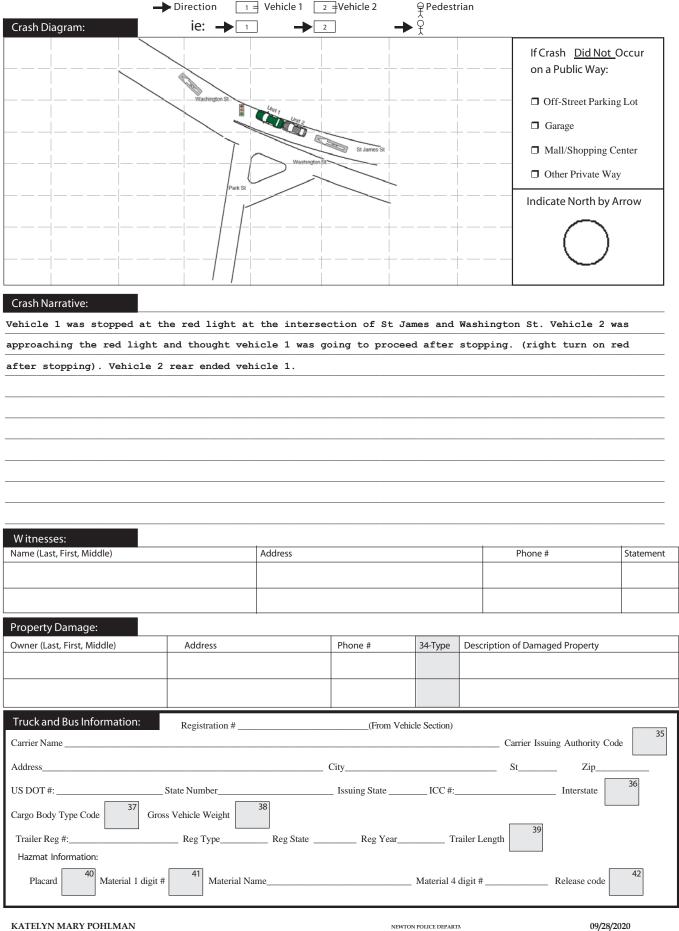
	Poli	ice Use Only		Com	monweal	lth o	of Mass	ach	use	etts			RMV	⁷ Docu	ment	Number			
	Date of Crash 09/28/2020	Time of Crash	h City/	Town	Motor	Veh	icle Cra	ısh			Number Injured		d Limit ude		Sta Lo	te Police cal Police BTA Police	<u> </u>		
	09/20/2020	24HI			Pol	ice I	Report		2		0		gitude_		Ot	her:			
		AT INTE	< I									CTI	ON:	7					
	EAST	Γ ST JA	MES														\vdash		
1 3	Route# Direction Name of Roadway/Street At						Route# Direction Address# Name of Roadway/Street						<u> </u>						
	EAST WASHINGTON ST						Feet NSEW of or Exit Number												
	Route# Direction Name of Intersecting Roadway/Street																		
_	Also at Intersection with						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												
3							Landmark												
3	XVehicle1	_1_#Occupant	ts Hit/Ru	ın Moj	ped Case N	Number		2	200000	00560							1		
	License#		St	MA DOB/Age	e	Reg#	437YG2]	Reg Typ	_e PAN	1	Res	2 State	MA			
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 CDL						Reg # 437YG2 Reg Type PAN Reg State MA Veh Year 2012 Veh Make TOY Veh Config. 2												
4	Operator BUTERA ANTHONY Endorsment						Owner FALTER-BUTERA DIANE												
3	Address 83 SU	Last J RREY ST	First		Middle		83 SURREY				First			Middl	le		-		
				G MA =	0213E									MA		2135	-		
-	City BRIGHTON State MA Zip 02135						City BRIGHTON State MA Zip 02135												
	Insurance Company METROPOLITAIN PROP						Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) 22 22 23 4												
5 1	Vehicle Travel	Direction: N	N S E X	esponding to En	nergency? N	Event S	Sequence 1			22 2	22 2		$\vec{\Box}$)	0.11 1	.		
	Citation # (If Is	ssued)				Most F	Harmful Event	1	3		1	←	9		I -	0 Undercarr 1 Totaled	nage		
	Violation	1: ChS	ec Violat	ion 2: Ch	Sec	Driver	Contributing C		1	4	24		\prod	\sum) _				
⁶ 1	Violation	3: ChS	ec Violat	ion 4: Ch	Sec	Underr	ide/Override	2		Towed _1			/		6				
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	26 Seat Pos.	27 Safety Air	28 29 bag Airbag atus Switch	30 Eject Code	31 Trap 1 Code	32 Injury Ti	33 ransp.	Medical Facil	ity		
	Operator	st Middle)		Se	ee Above		Age/DOB			1 4		0	0		Code 1	Medical Facil	lty		
	-																		
⁷	Please Select C of the Followin	IX Vehic	tle2 1_#Occup	oants Non-	Motorist A Type	e 1	4 Action	15 Lo	cation	16	Condit	ion	17	Πн	lit/Rur	Мор	oed		
	License# St MA DOB/Age					Reg#	31LC90	Reg Type PAN				N Reg State_MA							
	Sex M Lic. Class D Lic. Restrictions 1 CDL														20	_			
8	Operator MATHEWS SHANE Lic. Class Lic. Restrictions Lic. Restrict													vence	omig.	_			
4	Operator MATHEWS SHANE Last First Middle Address 29 SPARHAWK ST						Owner _MATHEWS JENNIFER _Last First Middle Address 2 OLD MATTAPOISETT NECK RD												
				MA					IOLI I	TTECK				MA		2720	-		
	City BRIGHTON State MA Zip 02135					City MATTAPOISETT State MA Zip 02739										-			
	Insurance Company COMMERCE INSURANCE					Vehicle	Action Prior t			2 21		ımaged		Code: ((Circle	Up to Thr	ee)		
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					Event S	Sequence 1			22 2	22 2	ſ	3		4	O I Inclause	,i.o.a.		
	Citation # (If Issued)						Most Harmful Event 1 23 G 4 9 10 Undercarriage 5 11 Totaled												
	Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code 19 24 5 24												
	Violation	n 3: Ch	Sec Viola	ntion 4: Ch	_Sec	Underr	ride/Override	2		owed _1	N_ 8		7		6				
			or operator and	all occupants in					26 Seat	27 Safety Air	28 29 bag Airbag	30 Eject			33 ransp.				
	Name (Last Fi	rst Middle) Non-Motorist		Se	Address ee Above		Age/DOB	Sex	Pos.	System S 1 4	tatus Switc	h Code 0	Code		Code 1	Medical Faci	ılıty		
	operator.									<u> </u>	3			10	_		\dashv		
																	\blacksquare		



CDP1 11 ·24·00

Police Officer Name (Please Print)