		ce Use Only			monwea				etts					ment Nun		
	Date of Crash 09/17/2020	Time of Crash 16:26	City/ NEWTON	Town			icle Cra	sh $\begin{vmatrix} N \\ V \end{vmatrix}$	umber ehicles	Numbe Injured		ed Limi tude		State Po	lice Dice Nolice	
Ļ	09/17/2020 16:26 NEWTON 24HR						Report		2	1		gitude_		Other:	once 🔟	
Ļ	AT INTERSECTION: <						LOCATION > NOT AT INTERSECTION:									
							EAST 1121 WASHINGTON ST									
1:	Route# Direction Name of Roadway/Street					I	Route# Direction	n Addre	ess #		Na	me of R	Coadway	/Street		
1	At						Feet NSEW of or									
-	Route# Direction Name of Intersecting Roadway/Street					-			,	Mile N	Iarker			Exit Nur	nber	
-	Also at Intersection with					-	Feet 1	SEW	of	Route#		ntersec	ting Roa	idway/Stree	t	
7.							Feet [SEW	of				Ü	•		
4	Route# Direction Name of Intersecting Roadway/Street						Landmark									
	Wehicle 1	#Occupants	Hit/Ru	ın Mo	ped Case	Number		2000	000526							
_	License#		St ¹	MA DOB/Ag	e	Reg#	HPC628			Reg Tv	ne PAS	5	Reg	State VT		
	License # St MA DOB/Age DOB/Age Sex M					_	Reg # HPC628 Reg Type PAS Reg State VT Veh Year 2016 Veh Make SUBARU Veh Config. 1									
	Operator HODGETTS DANIEL Endorsment						Owner (Same as operator)									
	Address 25 NICKERSON RD						Las	t		First			Middle	e		
	City NEWTON State MA Zip 02467						<u> </u>							Zin		
	Insurance Company GEICO						e Action Prior to		21	_				Circle Up t		
\neg		Direction: N	S W R	esponding to Er	nergency? N			22 22	5 22	<u> </u>		3		4		
		ssued)		esponding to En	nergency		Harmful Event	1 23				M	7	10 Uno	lercarriage	
				ion 2: Ch	Sec		Contributing Co		24	24	←	9		5 11 Tot	aled	
1	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec						ide/Override	25	Towed	8		7		6		
+	Please fill out for operator and all occupants involved					Ulidell	ide/Override [20 Seat			9 30 ag Eject	31	32 Injury Tr	33		
-	Name (Last First				Address		Age/DOB	Sex Pos.		28 2 Airbag Airb Status Swit		Code	Status C		al Facility	
ŀ	Operator				ee Above				- 1	4 99	0	0	10 1			
ŀ											_					
	Please Select O	IX Vobiclo	2 1 #Occup	ants Non-	-Motorist A Ty	ne 1	4 Action 1	5 Locatio	1	l6 Cond	ition	17	Пн	it/Run	Moped	
7	of the Following:					pc	7 Kulon	Locatio	,11					it/itali	Mopeu	
1	License # St MA DOB/Age					Reg # _	Reg # 455B10 Reg Type PAN Reg State M						State MA	20		
- 1	Sex_F Lic. Class D Lic. Restrictions 1 CDL Findersment					Veh Year 2015 Veh Make TOYOTA Veh Config. 1										
- 1	Operator STARDRUM RUBY Last First Middle					Owner (Same as operator) Last First Middle										
1	Address 2 KING STREET					Address										
-	City MAYNARD State MA Zip 01754					City State Zip										
1	Insurance Company GEICO					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
-	$\begin{tabular}{lllllllllllllllllllllllllllllllllll$					Event Sequence 122 22 22 2 3 4 10 Undercarriage										
-	Citation # (If Is	ssued)				Most F	Harmful Event	1 23		1	+	9		5 11 Tot	_	
1	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 24										
	Violation 3: ChSec Violation 4: ChSec						Underride/Override Towed N 7 6									
				all occupants i				Seat Pos	Safety A Saystem	28 Airbag Airb	9 30 Eject tch Cod	Trap Code		33 ansp.	1.5	
L			operator and	•	Address		A ge/DOB								eal Facility	
l	Name (Last Fire		operator and	Se	Address ee Above		Age/DOB			4 99	0	0	9 2		cal Facility	
	Name (Last Fire	rst Middle)	operator and	Si			Age/DOB								cal Facility	
	Name (Last Fire	rst Middle)	r operator and	Si			Age/DOB								eal Facility	

