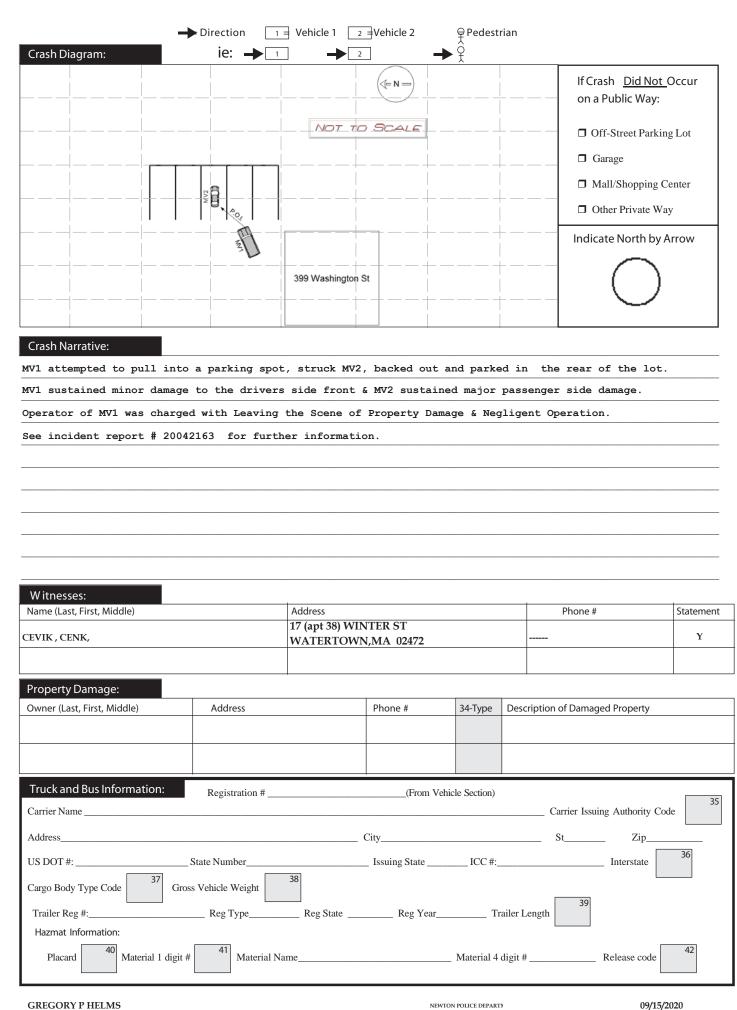
	Police Use Only	Common	wealth	of Massa	chusetts	S	RM	V Docume	ent Number	
	Date of Crash Time of Crash Cit 09/15/2020 16:41 NEWTON			icle Cras	Sh Number Vehicle	1	Speed Lim Latitude _	it <u>5</u>	State Police Local Police MBTA Police	AN C
	24HR		Police		2	0	Longitude		Other:	_
	AT INTERSECTIO	N: <	LOCA	TION >	>	NOT AT IN		TERSECTION:		-
				WEST	399	WASHIN	NGTON ST			_
1 1	Route# Direction Nan	ne of Roadway/Street		Route# Direction	n Address #		Name of	Roadway/S	treet	$ \frac{1}{2}$
	At			Feet NSEW of or Exit Number						
	Route# Direction Name of Intersecting Roadway/Street									
	Also at		Feet N S E W of Route# Intersecting Roadway/Street							
² 1	Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of						
	Route# Direction Name of In	tersecting Roadway/Street					La	ındmark		4
3	XVehicle 1 1 #Occupants X Hit/F	Run Moped	Case Number		200000051	8				╛
	License # St MA _ DOB/Age Reg # 7HB864 Reg Type PAN _ Reg State MA							tate MA	П	
	Sex_M Lic. Class D 18 18 Lic. Restri			ear_2013				_ Veh Conf	fig. 20	
4	Operator ROTTMAN MARC Last First	Endorsm	Owne	r LEVI		RIENNE		Middle		. 1
1	Address 93 HANCOCK ST	Middle		ess 93 HANCOCI		First		Middle		<u> </u>
	City AUBURNDALE State MA Zip 02466			City NEWTON State MA Zip 02466						
	Insurance Company GEICO			Vehicle Action Prior to Crash 3 Damaged Area Code: (Circle Up to Three)						
5	Vehicle Travel Direction: NSWW	y? N Event	Event Sequence 2 22 22 22 22 3 4							
	Citation # (If Issued) T1445418				23			<u> </u>	10 Undercarria	age
	Violation 1: Ch_90/24/Sec Viol	ation 2: Ch 90/24/Fec		Contributing Cod	24	14 24 U		<u>'</u> '	5 11 Totaled	
⁶ 1	Violation 3: ChSecViol			ride/Override	25	ed N	7		5	
	Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33						
	Name (Last First Middle) Operator	Addres See Abor		Age/DOB	Sex Pos. Syster	n Status Switch	Code Code	\$tatus Code		y 2
	Орегию	566 7100			1	4 99		10 1		\dashv
										\dashv
7 9	Please Select One X Vehicle 2 1 # Occu	ipants Non-Motoris	st A Type	14 Action 15	Location	16 Condit	ion 17	☐ Hit/	Run Mope	ed
	of the Following:	· –	**							
	18 18	t MA DOB/Age DOB/Age		4ZN643			e_PAN	Reg St	tate MA	
	Sex_F Lic. Class D Lic. Restri			ear_2015	Veh Make_S	UBARU		_ Veh Conf		
8 99	perator COHEN EMILY Last First Middle			Owner COHEN SETH Last First Middle						
	Address 205 HIGHLAND AVE (apt. 1)			Address 9 (apt. 1) CAPT COLLOLLY RD						
	City SOMERVILLE State MA Zip 02153			City BREWSTER State MA Zip 02631						
	Insurance Company_ALLSTATE			Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)						
	Vehicle Travel Direction: NSWW	ey? <u>N</u> Event	Event Sequence 1 22 22 22 22 22 Q Q Q							
	Citation # (If Issued)			Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled						
	Violation 1: ChSec Violation 2: ChSec			Driver Contributing Code 1 24 24						
	Violation 3: ChSec Vio	Under	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 Pos. Syste	28 29 Airbag Airbag em Status Swite	g Eject Trap ch Code Code	32 3 Injury Trans Status Cod	3 sp. de Medical Facili	fv
	Operator/Non-Motorist	See Abov			Syste	an Batus SWIIC	n coue Code	10 1	iviculed Facili	·J



is Officer Name (Diseas Drint) Signature ID/Dados # Department Dresingt/Demarks Date