Poli	ce Use Only		Common	ıwealth	of Mass	achus	etts			RMV I)ocume	nt Number		
Date of Crash 11/02/2020	Time of Crash 18:23	City/To	wn M	otor Ve	ehicle Cra	$sh \begin{bmatrix} N \\ V \end{bmatrix}$	Number Vehicles	Number Injured		Limit <u>1</u> de	5	State Police Local Police MBTA Police	N X	
11/02/2020	24HR NEWTON			Police Re			1	0		Longitude		Other:		
	AT INTER	RSECTION:	<	LOC	ATION	>		NOT	AT I	NTER	RSECT	TION:		
					EAST	288		GROVE	ST					
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street									
-			At		Feet 1	N S E W	of –		•	or				
Route# Direc	tion N	Name of Intersectin	g Roadway/Street					Mile M	arker]	Exit Number	_	
		Also at Inters	section with		Feet	N S E W	of	Route#	Int	tersectin	g Roadw	ay/Street	-	
]		N 07			Feet	N S E W	of							
Route# Direct	tion	Name of Intersec	cting Roadway/Street							Landr	nark		\dashv	
XVehicle1	1_#Occupants	Hit/Run	Moped	Case Numb	er	2000	0000631							
License#		St MA	A DOB/Age	Res	1BRF35			_Reg Typ	e PAN		Reg Sta	nte_MA		
	$Class$ D 18 M 1	8 Lic. Restriction	19	-	Year_2015							20		
Operator SUL		JOSEPH	R Endorsm	nent	ner (Same as ope			First						
Address 314 M	IAIN ST (apt. A	First	Middle		lress						Middle		-	
City CHARLE			nte_MA Zip_02129		/						Zip)	_	
Insurance Com	pany COMMER	nicle Action Prior to	Crash	4 21	D:	amaged	Area Co	ode: (Cir	cle Up to Thre	ee)				
Vehicle Travel	Direction: N	S X W Resp	onding to Emergency	y? N Eve	ent Sequence 22	22 22	22	22 2		3	4			
	ssued)				st Harmful Event	22 23			_ `	9	ĺ) <u>.</u>	10 Undercarr	iage	
Violation	1: ChSec	c Violation	2: ChSec	Dri	ver Contributing C	ode 1	24	24			\int	11 Totaled		
Violation	3: ChSec	c Violation	4: ChSec	Uno	derride/Override	25	Towed			O	6)		
		ator and all occup				2 Seat		28 29 Airbag Airba Status Switch	30 Eject	31 Frap Inju Code Sta	32 33	o.		
Name (Last Fire Operator	st Middle)		Addres See Abov		Age/DOB	Sex Pos.		Status Switch		Code \$ta	tus Code	Medical Facili	ty	
1							-				, 1		-	
Please Select C of the Followin	Vehicle	e# Occupant	s Non-Motoris	st A Type	14 Action	Locatio	on 1	Condi	tion	17	Hit/R	un Mop	ed	
	DOD/4		D 77					D. G.						
License # St DOB/Age Sex Lic. Class						Reg TypearVeh Make						20		
Operator		Lic. Restriction	Endorsm	nent			таке			v	en Conn	g.		
Address	Last	First	Middle		ner lress	t		First			Middle		-	
		Sta	iteZip		/					Stata	7in)	-	
Insurance Com		512	teZip		nicle Action Prior to		21				^	cle Up to Thre		
Vehicle Travel		S E W Res	ponding to Emergenc			22 22	22	22 2		3	4	•		
Citation # (If Is	10 Undercarriage								iage					
`			n 2: ChSec		l	odo	24	24 1	←	9	5	11 Totaled		
			n 2: CnSec n 4: ChSec		ver Contributing Contributing Contribution	25	Towed	8		7	6			
			occupants involved		JOITING OVEITINE	20 Seat		28 29 Airbag Airba	30	31 3 Trap Inji	32 33		\dashv	
Name (Last Fi	rst Middle)		Addre	ess	Age/DOB	Sex Po	s. System	Airbag Airba Status Swite	g Eject ch Code	Trap Inju Code St	ary Transp atus Code		lity	
Operator/	Non-Motorist		See Abov	ve			-		+					
													_	

