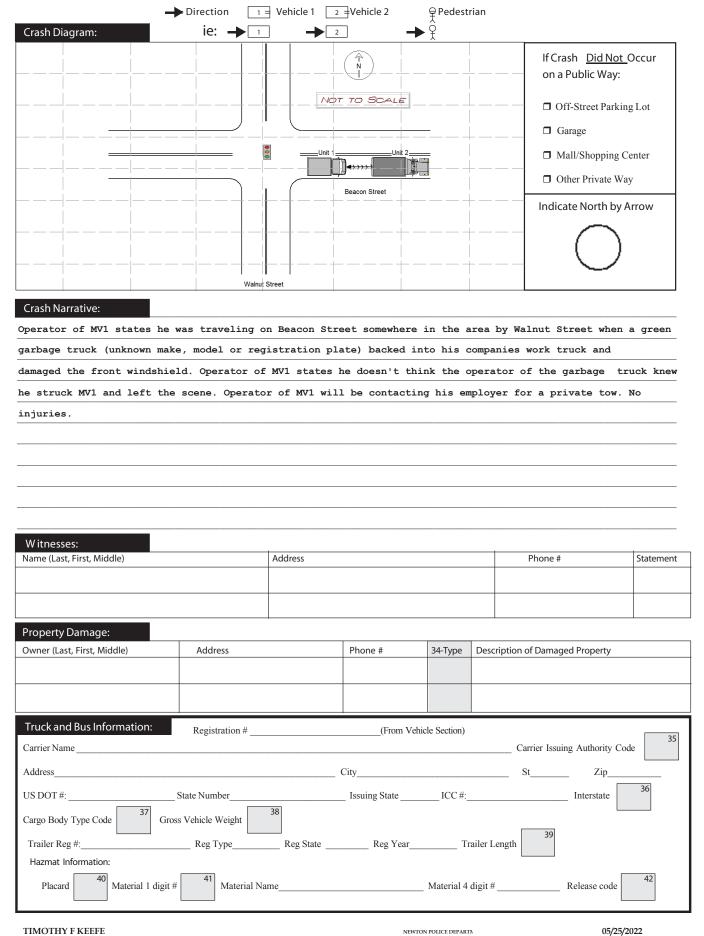
Circum   Name of Intersecting Rosaways) street   Candidates   Case Number   Case Num		Poli	ice Use Only		Comm	onweal	th o	f Mass	ach	uset	ts		RM	IV Do	cumer	nt Number		
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Route   Direction										2					C	Other:	_	
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NORTH WAINUTST  Routed Direction  Name of Intersecting Readway-Street  Also at Intersecting Readway-Street  Fret NSEW of Mile Marker or Fait Namber  Peter NSEW of Readed Intersecting Readway-Street  Items Name of Intersecting Readway-Street  Read Street NSEW of Readed Intersecting Readway-Street  Items Name of Intersecting R		EAST	г веасс	ON ST													F	
NORTH   WAINUT ST	1 <b>1</b>	Route# Direc	tion	Name o				Route# Direction Address # Name of Roadway/Street							reet			
Route# Direction  Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Proof NSEW of Roade# Intersecting Roadway/Street  Landmark  Licenses #		NOR	TH WALN	UT ST	At			Feet [	N S E	W of			- • <u> </u>	or _			- F	
Peer   S   E   W   of   Tandmark   Tandmar		Route# Direc	etion 1		· ·	et		East [	MICLE	lw .e	M	ile Mar	ker		Е	Exit Number	-	
Route® Direction  Name of latenecting Readway/Street    Direction   Name of latenecting Readway/Street   Landmark				Also at Inte	rsection with		-			_	Ro	ute#	Inters	ecting I	Roadwa	ay/Street	-  -	
Second Process   Seco	1	Route# Direc	tion	Name of Inters	ecting Roadway/St	treet	-	Feet	N S E	W of							_ -	
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Sex M. Lie. Class   D   S   S   Lie. Restrictors   1   9   CDL   Veh Year 2016   Veh Make HINO   Veh Config   6   Operator   QUINN   JONATHAN   Endosment   Address   195 TAUNTON ST   Address   195 TAUNTON ST   Address   195 TAUNTON ST   Address   195 TAUNTON ST   Address   195 ON MANTUA ST   Address   190 N MANTUA ST      State MA   Zip   02093   City KENT   State OH   Zip   44240   Vehicle Travel Direction:   N S   X   W   Responding to Emergency! N   Event Sequence   1   22   22   22   22   22   23   4   Address   190 N MANTUA ST      State OH   Zip   44240   Vehicle City   Three   Vehicle Action Prior to Crash   2   21   Damaged Area Code: (Virole Up to Three)     Vehicle Travel Direction:   N S   X   W   Responding to Emergency! N   Event Sequence   1   22   22   22   22   22   23   4     Violation 1: Ch   Sec   Violation 2: Ch   Sec   Underride Override   2   2   2   2   2   2   2   2   3   4     Vehicle Travel Direction:   N S   X   W   Responding to Emergency! N   Sec   Underride Override   2   2   2   2   2   2   2   2   2		X Vehicle 1	#Occupants	X Hit/Run	Mope	d Case Nu	umber		2	2000444	l .							
