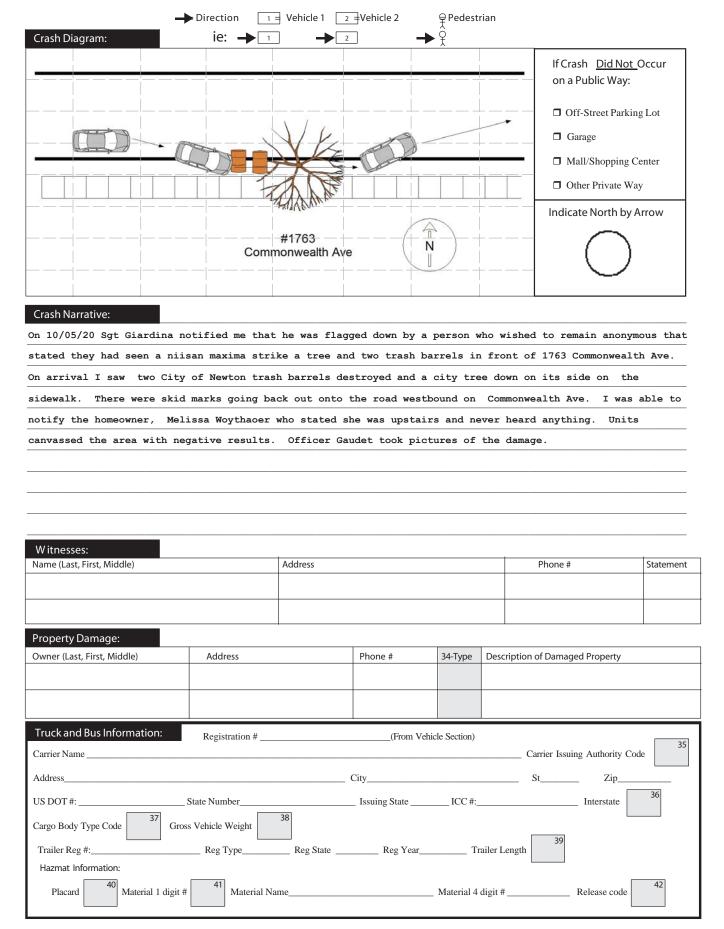
	Poli	ice Use Only		<u>Com</u> monwe	alth o	of Massa	achu	setts			RMVD	ocumer)	nt Number	
	Date of Crash 10/05/2020	Time of Crash 12:53 24HR	NEWTON			icle Cra Report	sh	Number Vehicles 0		Latitu	l Limit <u>2</u> ıde itude	5 S I N	State Police Local Police MBTA Police Other:	N N
		AT INTER	LOCATION > NOT AT INTERSECTI						TON:					
1						WEST 1763 COMMONWEALTH AVE								
1	Route# Direc	etion	Name of Ro	adway/Street		Route# Direction	on Ado	dress #			ne of Roa		reet	_ 2
		<u> </u>				Feet [N S E	w of	Mile M	• Iarker	or	F	Exit Number	
	Route# Direc	ction 1	Name of Intersecting R Also at Intersect			Feet [N S E	W of	Route#		ntersecting	D 1	(54 4	
2 1						Feet [N S E	W of	Koute#	In	itersecting	g Koadwa	ay/Street	6
3	Route# Direc	tion	Name of Intersectin	g Roadway/Street							Landn	nark		┩
,	Vehicle	#Occupants	Hit/Run	Moped Cas	e Number		20	00000576						┛
	License # St DOB/Age								_ Reg Ty	ре		_Reg Sta	te	
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4 1	Operator	Last	First			Las						Middle		1
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⁶ 1	Violation	3: ChSec	c Violation 4:	ChSec	Under	ride/Override	25	Towe	d8		7	6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB		26 27 eat Safety os. \$ystem	28 2 Airbag Airba Status Swite	9 30 Eject ch Code	31 3 Trap Inju	32 33 iry Transp tus Code	Medical Facility	, 2:
	Operator			See Above										
7 1	Please Select (of the Followi	Vehicle	e# Occupants	Non-Motorist A T	ype 1	4 Action 1	5 Loca		16 Cond	ition	17	Hit/R	un Mope	:d
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8 4	Operator			Middle	_ Owner	Owner Last First Middle								
	Address		G	7'		SS					G	7.		
	City State Zip Insurance Company					CityStateZip Vahiala Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)								
	Insurance Company Vehicle Travel Direction: NSEW Responding to Emergency?					Vehicle Action Prior to Crash Event Sequence 22 22 22 22 23 4 Event Sequence								
		(ssued)		ionig to Emergency		Harmful Event	23				\\/		10 Undercarria	ıge
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	Pl Name (Last Fi		operator and all oc	cupants involved		Age/DOB		26 27 eat Safety Pos. System	28 29 Airbag Airba Status Swi	ag Eject tch Code	Trap Inju	32 Iry Transp atus Code	·.	ty
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Pol	lice Use Only		Commonwe	ealth o	of Massa	chuse	tts		RMVI		nt Number		
Date of Crash	Time of Crash	City/Tow	141010		icle Cras	Sh Nun Veh	nber Num icles Injur		ed Limit _ tude		State Police Cocal Police MBTA Police		
	24HR				Report			ļ	gitude	(Other:		
	AT INTERS	SECTION:	<	LOCAT	ΓΙΟN >	•	N(T AT	INTER	RSECT	TON:		
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1		A	L		Feet N	S E W o	f — —	•	or				
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		Also at Interse	ction with	Feet N S E W of Route# Intersecting Roadway/Street									
Route# Direc		Name of Intersect	ng Roadway/Street	Feet N S E W of									
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Insurance Con	npany			_ Vehicle	e Action Prior to	Crash	21	Damage	ed Area Co	ode: (Circ	cle Up to Three)		
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Violation	n 1: ChSec_	Violation 2	: ChSec	Driver	Contributing Cod	le 24					11 Totaled		
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Please Name (Last Fin	fill out for operat	or and all occupa	ants involved Address		Age/DOB	Sex Pos. \$	27 28 afety Airbag A	29 30 Eject witch Code	31 Trap Inju	32 33 ury Transp	Medical Facility		
Operator			See Above		Age/DOB		ystem Status \$	vitch Code	code sta	itus Code	Medical Facility		
Please Select (of the Followi	I Vehicle	# Occupants	Non-Motorist A T	Type 97	Action 7 15	Location	5 16 Co	ndition	1 17	Hit/R	un Moped		
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	UYTHALER		Endorsment	Owner	Last								
Address 1763 COMMONWEALTH AVE					Last First Middle Address								
City_NEWTON State MA_Zip					StateZip								
Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								
Insurance Con	Vehicle Travel Direction: NSEW Responding to Emergency?				Sequence 22	22	22 22	2	3	4			
1	Direction: N S					23				´)_	10 Undercarriage 11 Totaled		
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MICHAEL ANTHONY IAR

Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks

Date