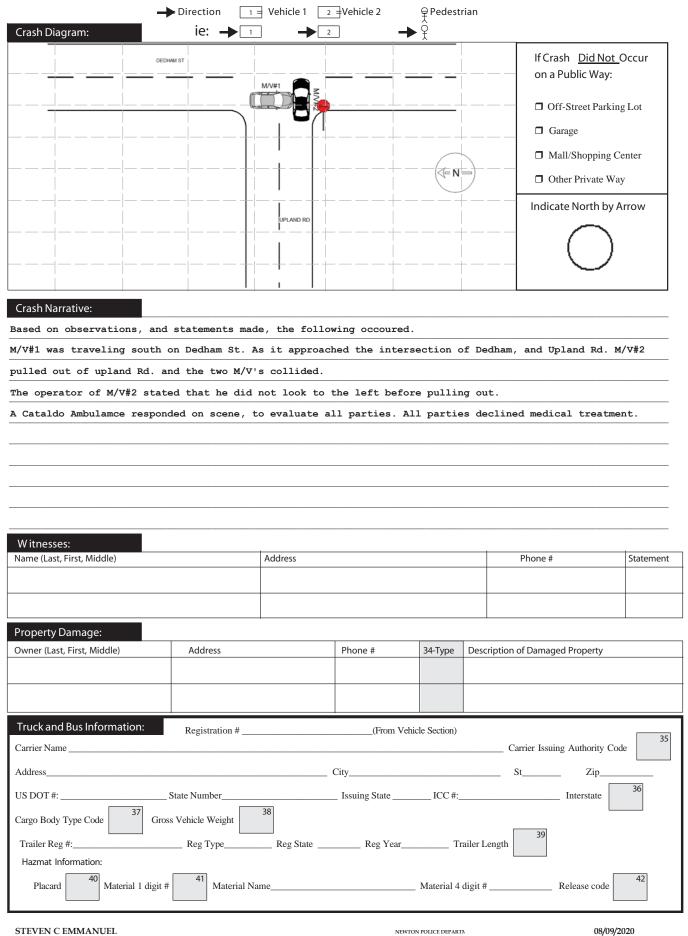
| | Polic | ce Use Only | | Comr | nonwea | lth o | of Massa | achus | setts | | | RM | V Doci | ımen | t Number | | | |
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| | Oate of Crash 08/09/2020 | Time of Crash 17:33 | City/ NEWTON | Town | Motor | Veh | icle Cra | sh [| Number Vehicles | | | Speed Lim | | - Sta | ate Police ocal Police BTA Police | | | |
| Ľ | 08/09/2020 | 17:33 24HR | | | Pol | lice I | Report | | 2 | 1 | | Longitude | | | BTA Police ther: | | | |
| | | AT INTER | RSECTION | • | < I | LOCA | ΓΙΟΝ | > | | N | OT A | T INT | ERSE | CTI | ION: | | | |
| | SOUT | TH DEDHA | AM ST | | | | | | | | | | | | | | | |
| ı F | Route# Direct | tion | Name | of Roadway/Stree | et | | Route# Direction | on Addi | ress # | | | Name of | Roadwa | y/Stre | et | _ | | |
| \vdash | EAST | UPLAN | ID AVE | At | | | Feet 1 | N S E W | of of | | | • | or | | | ┝ | | |
| - | Route# Direct | | | ting Roadway/Str | reet | — [· | | | | Mi | le Mark | er | | Ex | xit Number | | | |
| - | | | Also at In | tersection with | | | Feet [| N S E V | of | Roi | ıte# | Interse | cting Ro | oadwa [,] | y/Street | - | | |
| _ | | | | | | - | Feet [| N S E V | of | | | | J | | • | | | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | | Landmark | | | | | | | | | | | |
| | XVehicle1 | 1_#Occupants | Hit/Ru | n Mop | oed Case I | Number | | 200 | 0000438 | | | | | | | - | | |
| | License# | | St | MA DOB/Age | | Reg# | 33GN31 | | | Reg | Type 1 | PAN | Re | g State | e MA | | | |
| | | Class D 18 1 | 8 | 19 | CDL | | ear_2009 | | | | | | | | 20 | _ | | |
| - | | | | Е | ndorsment | | (Same as open | | | | | | | | | F | | |
| 2 | Operator HYNES TINA Endots in the last of the last o | | | | | | Owner(Same as operator) Last First Middle Address | | | | | | | | | | | |
| | City NATICK | | | State_MA_Zip | 01760 | | | | | | | | | Zip | | | | |
| | - | pany COMMER | | City State Zip Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three) | | | | | | | | | | | | | | |
| ┨, | | Direction: N | | esponding to Em | ergency? N | Event | Sequence 1 2 | 22 22 | 22 | 22 | 0_ | 3 | | 4 | | | | |
| | | ssued) | | 1 0 | <i>3</i> | | Harmful Event | 1 23 | | | | | | | 10 Undercarri | iage | | |
| | | | | on 2: ChS | Sec | | Contributing Co | | 24 | 24 | U • | - / ⁹ | 4 |) 5 | 11 Totaled | | | |
| | Violation | 3: ChSec | c Violat | on 4: ChS | Sec | | ide/Override | 25 | Towe | d N | 0 | 7 | | 6 | | | | |
