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Operator ELANAGAN ANDREA JAÖNNSMICH Address Gity DEDHAM State MA Zip 02026 City State Vehicle Action Prior to Crash Insurance Company COMMERCE Vehicle Travel Direction: Violation 1: Ch. 90/24/ge. Violation 2: Ch. 90/24/ge. Violation 3: Ch. 99/4/se. Violation 4: Ch. Sec. Underride/Override Please Select One of the Following: Vehicle # Occupants Non-Motorist A Type Issurance Company Vehicle Travel Direction: Non-Motorist A Type Issurance Company Vehicle # Occupants Non-Motorist A Type Issurance Company Vehicle # Occupants Non-Motorist A Type Issurance Company Vehicle # Occupants Non-Motorist A Type Issurance Company Vehicle Action Prior to Crash Issurance Company Vehicle # Occupants Non-Motorist A Type Issurance Company Vehicle Action Prior to Crash Issurance Company Vehicle Action Prior to Crash Issurance Company Vehicle Action Prior to Crash Issurance Company Vehicle Flore Contributing Code Vehicle Action Prior to Crash Issurance Company Vehicle Flore Company Vehicle Action Prior to Crash Issurance Company Vehicle Flore Company Vehicle Flore Company Vehicle Action Prior to Crash Vehicle Crash Same State Vehicle Action Prior to Crash Vehicle Action Prior to		License#		St MA		Reg # _9	26ZE2			Re	eg Type_I	'AN	Reg		_	
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City DEDHAM Insurance Company COMMERCE Vehicle Action Prior to Crash Insurance Company COMMERCE Vehicle Action Prior to Crash I 2 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: [X] S E W Responding to Emergency? N Citation # (If Issued) T2014141 Violation 1: Ch. 90/24/Sec Violation 2: Ch. 90/24/Sec Underride/Override Please fill out for operator and all occupants involved Age DOB So Soft Select One of the Following: Address Age DOB So Soft Select One of the Following: Address City Sex Lic. Class IN 18 Lic. Restrictions Prior Tomore T	1	Operator FLA	Last	First		Owner	(Same as oper	rator)		Fi	rst		Middle	•	-	
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Operator See Above Non-Motorist A Type Action License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class Sex Lic. Clas	1					Underri	de/Override	2	Т		_	7			\perp	
Please Select One of the Following: Vehicle				rator and all occupar			Age/DOB	Sex		27 28 afety Airba ystem Statu	g Airbag E s Switch C	30 31 ject Trap ode Code	Injury Tra Status Co	ode Medical Facil	ity	
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Operator/Non-Motorist See Above		Name (Last Fi	rst Middle)	r operator and all oc	Address		Age/DOB	Sex	Seat Sa Pos. S	afety Airba System Stat	g Airbag E us Switch	ject Trap Code Code	Injury II ra	ansp.	ility	
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