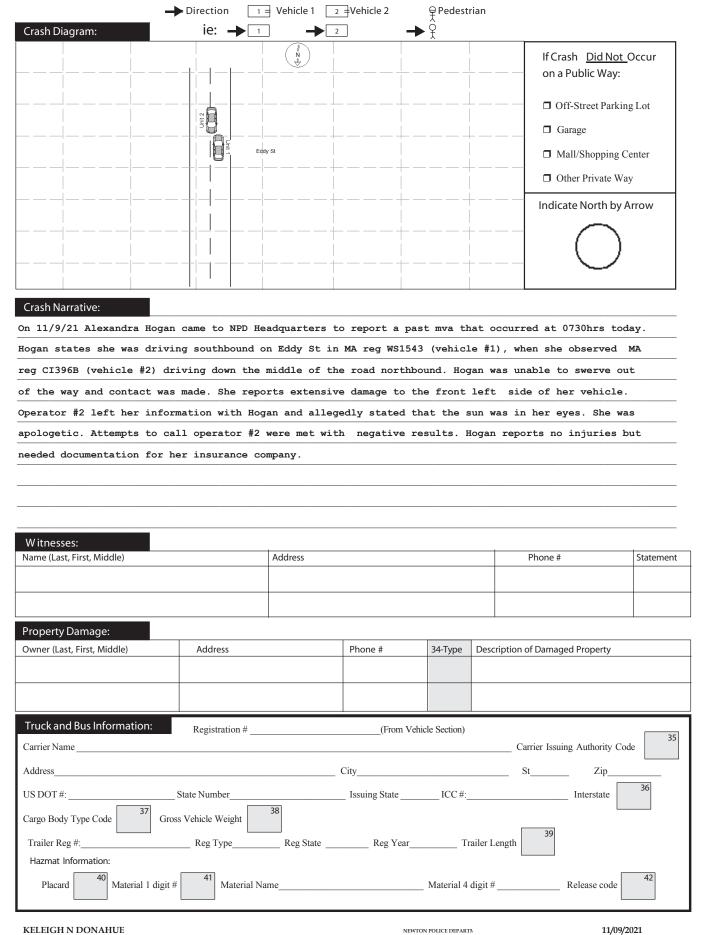
Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet N S E W of Mile Marker or Exit Number Feet N S E W of Mile Marker or Exit Number Feet N S E W of Mile Marker Feet N S E W of Note		Poli	ce Use Only		Common	wealth	of Mass	sach	uset	ts		RM	V Docu	ıment N	umber		
AT INTERSECTION: AT INTERSECTION: AT INTERSECTION: SOUTH 50 IDDY ST Routed Direction Name of Road-buy-Street And Are South Section Name of Road-buy-Street And Are South Section Name of Intersecting Road-buy-Street And Road Entersection with Are South Section Name of Intersecting Road-buy-Street And Road Entersection with Are South Section Name of Intersecting Road-buy-Street And Road Entersecting Road-buy-Street Intersecting Road-buy-Street Feet N S E W of Road-buy-Street Road-buy-Street Road-buy-Street Road-buy-Street Intersecting Road-buy-Street Road-buy-Street Road-buy-Street Intersecting Road-buy-Street License # S E W of Road-buy-Stre				1	Mo	otor Ve	hicle Cr	ash						State Local	Police Police	<u> </u>	
Nouse Direction Name of Roadway-Street Roadway-Str		11/09/2021		NEWTON		Police	Report			'				Other	A Police r:		
Notice Direction Name of Road-say/Street			AT INTER	SECTION:	LOC	LOCATION > NOT AT INTERSECTION								N:]		
Foot Name of Intersecting Readway/Street Foot Name of Intersection Foot Name of Inte							SOUT	н 50		EDI	OY ST						
Foot Name of Intersecting Readway/Street Foot Name of Intersection Foot Name of Inte	$oldsymbol{1}{1}$	<u>-</u>					Route# Direction Address # Name of Roadway/Street										
Routed Direction Name of Intersecting Readway/Street Feet Nis E Volume Readway/Street R	$\overline{-}$						Feet NSEW of • or										
Feat S E W of Intersecting Roadway/Street Feat Fe		Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number										
Post Note Direction Name of Intersecting Roadways/Street Post Note Direction Name of Intersecting Roadways/Street Direction Name of Intersecting Roadways/Street Direction Dir		Also at Intersection with															
Please Silect One Clark Processor Clark Pr	299						Feet	N S E	W of					,		6	
1		Route# Direct	Route# Direction Name of Intersecting Roadway/Street					Landmark									
Operator HOGAN ALEXANDRA Endorment Address 5 CASS ST opt. 10) Address 5 CASS ST opt. 10) Address 5 CASS ST opt. 10) Address Address 5 CASS ST opt. 10) Address Address 5 CASS ST opt. 10) Address Addres	³ 99	XVehicle1	1_#Occupants	Hit/Run	Moped	Case Numb	er	2	1000009	924							
Operator HOGAN ALEXANDRA Endorment Address 5 CASS ST Opt 10) City WEST ROXBURY State MA Zap 02132 City State Transfer Marker Marker Stroke Marker Mar		License#		St M	A DOB/Age	Reg	# WS1543			Res	Tvpe I	PAN	Res	State N	1A		
Operator HOGAN ALEXANDRA Endorment Operator HOGAN ALEXANDRA Endorment Address 5 CASS ST (apt. 10) Owner (Same as operator) Address City WEST ROXBURY Insurance Company GARRISON Vehicle Travel Direction: N\X EW Responding to Emergency? N Citation # (If Issued) Violation 1: Ch See Violation 2: Ch See Underride/Override Please fill out for operator and all occupants involved Same (Last Trist Middle) Operator Please Select One Vehicle 2 1 FOccupants 19 ODL Vehicle 3 See, F Lie, Class 18 18 Lie, Restrictions 1 ODL Vehicle 3 See, F Lie, Class 18 18 Lie, Restrictions 1 ODL Vehicle 3 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 3 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 3 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 3 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 3 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 3 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 3 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 4 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 4 