	Poli	ce Use Only		Comn	nonweal	lth o	of Massa	achi	uset	tts			RMV.	Docum	ent Number			
	Date of Crash 07/17/2020	Time of Crash	City/	Γown	Motor	Veh	icle Cra	sh	Num		lumber njured		Limit .		State Police Local Police MBTA Police	<u> </u>		
	07/17/2020	24HR				Police Report				2 0			tude		MBTA Police  Other:			
		AT INTER	RSECTION	OCATION > NOT AT INTERSECTION								TION:	┵	2				
	SOU	TH CENTR	E ST													┝		
<b>1</b>	Route# Direction Name of Roadway/Street  At  WEST WASHINGTON ST						Route# Direction Address # Name of Roadway/Street  Feet N S E W of or										<b>2</b> 1	
																_	_	
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number  Feet NSEW of											
	Also at Intersection with						Route# Intersecting Roadway/Street											
<sup>2</sup> <b>2</b>	Route# Direction Name of Intersecting Roadway/Street						Feet NSEW of											
3	, ,						Landmark											
	XVehicle1	#Occupants	Hit/Ru	n Mop	ed Case N	Number		2	000000	0389								
	License # St MA DOB/Age						Reg # 8MK339 Reg Type PAN Reg State MA											
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL						Veh Year 2018 Veh Make JEEP Veh Config. 20											
4	Operator CONDON ANDREA Endorsment  Last First Middle						Owner (Same as operator)  Last First Middle											
3	Address 58 OXBOW RD						Address											
	City FRAMINGHAM State MA Zip 01701					City State Zip												
	Insurance Company ARBELLA						Vehicle Action Prior to Crash  21  Damaged Area Code: (Circle Up to Three)											
5 <b>1</b>	Vehicle Travel	Direction: N	X E W Re	esponding to Eme	ergency? N_	Event S	Sequence 1	22 2		22 22	2 2		3		1			
1	Citation # (If Is	ssued)				Most H	Harmful Event	1 23	3		<b>"</b>	.  `	9	/	10 Undercar	riage		
	Violation	1: ChSec	Violati	on 2: ChS	Sec	Driver	Contributing Co	ode	1 24	2	24		州	J.	5 11 Totaled			
<sup>6</sup> <b>1</b>	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed N 8 7 6											
	Please fill out for operator and all occupants involved								26 Seat Sa	27 2 afety Airb	28 29 ag Airbag	30 Eject	31 Frap In Code \$1	32 3 jury Tran	33 sp.	$\neg$	1	
				Address e Above		Age/DOB	Sex	Pos. \$y	ystem Stat	us Switch			tatus Code	Medical Facil	lity	1		
	1																	
<b>8</b>	Please Select C of the Followi		2 <u>1</u> #Occupa	ants Non-A	Motorist A Type	e 1	4 Action 1	Loc	eation	16	Conditi	on	17	X Hit/	Run Mor	ped		
	License# St XX DOB/Age					Reg#_	2DXZ64		Reg Type_PAN					Reg State MA				
	Sex_M Lic. Class 99 18 18 Lic. Restrictions 19 CDL					Veh Year 2012 Veh Make HYUNDAI Veh Config. 1												
8 <b>4</b>	Operator ALESSA AHMED Endorsment						(Same as ope	rator)			First			Middle		_		
7	Address 445 WASHINGTON ST. (apt. 2)					Addres	SS				rirst			Middle		_		
	City NEWTON State MA Zip 02458					City							State_	Zi	p	_		
	Insurance Company GEICO INSURANCE					Vehicle	e Action Prior to	Crash	1	21	Dai	maged	Area C	Code: (Ci	rcle Up to Thr	ree)		
	Vehicle Travel Direction: N X E W Responding to Emergency? N					Event S	Sequence 1	22 2		22 22	2		3		1			
	Citation # (If Issued) T2014381  Violation 1: Ch 90/24/CSec Violation 2: Ch 90/10/ASec						Harmful Event	23	3			.  `	4	/	10 Undercar	riage		
							Driver Contributing Code 10 24 19 24 1 5 11 Totaled											
	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed N 8 7 6											
		ease fill out for								27 2 afety Airb		30 Eject	31 Trap In	32 3 jury Tran	3 sp.	-		
	Name (Last Fi	rst Middle) Non-Motorist	1	Çaz	Address e Above		Age/DOB	Sex		System Sta	ntus Switch	Code	Code S	Status Coo		ility		
	Operator/	1 NOII-IVIOIOFISI		566	AUUVC				1	1 4	99	0	0 1	10 1				

