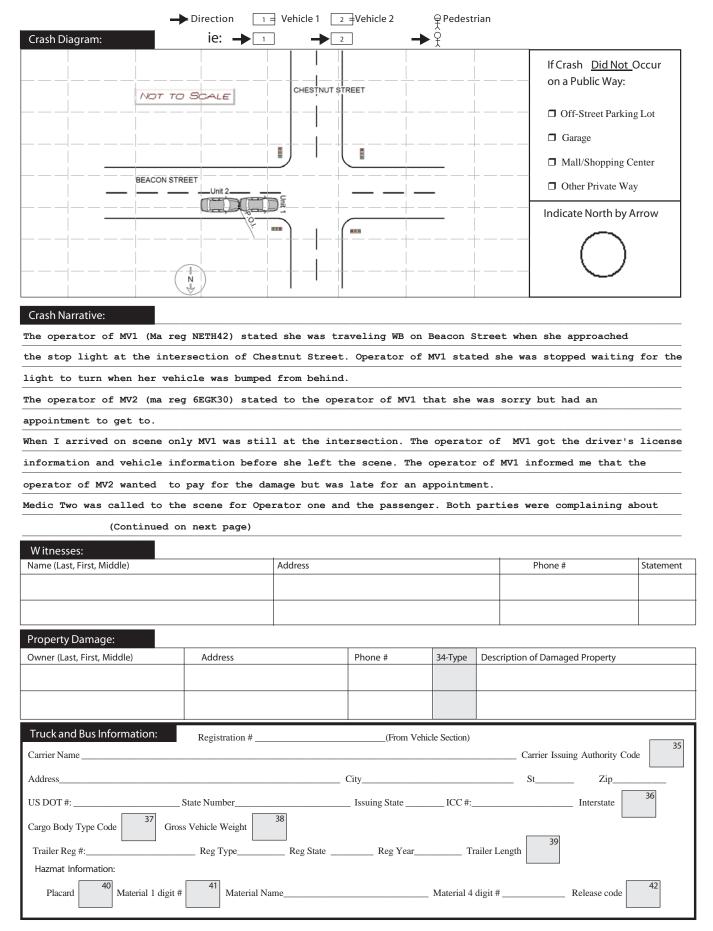
	Poli	ice Use Only		Comm	ionwea	lth o	of Mass	ach	use	etts			RMV	V Docu	ıment	Number	
	Date of Crash 12/14/2020	Date of Crash Time of Crash City/Town		Γown	<b>Motor Vehicle Crash</b>				Numbe Injured	*		State Police Local Police MBTA Police		N Xi			
	12/14/2020	24HR	NEWTON		Pol	ice I	Report		2		2		gitude_		Ot	her:	
	AT INTERSECTION: <					LOCATION > NOT AT INTERSECTION						ON:					
		BEACO	N ST														F
1 <b>1</b>	Route# Direc			of Roadway/Street	t		Route# Directi	on A	ddress	s #		Na	me of F	Roadwa	y/Stre	et	_
_	At CHESTNUT ST				Feet NSEW of • or												
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					-	Mile Marker Exi						it Number	r			
						Feet NSEW of Route# Intersecting Roadway/Street							-				
<sup>2</sup> <b>3</b>	3				Feet NSEW of												
Roden Breeton 1 value of intersecting Rodeway/Street					Landmark												
3	XVehicle1	2_#Occupants	Hit/Ru	n Mope	ed Case N	Number		2	200000	0735							-
	License#		St <sup>1</sup>	MA DOB/Age		Reg#	NETH42				Reg Ty	ne PA	N	Res	o State	MA	
		18 18	8	19												20	_
4		Endorsment				(Companyates)										_	
3	Address 18 CC	Operator HARRIS-HODGE STEPHANIE  Last First Middle  18 COMMON ST (apt. 1)				Owner (Same as operator)  Last First Middle  Address									-  -		
	City NATICK State MA Zip 01760				01760	CityStateZip											
	Insurance Company COMMERCE INSURANCE COMPANY					Damaged Area Code: (Circle Un to Three)											
5					rgency? N					22	<b>22</b> 2		3		4		
1		Vehicle Travel Direction: NSEN Responding to Emergency? N  Citation # (If Issued)					Most Harmful Event 4 23								riage		
	,			on 2: ChSe	<b>2</b> C		Contributing C		1 2	4	24	<b>←</b>	9		0	11 Totaled	
5 2							ide/Override		E	 Fowed	N 8		7		6		
	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					Olidell	lue/Overriue					9 30	) 31	32 Injury T	33		$\dashv$
	Name (Last Fir		1		Address		Age/DOB	Sex	Pos. \$		28 2 irbag Airb tatus Swit		Code	Status (	ransp. Code	Medical Facil	ity
	Operator		1	8 COMMON STR	Above REET (apt 1)			+		1 4		0	0		1		
	HODGE, ALL	JAH	1	NATICK, MA 0176	60			M	3	1 4	99	0	0	9	1		
<sup>7</sup> <b>2</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupa	nnts Non-Mo	otorist A Type	e 1	4 Action	15 Lo	cation	10	Cond	ition	17	ı.	Hit/Ru	п Мор	ed
	License #St MADOB/Age				Reg# 6EGK30				Reg Type_PAN Reg State_MA				_				
	Sex_F Lic. Class D 18 18 Lic. Restrictions B 19 CDL				Veh Ye	Veh Year 1998 Veh Make BMW Veh Config. 1					1 20						
<b>1</b>	Operator WA	NG	RUILING		dorsment	Owner MONGE				JOSE							
1	Address 415 SOUTH STREET (apt. MB3505)				Last First Middle Address 15 CAVANAUGH PATH								_				