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 4 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 4 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 4 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 5 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 6 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 7 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 7 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 7 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 7 See, F Lie, Class 18 18 Lie, Restrictions 19 ODL Vehicle 7 See, F Lie, Class 18		18 18 19					20										
Address 5 CASS ST (spt.10) N	4				Endorsme	ent										-	
City WEST ROXBURY Insurance Company GARRISON Vehicle Action Prior to Crash Insurance Company GARRISON Vehicle Travel Direction: NXEW Responding to Emergency? N Event Sequence I 22 99 22 122 22 23 4 Nost Harmful Event I 23 99 24 24 5 Violation 1: Ch. See Violation 2: Ch. See Driver Contributing Code 99 24 10 Undercarriage Please fill out for operator and all occupants involved Name clash Front Middle Age/DOR See Nos Some South Code Code Medical Facility Please fill out for operator and all occupants involved License # St MA DOB/Age See Above Please fill out for operator and all occupants involved License # St MA DOB/Age See Above Non-Motorist A Type I Action I S Location I G Condition I T Delity Responding to Emergency? Non-Motorist A Type I Action I S Location I G Condition I T Delity Responding to Emergency? Non-Motorist A Type I Action I S Location I G Condition I T Delity Responding to Emergency? Non-Motorist A Type I Action I S Location I G Condition I T Delity Responding to Emergency? Non-Motorist A Type I Action I S Location I G Condition I T Delity Responding to Emergency? Non-Motorist A Type I Action I S Location I G Condition I T Delity Responding to Emergency? Non-Motorist A Type I Action I S Location I G Condition I T Delity Responding to Emergency? Non-Motorist A Type I Action I S Location I G Condition I T Delity Responding to Emergency? Non-Motorist A Type I Action I S Location I G Condition I T Delity Responding to Emergency? Non-Motorist A Type I Action I S Location I S Location I G Condition I T Delity Responding to Emergency? Non-Motorist A Type I Action I S Location I G Condition I T Delity Responding to Emergency? Non-Motorist A Type I Action I S Location I S Location I C Condition I T Delity Responding to Emergency? Non-Motorist A Type I Action I S Location I C Condition I T Delity Responding to Emergency? Non-Motorist A Type I Action I S Location I C Condition I T Delity Responding to Emergency? Non-Motorist A Type I Action I T Delity Responding to Em	1	Address 5 CAS	SS ST (apt. 10)														
Insurance Company GARRISON Vehicle Travel Direction: Insurance Company GARRISON Vehicle Action Prior to Crash Insurance Company The Standard Field Middle Vehicle Travel Direction: Insurance Company The Standard Field Middle Vehicle Travel Direction: Insurance Company The Standard Field Middle Violation 1: Ch. Sec Violation 4: Ch. Sec Underride/Override Violation 1: Ch. Sec Violation 4: Ch. Sec Underride/Override Vehicle Travel Direction: Insurance Company The Standard Field Middle Violation 1: Ch. Sec Violation 4: Ch. Sec Underride/Override Violation 2: Ch. Sec Violation 4: Ch. Sec Underride/Override Violation 3: Ch. Sec Violation 4: Ch. Sec Underride/Override Vehicle Travel Direction: Insurance Company The Standard Field Middle Violation 1: Ch. Sec Violation 4: Ch. Sec Underride/Override Violation 2: Ch. Sec Violation 4: Ch. Sec Underride/Override Violation 5: Ch. Sec Violation 4: Ch. Sec Underride/Override Violation 5: Ch. Sec Violation 6: Cot. Standard Field Middle Address Subscied Cot. Standard Standa									Zip								
