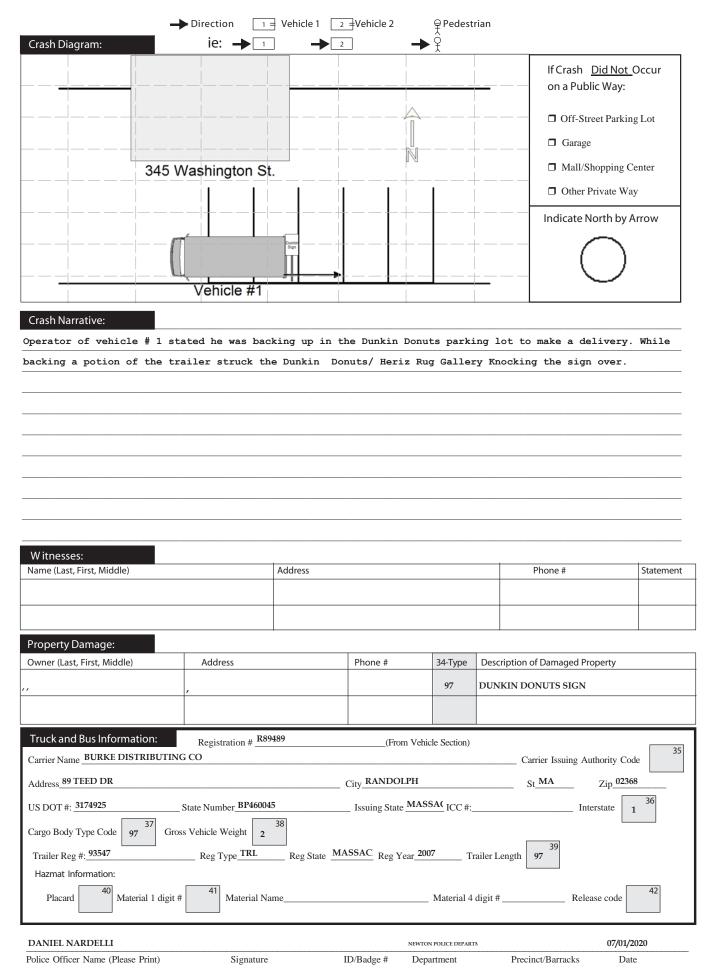
Į.	Poli	ce Use Only		Comm	1011 // 0411						IXIVI	v Docum	ent Number		
	Date of Crash 07/01/2020	Time of Crash 08:28	City/To NEWTON	own	Motor '	Vehi	cle Cras	sh Nur Veh			oeed Limi atitude		State Police Local Police MBTA Police	X	
	07/01/2020	24HR	NEWTON				Report	1	0		ongitude_		Other:		
		AT INTER	RSECTION:		< Lo	OCAT	ION >	•	N	OT A	T INTI	ERSEC	CTION:		
				WEST 345 WASHINGTON ST											
	Route# Direction Name of Roadway/Street						Route# Direction Address# Name of Roadway/Street								
$\dashv$	At						Feet NSEW of or								
	Route# Direction Name of Intersecting Roadway/Street								N	ile Marke	er		Exit Number		
			Also at Inte	ersection with		-	Feet N	S E W o		oute#	Intersec	ting Road	way/Street	_	
						-	Feet N	S E W o							
4	Route# Direction Name of Intersecting Roadway/Street										Laı	ndmark			
	XVehicle1	1_#Occupants	Hit/Run	n Mope	ed Case N	umber		200000	0355						
7	License#		St M	MA DOB/Age_		Reg # R	R89489		Re	<sub>σ Tyne</sub> C	ON	Reg S	State MA		
	18 18 10						Reg # R89489         Reg Type CON         Reg State MA           Veh Year 2009         Veh Make INTL         Veh Config.         10								
$\dashv$	Operator BAR		MARCOS	Enc	dorsment		BURKE		STRIBU						
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	City NEW BEI		s	tate MA Zin C	)2740		ANDOLPH				State	MA 7	in 02368		
	City NEW BEDFORD State MA Zip 02740  Insurance Company ZURICH INSURANCE						Action Prior to	Crash	21				ircle Up to Thr	ee)	
$\neg$	_	Direction: N		sponding to Emer	rgency? N		sequence 23 22		10 22 22	2	3		4		
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+	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved						de/Override			29	30 31 ject Trap	32 Tran	33		
-	Name (Last Firs			A	Address		Age/DOB	Sex Pos. \$		Switch C	ode Code	Status Cod	nsp. de Medical Facil	ity	
ŀ	Operator				Above				99 4	99 0	0	10 1			
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	Please Select O	One Vehicle	e #Occupai	nts Non-Me	otorist A Type	14	Action 15	Location	16	Condition	17	□ Hit	/Run Mop	ad	
1	of the Followin	ng: Verillele	# Occupan	ints   Mon we	stonstr Type		Action Location Condition Hit/Run					, itali	,cu		
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