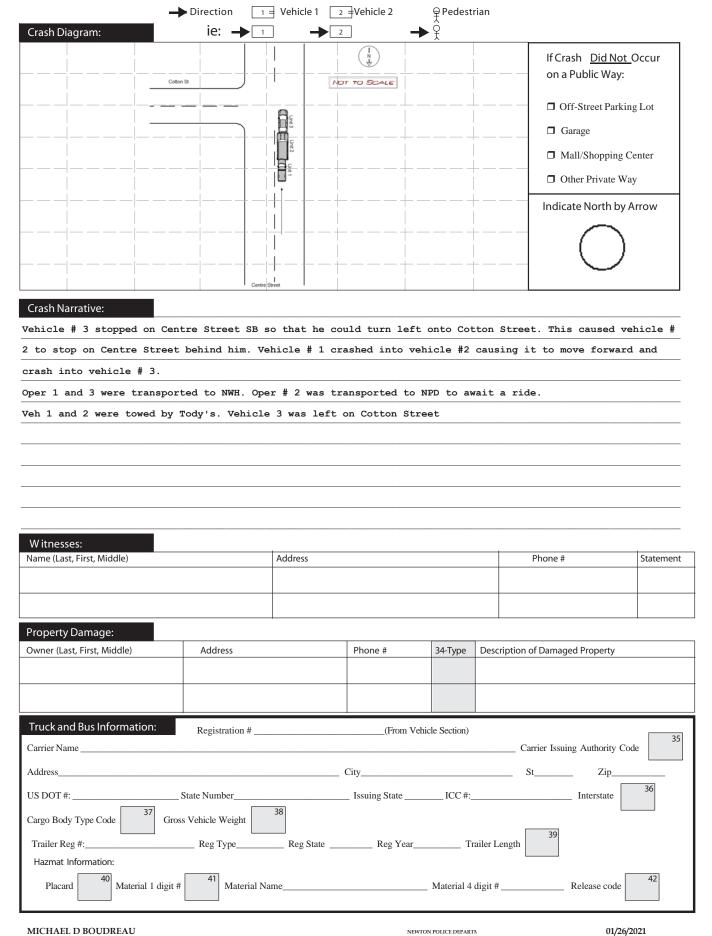
	Poli	ice Use Only		Commo	nwealt	h o	f Massa	ach	use	tts			RMV	Docun	nent Number		
	Date of Crash 01/26/2021	Time of Crash 14:54	City/To	wn <b>N</b>	Iotor <b>V</b>	/ehi	cle Cra	sh			Number Injured		Limit		State Police Local Police MBTA Police	N N	
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<b>1</b>	Route# Direc	tion		Roadway/Street		R	oute# Direction	on A	ddress	#		Nam	e of Ro	oadway/	Street		<b>2</b> 1
		COTTE		At			Feet [	N S E	W of	f		_ •	o	r			_
	Route# Direc	etion N	Name of Intersectin	g Roadway/Street		Ξŀ					Mile Ma	ırker			Exit Number	—	
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2 <b>1</b>	Route# Direc	tion	Name of Interse	cting Roadway/Stree	at	_ -	Feet 1	N S E	W of	f 							2
3	Route# Direc	tion	Ivallic of finerse	T									Lanc	dmark		$\dashv$	
1	XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Nu	mber		2	10000	0048							
	License#		St_M		F	Reg # <u>1</u> 5	SM290			F	Reg Type	e_PAN		Reg	State_MA		
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4		AY Last	JANE First	Endors  C  Middl	ment (	Owner _	(Same as open	rator)						Middle		_	1
1	Address 20 PE	EARL ST	First	Middl		Address	Las							Middle		_	_
	City HUDSO		St	ate_MA Zip_0174	19 (	City							State_	2	Zip	_	
	Insurance Com	npany THE STAN	NDARD FIRE IN	SURANCE COMP	ANY v	Vehicle	Action Prior to	Crash		21	Da	maged	Area (	Code: (C	Circle Up to Th	nree)	
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		ssued)					armful Event	1 2.	3			_ (`	\L		10 Underca	~	
	,			2: ChSec			l Contributing Co	Г	5 24	1	24		9		5 11 Totaled		
<sup>6</sup> <b>1</b>	Violation	3: ChSec	c Violation	4: ChSec			de/Override	2.5	7	owed <u>l</u>	<b>®</b>		7		6		
	Please	fill out for opera	ator and all occu	pants involved							28 29 bag Airbag itus Switch	30 Eject	31 Trap II Code S	32 njury Tra	33 nsp.		_
	Name (Last Fir	st Middle)	<u> </u>	Addro See Abo			Age/DOB	Sex	Pos. \$	ystem Sta	tus Switch	Code	Code \$	tatus Co	de Medical Fac	ility	1
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<sup>7</sup> <b>3</b>	Please Select C of the Followi	IX Mahida	2 <u>1</u> #Occupan	Non-Motor	rist A Type	14	Action 1	Loc	cation	16	Conditi	ion	17	Hit	t/Run Mo	ped	
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	Sex_F_ Lic.	Class D 18 1	Lic. Restriction			Veh Yea	ar_2014	Ve	h Mak	e_HON	IDA			Veh Co	nfig. 20		
8 1	Operator ABA	ATE	STEPHANIE First	Endors:	(	Owner _	(Same as oper	rator)			First			Middle		_	
_	Address 20 PL	LUMBLEY ROAL	D			Address										_	
	City UPTON		St	ate MA Zip 0156	i8 (	City							State_	2	Zip	_	
	Insurance Com	npany COMMER	CE			Vehicle	Action Prior to	Crash	2	21	Da	maged	Area (	Code: (C	Circle Up to Th	nree)	
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			operator and all	occupants involv					26 Seat S	27 Airl	28 29 bag Airbag	30 Eject		njury [Fra	33 nsp.		
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Pol Date of Crash	Time of Crash		Commonweal				Setts Number	Number		RMV D	5 S	State Police
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	24HR	SECTION:		OCAT	Report	>	3	2 NOT		tude	SECT	Other:
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X Vehicle 3	1_#Occupants	☐ Hit/Run	Moped Case N	Number		210	0000048					
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,		Violation 2: 0	ChSec		Contributing Co		24	24 1	<b>←</b>	9	$\int_{\mathbf{C}}$	11 Totaled
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Dia a a Cala at 6	200			14		5		16		17		
Please Select ( of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	e 14	Action	Locat		Condi	ion	1/	Hit/R	un Mop
License#		St	DOB/Age	Reg#_				_Reg Typ	e		Reg Sta	
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Operator	Last	First	Endorsment	Owner .	Last			First			Middle	
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City		State_	Zip	City						State	Zip	
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Vehicle Travel	Direction: N	S E W Respon	ding to Emergency?	Event S	Sequence 2	22 22	22	22 2		3	4	1011
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Pl Name (Last F		operator and all occ	cupants involved Address		Age/DOB		26 27 at Safety os. System	28 29 Airbag Airba Status Swit	g Eject ch Code	Trap Inju		).
Operator	/Non-Motorist		See Above									



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Police Officer Name (Please Print)