Vehicle Travel Direction: NX EW Responding to Emergency? N		Insurance Com						21						·			
Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 24 24	5				oonding to Emergency	? <u>N</u> Eve	nt Sequence 1	22 99 2			2	3		4			
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 24 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9 24 24 9								2.								iage	
Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above AgeDOB See First System Status Switch Code Code Status Code Medical Facility 1 Please Select One of the Following: Operator See Above Non-Motorist A Type Address AgeDOB See First Middle AgeDOB AgeDOB See First Middle AgeDOB See First Middle AgeDOB See First Middle AgeDoB See First Middle AgeDoB See First Middle AgeDoB See Soi Safey Areas Parker Eight First Middle AgeDoB See Soi Safey Areas Parker Eight First Middle AgeDoB Name (Last First Middle) AgeDoB AgeDoB See First Middle A		Violation	1: Ch Sec	Violation	n 2: ChSec	Driv	er Contributing		99 24	24	U	• / -) 3 11	Totaled		
Please fill out for operator and all occupants involved Name (Last First Middle) Address AgeDDB Sex Pos. System Nature Switch Name (Last First Middle) AgeDDB Sex Pos. System Nature Switch Nature Nation Non-Motorist A Type 14 Action 15 Location 16 Condition 17	99	Violation	3: ChSec	Violation	1 4: ChSec	Und	lerride/Override	2.5	To	wed N	0	7		6			
Operator See Above Non-Motorist A Type 14 Action 15 Location 16 Condition 17	_						26 Seat Saf		29 Airbag E	30 31 Eject Trap	32 Injury T	ransp.		1			
Please Select One of the Following: Description The First Total			st Middle)						Pos. \$ys				Status C	Code Me	edical Facilit	ty _	
of the Following: Vehicle 2 1 # Occupants Non-Motorist A Type	_																
of the Following: X Vehicle 2 1 #Occupants Non-Motorist A Type Action Location Condition Moped License # St MA DOB/Age Reg # CI396B Reg Type PAS Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2015 Veh Make HONDA Veh Config. 1 Operator NG ELISABETH Owner NG YAT Address 104 ELIOT AVE City NEWTON State MA Zip 02465 City WEST NEWTON State MA Zip 02465 Insurance Company THE STANDARD FIRE INSURANCE CO Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: X S E W Responding to Emergency? N Most Harmful Event 1 23 Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Direction: Sec Sustem Non-Model Sex Sec Sustem Sequence 1 22 22 22 22 22 23 3 4 10 Undercarriage 5 11 Totaled Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Sustem Status Switch Code Code Status Code Medical Facility																	
of the Following: X Vehicle 2 1 #Occupants Non-Motorist A Type Action Location Condition Moped License # St MA DOB/Age Reg # CI396B Reg Type PAS Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2015 Veh Make HONDA Veh Config. 1 Operator NG ELISABETH Owner NG YAT Address 104 ELIOT AVE City NEWTON State MA Zip 02465 City WEST NEWTON State MA Zip 02465 Insurance Company THE STANDARD FIRE INSURANCE CO Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: X S E W Responding to Emergency? N Most Harmful Event 1 23 Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Direction: Sec Sustem Non-Model Sex Sec Sustem Sequence 1 22 22 22 22 22 23 3 4 10 Undercarriage 5 11 Totaled Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Sustem Status Switch Code Code Status Code Medical Facility																	
