| | Poli | ice Use Only | | Commonwea | alth o | of Mas | sach | use | tts | | RM | V Doc | | t Number | | |
|---------------|--|---|------------------------------|--|--------|---|---|--------------------------|-------------------------------------|-----------------------------------|-----------------------------------|---|---|---|-------------|--|
| | Date of Crash 07/10/2020 | Time of Crash 08:00 | NEWTON | MIOTOI | | icle Cr Report | | Num Vehi 1 | | jured L | peed Lim atitude _ ongitude | | Sta Lo M Ot | ate Police [ocal Police] BTA Police [ther: | ב מ ב | |
| | | AT INTE | | | | | | | | ERSECTION: | | | | | | |
| | | | | | | EAST | WEBSTER ST | | | | | | | | | |
| 1 1 | Route# Direc | Route# Direction Name of Roadway/Street At | | | | | Route# Direction Address # Name of Roadway/Street | | | | | | | et | _ 2 | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | Feet NSEW of or Exit Number | | | | | | | | | | |
| | Also at Intersection with | | | | | Feet NSEW of Route# Intersecting Roadway/Street | | | | | | | | | | |
| 1 | Route# Direc | tion | Name of Intersect | ing Poodway/Street | | Feet NSEW of | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | _ 1 | | |
| 3 | My 11 4 2 40 DWG | | | | | Landmark | | | | | | | | | | |
| | - | | | | | Number 2000000373 | | | | | | | | | | |
| | License # St MA DOB/Age Sex_M Lic. Class D | | | | | Reg # S11822 Reg Type_CON Reg State_MA Veh Year 2016 Veh Make_ISU Veh Config. 6 | | | | | | | | | | |
| 4 | 1 | | Lic. Restrictions CHRISTIAN | Endorsment | | RYDER TE | | | | | | | | 6 | 3 | |
| 1 | $\begin{array}{c} \text{Operator} & \underbrace{\frac{\text{LEON}}{\text{Last}}} & \underbrace{\text{CHRISTIA}}_{\text{First}} \\ \text{Address} & \underbrace{\text{40 WASHINGTON ST}} \end{array}$ | | | Middle | | lress 115 WOOD RD | | | Fi | First | | | Middle | | | |
| | City NATICK State MA Zip 01760 | | | | City B | RAINTREE | | | | | State | | _ ^ _ | | | |
| 5 | Insurance Company ACE AMER. INS Vehicle Travel Direction: NSWW Responding to Emergency? N | | | | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) 22 22 22 22 22 6 6 4 | | | | | | | | | | |
| , |] | Direction: N | | Event Sequence 22 2 10 10 Un | | | | | | | 10 Undercarria | ge | | | | |
| | , | ssued) 1: ChSe | | Most Harmful Event 22 1 5 11 Totaled Driver Contributing Code 99 24 24 1 5 11 Totaled | | | | | | | | | | | | |
| 1 | Violation 3: ChSec Violation 4: ChSec | | | | | Underride/Override 25 Towed N 8 7 6 | | | | | | | | | | |
| | Please fill out for operator and all occupants involved Name (Last First Middle) Address | | | | | Age/DOB | Sex | 26 Seat Sa Pos. Sy | 27 28 afety Airba ystem Statu | 3 29 g Airbag E is Switch C | 30 31 Eject Trap Code Code | 32 Injury Status | 33 Transp. Code | Medical Facility | 2 | |
| | Operator | | 210 | See Above WEBSTER ST | | | | 9 | 99 4 | 99 | 0 | 10 | - | NONE | | |
| | KRAMER, RII | LEY | | VTON, MA 02460 | | | M | 3 9 | 99 4 | 99 (| 0 | 10 | 1 | NONE | - | |
| 7 | | | | | | | | | | | | | | | | |
| 1 | Please Select (of the Followi | I Vehicl | e# Occupants | Non-Motorist A Ty | rpe 1 | 4 Action | 15 Lo | ocation | 16 | Condition | 17 | | Hit/Ru | n Mope | k | |
| | License # St DOB/Age _ | | | | | Reg#I | | | | | | | | | | |
| 3 | Sex Lic. Class Lic. Restrictions CDL Endorsment Operator | | | | | Veh Year Veh Make Veh Config. | | | | | | | | | | |
| 1 | Last First Middle Address | | | | | Owner | | | | | | | | | | |
| | CityStateZip | | | | | | | | | | | | | | | |
| | Insurance Company | | | | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) | | | | | | | | | | |
| | Vehicle Travel Direction: NSEW Responding to Emergency? | | | | | Event Sequence 22 22 22 22 2 3 4 10 Undercarriage | | | | | | | | | ge | |
| | Citation # (If Issued) Violation 1: ChSecViolation 2: ChSec | | | | | Most Harmful Event Driver Contributing Code 24 Driver Contributing Code 5 11 Totaled | | | | | | | | | | |
| | Violation 3: ChSec Violation 4: ChSec | | | | | Underride/Override 25 Towed 8 7 6 | | | | | | | | | | |
| | Please fill out for operator and all occupant | | | occupants involved | | Age/DOB | | 26 Seat Sa Pos. S | 27 28 afety Airba System Stat | g Airbag E | 30 31 Eject Trap Code Code | 32 33 Injury Transp e Status Code | | Medical Facility | , | |
| | | Non-Motorist | | See Above | | | | | Jan Siai | | - Code | _ tutus | | racinty | | |
| | | | | | | | | | | | | | | | | |
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