		Address	dress Last First Middle  121 MOUNT VERNON ST									_	
	City NEWTO	surance Company ACE INSURANCE COMPANY					City BOSTON State MA Zip 02108							02108	_		
	Insurance Com						Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)									ee)	
	Vehicle Travel	/ehicle Travel Direction: NSWW Responding to Emergency?N						Event Sequence 1 22 22 22 22 23 4									
	Citation # (If Issued) T2014481						Most Harmful Event 1 23 10 Undercarri. 5 11 Totaled								riage		
	Violatio	Driver Contributing Code 19 24 24															
	Violatio	n 3: ChSe	Underride/Override 25 Towed Y 6														
		Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB Sex Pos. System Status Switch Co			30 31 Trap Code Code	31 32 33 Frap Injury Transp. e Code Status Code Medical Facili			lity		
Ī		Non-Motorist		See Al						99		99 0		10	1		
								+									



-	Direction	Vehicle 1 2	=Vehicle 2	₹ Pedestria	an		
Crash Diagram:	ie: 🕕 🛚	2	□ →	<b>P</b> ♀			
Crash Diagram:				*	on a	ash Did Not Control Public Way:  ff-Street Parking diarage  fall/Shopping Centher Private Way at a North by Andrew Control Public Publi	Lot
Crash Narrative:			· · · · · · · · · · · · · · · · · · ·		<u> </u>		
license (see report #2002	 6331) .						
Both parties signed patie							
W itnesses:		1					
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ed Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)			25
Carrier Name					Carrier Issui	ng Authority Code	35
Address			City		St	Zip	
US DOT #:			•				36
37		38					
	oss Vehicle Weight				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length		
Hazmat Information:  40	A1						42
Placard Material 1 digit	# Material Na	nme		_ Material 4 di	igit #	Release code	42
JOHN D BERGDORF			NEWI	ON POLICE DEPARTM		05/29/20	20
Police Officer Name (Please Print)	Signature		ID/Badge # De	partment	Precinct/Barra	cks Date	

CDP1 11 ·24·00