of the Following: X Vehicle 2 1 #Occupants Non-Motorist A Type Action Location Condition Moped License # St MA DOB/Age Reg # CI396B Reg Type PAS Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2015 Veh Make HONDA Veh Config. 1 Operator NG ELISABETH Owner NG YAT Address 104 ELIOT AVE City NEWTON State MA Zip 02465 City WEST NEWTON State MA Zip 02465 Insurance Company THE STANDARD FIRE INSURANCE CO Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: X S E W Responding to Emergency? N Most Harmful Event 1 23 Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Direction: Sec Sustem Non-Model Sex Sec Sustem Sequence 1 22 22 22 22 22 23 3 4 10 Undercarriage 5 11 Totaled Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Sustem Status Switch Code Code Status Code Medical Facility																	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2015 Veh Make HONDA Veh Config. 1 Operator NG ELISABETH Address 104 ELIOT AVE City NEWTON State MA Zip 02465 Insurance Company THE STANDARD FIRE INSURANCE CO Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued)	<u></u>			2 <u>1</u> #Occupar	ts Non-Motorist	:A Type		Loc	eation	16 C	ondition	17	П	lit/Run	Мор	ed	
Sex F Lic. Class D Lic. Restrictions 1 CDL Veh Year 2015 Veh Make HONDA Veh Config. 1 Operator NG ELISABETH Address 104 ELIOT AVE City NEWTON State MA Zip 02465 Insurance Company THE STANDARD FIRE INSURANCE CO Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Veh Year 2015 Veh Make HONDA Veh Config. 1 Owner NG YAT Last First Middle Address 104 ELIOT AVE City WEST NEWTON State MA Zip 02465 Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2		License#				Reg	eg # CI396B			Reg Type_PAS				Reg State MA			
Operator NG ELISABETH Address 104 ELIOT AVE City NEWTON State MA Zip 02465 Insurance Company THE STANDARD FIRE INSURANCE CO Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued)		Sex_F Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2015 Veh Make HONDA Veh Config. 1										
Address 104 ELIOT AVE City NEWTON State MA Zip 02465 Insurance Company THE STANDARD FIRE INSURANCE CO Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Most Harmful Event 1 23 Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address Address 104 ELIOT AVE City WEST NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	1		Last	Owr	Last First Middle												
Insurance Company THE STANDARD FIRE INSURANCE CO Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Action Prior to Crash I 21 Damaged Area Code: (Circle Up to Three) Event Sequence Vehicle Action Prior to Crash I 21 Damaged Area Code: (Circle Up to Three) Event Sequence Vehicle Action Prior to Crash I 21 Damaged Area Code: (Circle Up to Three) Event Sequence I 22 22 22 I 2 3 Vehicle Action Prior to Crash I 21 Damaged Area Code: (Circle Up to Three) Event Sequence I 22 22 22 I 2 3 Vehicle Action Prior to Crash I 21 Damaged Area Code: (Circle Up to Three) Event Sequence I 1 27 I 28 29 I 28 29 I 29 30 I 31 32 33 I 32 33 I 32 33 I 33 I 32 I 33 I 34 I 35 I 36 I 37	$\overline{}$	Address 104 ELIOT AVE					Address 104 ELIOT AVE										
Vehicle Travel Direction: Vehicle Travel Direct		City NEWTON State MA Zip 02465					City WEST NEWTON State MA Zip 02465										
Vehicle Travel Direction: Responding to Emergency? Vehicle Travel Direction: Sec		Insurance Company THE STANDARD FIRE INSURANCE CO					Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)										
Citation # (If Issued)		Vehicle Travel Direction: $X \times W$ Responding to Emergency? N					Event Sequence 1 2 2										
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 99		Citation # (If Issued)					Most Harmful Event										
Violation 3: ChSecViolation 4: ChSecUnderride/Override		Violation	n 1: ChSe	Driv	Driver Contributing Code 99												
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility		Violation	n 3: ChSe	Und	Underride/Override Towed N												
	ſ			operator and al			A ge/DOB	Sev		27 28 fety Airbag	29 Airbag Switch	30 31 Frap	Injury Status	ransp.	ledical Facil	itv	
	ļ															,	
	ļ																
	t																
	}																



CDP1 11 ·24·00

Police Officer Name (Please Print)