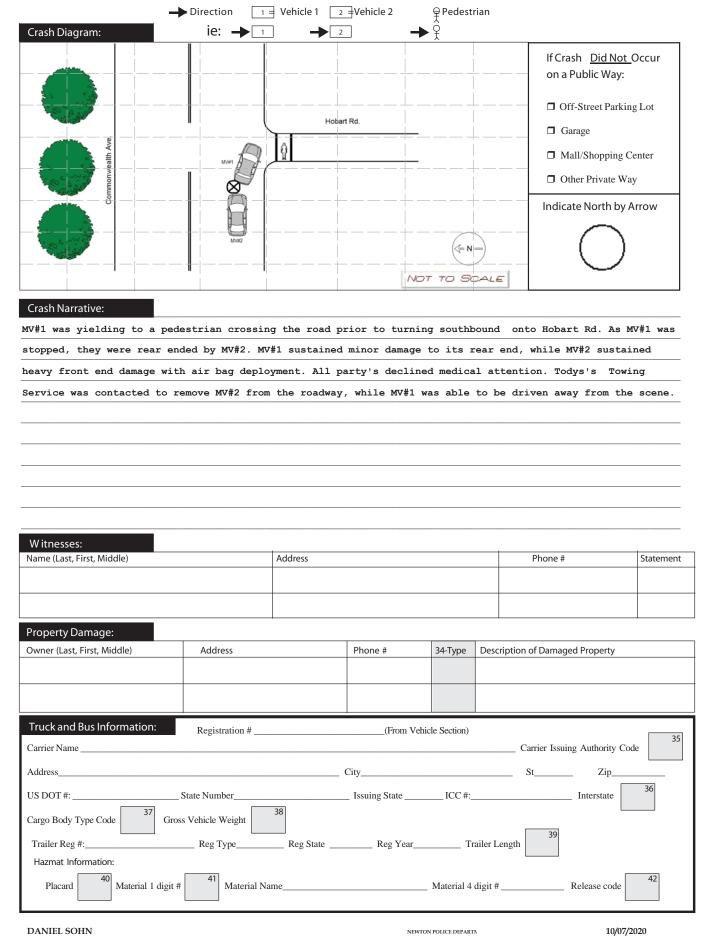
Г				Com			of Massa	.cnu	oction of the second	,							
	Date of Crash 10/07/2020				Motor Vehicle Cra			sh	Number Vehicles			eed Lim		State	tate Police ocal Police IBTA Police		
	10/07/2020	24HR					Report		2	0	1	ngitude		Othe	r:		
		AT INTE	RSECTION	:	< I	LOCA	ΓΙΟN :	>		NC	ТАТ	INT	ERSE	CTIO	N:		
		COMN	MONWEALTH	AVE												┟	
1	Route# Direct	tion	Name	of Roadway/Stre	eet	 	Route# Direction	n Add	ress #		N	ame of I	Roadway	/Street			
_	At HOBART RD						Feet NSEW of or										
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number										
	Trouten Brees			ntersection with	11001		Feet N	SEV	V of	D		T	D	1/C	44	_ [
							Feet N	SEV	V of	Rout	е#	Intersec	ting Roa	idway/S	treet		
2	Route# Direction Name of Intersecting Roadway/Street						Landmark										
	XVehicle1	_2_#Occupants	s Hit/Ru	ın Moj	ped Case I	Number		200	0000584								
_	License#		St	MA DOB/Age	a	Reg#	5146MK			Reg	_{Tyne} PA	١N	Reg	State N	ЛA		
	Sex_F Lic. (18	18	. 19	an.		ear_2015								1 20	-	
			_	R I	Endorsment									Jillig.		-	
1	Operator CEDDIA JENNA R R Last Last First Middle Middle Address 11 SCHOFIELD DR					Owner (Same as operator) Last First Middle Address											
				State MA 7:	. 02460									7:		٠	
	City NEWTON State MA Zip 02460 Insurance Company COMMERCE INSURANCE						City State Zip Value Action Prior to Crash										
\dashv	Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: N S W W Responding to Emergency? N						venicle Action Phot to Clash 3										
				esponding to En	nergency?			23				\bigcap	\overline{A})	Undercarri	iage	
	Citation # (If Is						Harmful Event	1	24	24	-	9	[]	_	Totaled	uge	
				ion 2: Ch		Driver	Contributing Co	ode 1 25			3	<u> </u>		6			
L	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						Underride/Override Towed N										
	Please f Name (Last Firs		rator and all oc	cupants involv	ed Address		Age/DOB	Sex Se	26 27 at Safety s. System	28 Airbag A Status Sv	29 3 irbag Eje vitch Coo	30 31 ct Trap de Code	32 Injury Tr Status C	ansp.	edical Facilit	ty	
L	Operator				ee Above				99	4 9	9 0	0	10 1	L			
	MARTINO, A	VA	I	11 SCHOFIELD NEWTON, MA				F 11	99	4 9	9 0	0	10 1	L			
-																\dashv	
_						1		=		16		17					
3	Please Select One of the Following: X Vehicle 2 1 # Occupants Non-Motorist A					e I	Action 1	5 Locat	ion	Co ₁	ndition	17	Пн	it/Run	Мор	ed	
	License # St MA _ DOB/Age					Reg#	1XNE84		Reg Type_PAN				Reg State_MA			_]	
	Sex_F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL					WOND.							1 20				
	Operator IBNER AMANDA Endorsment						Owner (Same as operator)										
\dashv	Address 98 WHITFORD ST						Last First Middle Address										
	City BOSTON State MA Zip 02131					CityStateZip											
	Insurance Company COMMERCE INSURANCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)											
	Vehicle Travel			Responding to Er	mergency?N		Sequence 1 2	22 22	22	22 (3		4			
	Citation # (If Is		11-51		J		Harmful Event	1 23					ΑÌ	1	Undercarri	age	
				ntion 2: Ch	Sec		Contributing Co		24	24	-	9	$\langle $	5 11	Totaled		
				ntion 2: Ch			ride/Override	25	Tower	Y)	7	لل	6			
ļ				all occupants in		онаеп	Inde/Override		26 27 at Safety		29 3 irbag Eje	0 31 ct Trap	32	33		\dashv	
-	Name (Last Fir	rst Middle)	- Spermor und		Address		Age/DOB	Sex P	os. Syster	n Status S	witch Co	ode Code	Status 0	Code N	Medical Facil	ity	
	Operator/1	Non-Motorist		Se	ee Above				99	3 9	9 0	0	10 1	L		_	
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CDP1 11 ·24·00

Police Officer Name (Please Print)