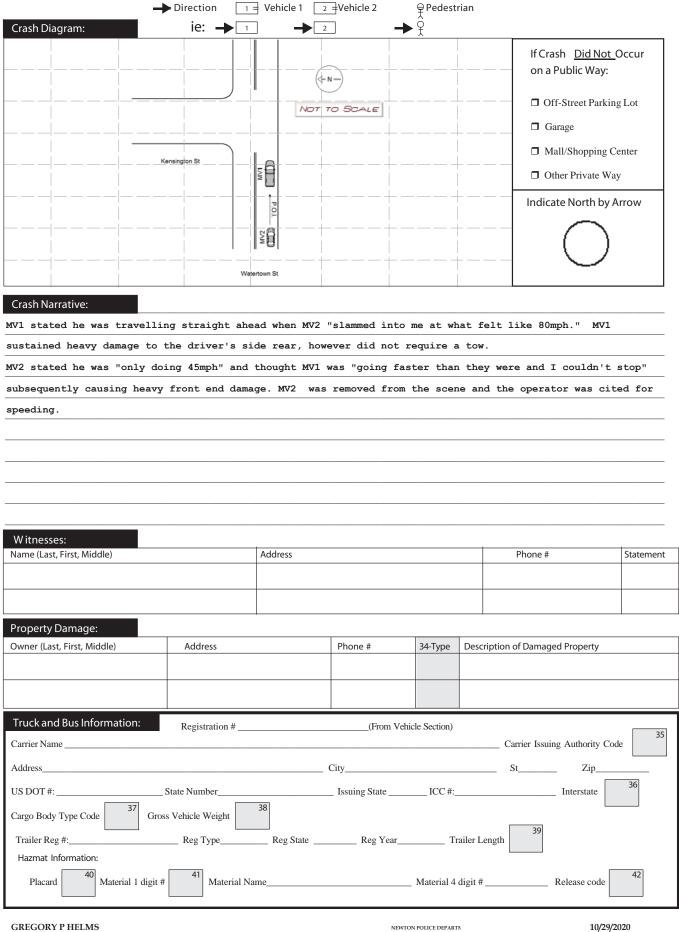
	Poli	ce Use Only		Commonwea	lth c	of Massa	achı	isett	S		RM	V Docui	ment Number			
	Date of Crash 10/29/2020	Time of Crash 21:25	City/To NEWTON	MIOTOI		icle Cra	sh	Number Vehicles		red La	eed Lim		State Police Local Police MBTA Police	X		
		24HR	SECTION:			Report 2					Longitude Other: T AT INTERSECTION:					
		ATINIEN	SECTION:		LUCA	HON			INC	JI A.	LINI	LNSL	CHON:	<u> </u>		
1	NOR		NGTON ST	CD - 1/Ct t		Distrib		1.1#			T 61	1	-/54	2		
4	Route# Direc	tion		Roadway/Street At	[f Roadway/Street				
	EAST WATERTOWN ST					Feet NSEW of or Mile Marker Exit Number								-		
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of										
² 3		Route# Intersecting Roadway/Street Feet N S E W of														
3	Route# Direct	tion	Name of Interse	cting Roadway/Street							La	ndmark		2		
3	XVehicle1	_1_#Occupants	Hit/Run	Moped Case	Number		20	000000624	4					\Box		
	"	_		Γ.						P	C	-	a ME	\dashv		
		St ME DOB/Age					Reg # 660XV Reg Type PC Reg State ME Veh Year 2005 Veh Make TOYOTA Veh Config. 2									
4	Sex_M Lic. Class D Lic. Restrictions 1 CDL_ Operator LewIS TYLER J Endorsment Last First Middle															
1	Address 10 SU	Last UNNY CREST R	TYLER J Owner (Same as operator) CREST RD Last First Middle Address						_ 1							
				ate ME 7:n 03909		SS							7in	_		
	City YORK State ME Zip 03909 Insurance Company LIBERTY MUTUAL								21				Circle Up to Th	_		
5		Direction: N		Vehicle Action Prior to Crash Levent Sequence 1 22 22 22 22 22 2 2 2 2 2 2 2 2 2 2 2												
Ш		ssued)		ponding to Emergency? N		Harmful Event	1 23	<u> </u>				7	10 Underca	rriage		
	,			2: ChSec		Contributing Co		1 24	24	1	9		11 Totaled			
⁶ 2				4: ChSec		ride/Override	25		ed N	8	()	์ 6			
	Please t	fill out for opera	operator and all occupants involved 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.							33 ransp.	1					
	Name (Last Fire	st Middle)		dall occupants involved Age/DOB Sex Sex Set Statey Airbag Airbag Sex System Status Switch Code Code Status Code Medical Far See Above 1 4 99 0 0 10 1		ility 1										
	1								1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•			
7																
3	Please Select C of the Followi		2 <u>1</u> #Occupan	ts Non-Motorist A Typ	pe 1	Action 1	Loc:	ation	16 Co	ndition	17	Пн	lit/Run Mo	ped		
	License# St MA DOB/Age					Reg # 2MEC35					AN	Reg State MA		_]		
	Sex_M_ Lic. 0	Class D 18 1	Lic. Restriction		Veh Ye	ear_2013	Vel	h Make_N	IISSAN			_Veh Co	onfig. 20			
⁸ 2	Operator SKINNER DONYELL Last First Middle Middle					Owner (Same as operator) Last First Middle										
	Address 820 MASSACHUSETTS AVE (apt. 423)					Address										
	City CAMBRIDGE State MA Zip 02139					City State Zip										
	Insurance Company SAFECO					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel	Event	Event Sequence 1 22 22 22 22 20 0 4													
	Citation # (If Is	ssued) T2012941	Most Harmful Event 1 23 G 9 5 11 Totaled													
	Violation	n 1: Ch <u>90/18/A</u> Se	ec Violatio	Driver Contributing Code 10 24 2 24												
		Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed Y 8 7 6									
	Ple Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 Seat Safety Pos. Syste	28 Airbag A m Status	29 Lirbag Ej Switch C	30 31 ect Trap ode Code		ransp. Code Medical Fa	cility		
	Operator/	Non-Motorist		See Above				1	4	99 0	0	10 1	ı			
									+							



CDP1 11 ·24·00

Police Officer Name (Please Print)

Date