	City WALTHAM State MA Zip 02453				City NEWTON State MA Zip 02459							_					
	Insurance Company_COMMERCE INSURANCE				Vehicle Action Prior to Crash  21  Damaged Area Code: (Circle Up to Three)								ee)				
	Vehicle Travel Direction: NSEN Responding to Emergency? N				Event Sequence 1 22 22 22 22 3 4												
	Citation # (If Issued) T2080370				Most Harroful Event 23									riage			
	Violatio	Violation 1: Ch 003 Sec Violation 2: Ch Sec					Driver Contributing Code 20 24 24 5 11 Totaled										
	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed N 8 7 6										
	Pl	ease fill out for	olved						9 30 ag Eject	0 31 32 33 ct Trap Injury Transp.				$\dashv$			
	Name (Last Fi	rst Middle) Non-Motorist			Above Above		Age/DOB	Sex	Pos.	System 4	Status Swi	tch Coc	de Code	Status	Code 1	Medical Faci	lity
	Орегиюн	Tron-Motorist			710070					1 4	1 99	0	U	10	1		
												+		+			
												$\perp$					
																<u> </u>	



→	Direction 1 :	Vehicle 1 2	₹Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 1	2	→	Ŷ			
						Crash <u>Did Not</u> ( n a Public Way:	Occur
						Off-Street Parking	g Lot
						Garage	
	<u> </u>					Mall/Shopping Co	enter
						Other Private Way	y
	. —   — — —			· — —	Inc	dicate North by A	rrow
						$\bigcirc$	
Crash Narrative:							
minor injuries. Operator 1	stated she had	back, head,	neck and knee	pain. P	assenger in M	V1 stated he	had back
pain. Both parties signed	a medical relea	se form.					
The damage to MV1 was minor	r and only on t	he rear bump	er. Since MV2	was not	on scene I was	s unable to de	etermine
the extent of damage or if							
I made contact with the own							
he was working on her vehic				hop. He	provided me w	ith the drive:	r's 
telephone number where I	<del>-</del>						
After further investigation						ton City	
Ordinance Failure to use co	are while stopp	ing. I citat	ion was mailed	to the	operator.		
W itnesses: Name (Last, First, Middle)		Address			Phone	2 #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	and Droporty	
Owner (Last, First, Middle)		Priorie #	34-Type	Description of Dan	laged Property		
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			35
Carrier Name					Carrier Is	suing Authority Cod	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38			39	<u> </u>	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length		
Hazmat Information:	41						42
Placard Material 1 digit #	Material Na	nme		Material 4	ligit #	Release code	72
MARK D HAGOPIAN			NEWTO	N POLICE DEPART?		12/14/20	020
Police Officer Name (Please Print)	Signature	]		artment	Precinct/Ba		