| | Please fill out for operator and all occupants involved | | | | | | <u>_</u> | Sea | 26 27 at Safety | | 29 Airbag I | 30 31 Eject Trap Code Code | 32 Injury | 33 Transp. | | \dashv | | |
| | Name (Last Firs | t Middle) | 1 | Se | Address e Above | | Age/DOB | Sex Pos | . \$ystem | Status : | Switch (| Code Code 0 0 | | Code 1 | Medical Facili | ty | | |
| | 1 | | | | | | | | - | | - | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| | Please Select O of the Followin | | 2 <u>2</u> #Occup | | Motorist A Typ | pe 1 | 4 Action 1 | Locati | on | 16 Co | ondition | 17 | l u | Hit/Ru | n Mop | ed | | |
| I | License # St MA DOB/Age St 19 | | | | | | 8JH546 | | | Type_ | PAN | Reg State MA | | | - | | | |
| - 1 | Sex_M_ Lic. Class D 18 18 Lic. Restrictions 1 19 CDL_Endorsment | | | | | | Veh Year 2018 Veh Make HONDA Veh Config. 1 | | | | | | | | | | | |
| | Operator CHEN JONATHAN A | | | | | | Owner (Same as operator) Last First Middle | | | | | | | | | | | |
| T A | Address 86 GODDARD ST | | | | | | Address | | | | | | | | | | | |
| | City NEWTON State MA Zip 02461 | | | | | | City State Zip | | | | | | | | | | | |
| I | Insurance Company_NORFOLK | | | | | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) | | | | | | | | | | | |
| 1 | $\begin{tabular}{lllllllllllllllllllllllllllllllllll$ | | | | | | Event Sequence 1 22 22 22 22 2 3 4 10 Undercarriage | | | | | | | | | | | |
| (| Citation # (If Is | ssued) | | | | Most I | Harmful Event | 1 23 | | 2.1 | 1 | _ } | | | 11 Totaled | iage | | |
| | Violation | n 1: ChSe | ec Viola | tion 2: Ch | _Sec | Driver | Contributing Co | | | 24 | | | Y | | | | | |
| Ĺ | | | | tion 4: Ch | | Underr | ide/Override | 25 | Towed | | 8 | <u> </u> | | | | | | |
| | Ple Name (Last Fir | | operator and | all occupants in | volved Address | | Age/DOB | Sex Po | 26 27 at Safety os. System | 28 Airbag Status | 29 Airbag Switch | 30 31 Eject Trap Code Code | 32 Injury I Status | ransp. Code | Medical Facil | lity | | |
| | Operator/1 | Non-Motorist | | | e Above | | | | 1 | 2 | 4 | 0 0 | 10 | 1 | | | | |
| H | HUNG, ZACH | ARY | | 278 COUNTRY C NEWTON, MA 0 | | | | М 3 | 1 | 4 | 4 | 0 0 | 10 | 1 | | | | |
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| - 1 | | | l l | | | | 1 | 1 1 | 1 | 1 1 | - 1 | 1 | 1 1 | - 1 | | 1 | | |



CDP1 11 ·24·00

Police Officer Name (Please Print)