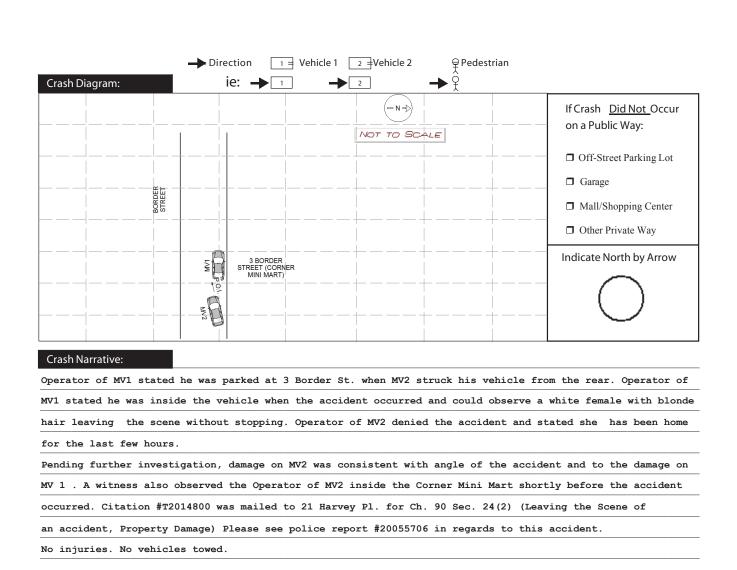
	Poli	ce Use Only		Commo	nwealt	h o	f Massa	achu	iset	ts		RM	V Doc	umen	t Number	
	Date of Crash 12/12/2020	Time of Crash	City/To	own N	lotor <b>V</b>	Vehi	icle Cra	sh	Numb			Speed Lim		St	ate Police ocal Police BTA Police	□ <b>X</b> ì
	12/12/2020	19:27 24HR	NEWTON		Poli	ce F	Report		2	0		ongitude _		O M	BTA Police ther:	
		AT INTER	SECTION:	·	< L(	OCAT	ION :	>		N	OT A	T INT	ERSI	ECTI	ION:	
							WEST	3		воі	RDER S	6T				┝
1 <b>1</b>	Route# Direct	tion	Name o	f Roadway/Street		R	Route# Direction	on Ac	ldress #			Name of	Roadwa	ay/Stre	et	
	At					Feet NSEW of or							_⊦			
	Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number							_				
	Also at Intersection with					_ -	Feet N S E W of Route# Intersecting Roadway/Street							-		
3	J					Feet NSEW of										
	Route# Direction Name of Intersecting Roadway/Street				et	Landmark										
	XVehicle1	#Occupants	Hit/Run	Moped	Case Nu	mber		2	0000007	31						1
	License#		St M	A DOB/Age		Reg#1	FRY81			Res	Type 1	PAN	Re	eg State	e MA	
	Sex_M Lic. 0	18 13		19			ar_2015								20	
ļ	Operator CAI		ARTHUR	M Endors	ment		(Same as open									-
1	Address 8 CU		First	Midd									Mid	ldle		-  -
	City NEWTON State MA Zip 02465					Address  City State Zip										
		pany_THE COM					Action Prior to		11	21					le Up to Thre	·
_				ponding to Emergen	ncy? N	Event S	Sequence 1 2	22 22			2	3		4		
2		ssued)					armful Event	23	5				$\mathcal{A}$		10 Undercarri	iage
				1 2: ChSec			L Contributing Co		1 24	24		<b>-</b>   / <sup>9</sup>	4	) 3	11 Totaled	
2							Underride/Override  25 Towed Y  8 7  6									
	Please fill out for operator and all occupants involved						<u>_</u>			27 28 ety Airbag tem Status	29 Airbag I	30 31 Eject Trap Code Code	32 Injury	33 Fransp.		$\dashv$
	Name (Last Fire Operator	st Middle)		Addr See Ab			Age/DOB	Sex	Pos. \$yst	tem Status		Ode Code	Status 10	Code 1	Medical Facilit	ty
	1									-	,,		10	-		
	Г															
1	Please Select C of the Followi		2 <u>1</u> #Occupar	Non-Moto	rist A Type	14	Action 1	5 Loc	ation	16 C	ondition	n 17	X	Hit/Ru	n Mop	ed
	License# St MA DOB/Age					Reg# 6EG894				Reg	Reg Type_PANReg			eg Stat	State MA 20	
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL Endorsment					Veh Year 2019 Veh Make HONDA Veh Config. 1										
1 Operator CAIRA LISA MARIE  Last First				3	Owner HONDA LEASE TRU				U! First Middle						-	
_	Address 21 HARVEY PL					Address 600 KELLY WAY								-		
	City NEWTON State MA Zip 02465				55	City HOLYOKE State MA Zip 01040							-			
	Insurance Company THE COMMERCE INS				·	Vehicle Action Prior to Crash  97  Damaged Area Code: (Circle Up to Three)								ee)		
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$				ncy?N	Event Sequence 2 22 22 22 22 3 4										
	Citation # (If Is	tation # (If Issued) <u>T2014800</u>				Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled								iage		
	Violation	Violation 1: Ch_90/24/CSec Violation 2: ChSec					Driver Contributing Code 19 24 24									
	Violation 3: ChSec Violation 4: ChSec						Underride/Override Towed Y 8 7 6									
	Plo Name (Last Fi		operator and al	l occupants involv			Age/DOB		26 Seat Safe Pos. Sy	27 28 ety Airbag stem Status	29 Airbag Switch	30 31 Eject Trap Code Code	32 Injury Status	33 Transp. Code	Medical Facil	ity
		Non-Motorist		See Abo					1	4		0 0	10	1	NONE	
								1 1		1		1		i		- 1



Witnesses:												
Name (Last, First, Middle)	Address		Phone	Phone #								
Property Damage:												
Owner (Last, First, Middle)	Phone # 34-Type Des			Description of Dama	scription of Damaged Property							
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	ele Section)	Carrier Iss	uing Authority Coc	35 le					
Address			City		St	Zip						
US DOT #:S	State Number		Issuing State	ICC #:_		Interstate	36					
Cargo Body Type Code 37 Gross	Vehicle Weight	38			39							
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr								
Hazmat Information:												
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42					