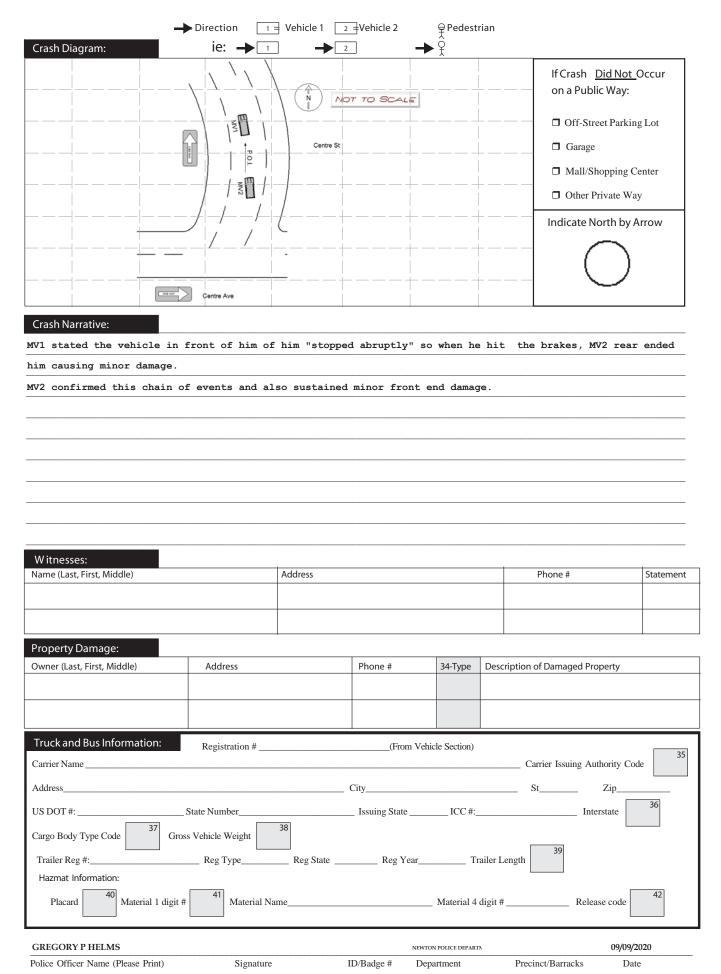
	Poli	ce Use Only		Commonw	ealth	of Mass	achu	setts	\$		RM	V Docu	ıment	Number		
	Date of Crash 09/09/2020	Time of Crash 14:59	City/T NEWTON	Mot	or Vel	nicle Cra	ash [Number Vehicles			eed Lim titude		Sta	te Police cal Police BTA Police	N X	
Į	07/07/2020	24HR				Report		2	0		ngitude		Oth	ar:	ш	
		AT INTER	SECTION:	<	LOCA	TION	>		NC	T AT	Γ INT	ERSE	CTI	ON:	2	
	EAST	CENTR	E AVE													
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direction Name of Roadway/Street					Route# Direction Address #				Name of Roadway/Street					_ 2 ¹⁰	
	At NORTH CENTRE ST					Feet NSEW of or										
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									_	
\Box	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street									- 11	
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of										
3				Landmark												
	X Vehicle 1	1_#Occupants	Hit/Rur	Moped	Case Number	r	200	00000505	i							
	License # St MA DOB/Age					Reg # 30BA Reg Type_DLN Reg State_MA										
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2020 Veh Make TOYOTA Veh Config. 20										
4	Operator RALSTON RICHARD Last First Middle					Owner WATERTOWN TOYOTA OF										
3	Address 25 CARRIAGE DR					ess 149 ARSEN	AL ST								112	
	City LEXINGTON State MA Zip 02420					WATERTOWN	[State	MA	_Zip_0	2172		
	Insurance Company TRAVELERS INDEMNITY					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)										
5 1	Vehicle Travel	Direction:	S E W Res	ponding to Emergency?	N Event	Sequence 1	22 22	22	22	2	3		(4)			
	Citation # (If Is	ssued)			Most	Harmful Event	1 23			-	9	$\left \cdot \right $	_	Undercarria Totaled	age	
	Violation	1: ChSec	Violatio	n 2: ChSec	. Drive	r Contributing C		24	24							
⁶ 1	Violation	3: ChSec	. Unde	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 Se	26 27 eat Safety os. \$ystem	28 Airbag A Status Sv	29 Eje rbag Eje vitch Co	30 31 Ect Trap de Code	32 Injury T Status C	ransp. Code	Medical Facility	y 1	
[Operator			See Above				1	4 9	9 0	0	10	1			
-																
7	Please Select O	lno.				14	15		16		17			т —		
7	of the Followir	I X Vehicle	2 <u>1</u> # Occupa	nts Non-Motorist A	Туре	Action	Locat	ion	Con	ndition	17	□⊦	Hit/Run	Море	ed	
	License#St MA DOB/Age					Reg # 2LL147					AN	Re	Reg State MA		_	
	Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2015 Veh Make AUDI Veh Config. 20										
899	Operator COURTNEY SARAH L Endorsment					Owner (Same as operator)										
99	Last First Middle Address 42 PARK AVE					Last First Middle Address										
	City CAMBRIDGE State MA Zip 02138					City State Zip										
	Insurance Company COMMERCE					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 1 22 22 22 22 3 4										
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled										
	Violation	n 1: ChSe	_ Drive	Driver Contributing Code 5 24 24												
	Violation	1 3: ChSe	ec Violati	_ Unde	Underride/Override 25 Towed N 7 6											
ſ			operator and a	l occupants involved		4 TOP		26 27 Safety	28 Airbag A	29 Eje	30 31 Frap		ransp.	Modi1E "		
H	Name (Last Fir		1	Address		Age/DOB		os. Syster			ode Code	Status	Code	Medical Facili	ıty	
	Operator/1	Non-Motorist		See Above			-	1	4 9	9 0	0	10	1			
	Operator/1	Non-Motorist		See Above			-	1	4 9	9 0	0	10	1			
	Operator/1	Non-Motorist		See Above				1	4 9	09 0	0	10	1			



CDP1 11 ·24·00