Sex   Lic Class   D   Lic Restrictions   T   CDL   Veh Wear 2016   Veh Make HINO   Veh Config   6		License#					Reg#_S	659969			Re	g Type_	CON	F	Reg Sta		_	
Operator QUINN    South   Sout		Sex_M Lic.	Class D 18 1		ns 1 CD		Veh Ye	ar_2016	Ve	eh Make	HINO			Veh	ı Confiş			
Address 1360 NANTUA ST  City WRENTHAM  State MA Zip 2093  Insurance Company OLD REPUBLIC INSURANCE  Vehicle Travel Direction: NS W Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec  Violation 3: Ch Sec Violation 4: Ch Sec  Underride Override  Please fill out for operator and all occupants involved  Name (Last Iriss Models)  Please Select One of the Following:  Address  Add					1		Owner	THE DAVE	TREE	EΧ	Fire	et.		м	GAALS		_	
Insurance Company OLD REPUBLIC INSURANCE  Vehicle Travel Direction: NSXW 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  Name (Last First Middle)  See Lice Class 9 18 18 Lic Restrictions 9 19 CDL  License # See Lic Class 9 18 Lic Restrictions 9 19 CDL  License # See Lic Class 9 18 Lic Restrictions 9 19 CDL  License # See Lic Class 9 18 Lic Restrictions 9 19 CDL  License # See Lic Class 9 18 Lic Restrictions 9 19 CDL  License # See Lic Class 9 18 Lic Restrictions 9 19 CDL  License # See Lic Class 9 18 Lic Restrictions 9 19 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 10 CDL  License # See Lic Class 9 18 Lic Restrictions 9 CDL  License # See Lic Class 9 See Lic Class 9 CDL  See License # See Lic Class 9 See Lic Class 9 CDL  Division Name Class Plan Middle Nover	1	Address 105 T	AUNTON ST	11131	ivi		Address	1500 N MAN	NTUA S	ST	111			.vi			_	
Vehicle Travel Direction: N S N N Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Direct Contributing Code 1 24 24 24 24 24 24 24 24 24 24 24 24 24		City WRENTHAM State MA Zip 02093																
Vehicle Travel Direction:   Vehicle 2   # Occupants involved   Violation 1: Ch   Sec   Violation 3: Ch   Sec   Violation 3: Ch   Sec   Violation 4: Ch   Sec   Underride Override   Z5   Towed N   8   7   6		Insurance Com	npany OLD REPU	UBLIC INSURA	NCE		Vehicle	Action Prior t	o Crash	2	21	Dan	naged Are	ea Code	e: (Circ	cle Up to Thre	ee)	
Violation 1: Ch Sec Violation 2: Ch Sec Violation 2: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override		Vehicle Travel	Direction: N	S X W Res	ponding to Emerg	gency?N	Event S	Sequence 1	22 2	22 22	22	2		3	4			
Violation 1: Ch Sec Violation 2: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Operator  See Above  Please fill out for operator and all occupants involved  Name (Last First Middle)  Operator  See Above  Please fill out for operator and all occupants involved  Name (Last First Middle)  Operator  See Above  Please fill out for operator and all occupants involved  Name (Last First Middle)  Operator  See Above  Please fill out for operator and all occupants involved  Name (Last First Middle)  Non-Motorist A Type  AgeDOB Sec Soc Socie Solve Sol		Citation # (If I	ssued)				Most H	armful Event	1 2.	3		04	_   }	9	5		riage	
Please Fill out for operator and all occupants involved Name (Last First Middle)  Please Select One Operator  See Above  Please Select One of the Following:  License # St DOB/Age Reg # Reg Type UNKNOWN Reg State  Sex Lie. Class 99 18 18 Lie. Restrictions 9 19 CDL  Operator  Operator  Non-Motorist A Type  Address  Address  Address  Address  City State Zip  Insurance Company UNKNOWN  Vehicle Travel Direction:  N S X W Responding to Emergency? N  Vehicle Travel Direction:  Vehicle Travel Direction:  N S X W Responding to Emergency? N  Vehicle Action Prior to Crash  Veh Gard Prior to Crash  Vehicle Travel Direction:  N S X W Responding to Emergency? N  Vehicle Action Prior to Crash  Vehicle Travel Direction:  Vehicle Travel Direction:  N S X W Responding to Emergency? N  Vehicle Action Prior to Crash  Vehicle Travel Direction:  Vehicle Travel Direction:  N S X W Responding to Emergency? N  Vehicle Action Prior to Crash  Vehicle Action		Violation	1: ChSec	c Violatio	n 2: ChSec	c	Driver (	Contributing C	Code	1 24	24					11 Totaled		
Operator  See Above  Non-Motorist A Type  Idease Select One of the Following:  License#  St DOB/Age**—  Reg # Reg Type UNKNOWN Reg State XX  Veh Year UNK  Veh Make UNKNOWN  Operator UNKNOWN  UNKNOWN  Last  Operator UNKNOWN  Veh Config  I3  Owner (Same as operator)  Owner (Same as operator)  City  State  Zip  Owner (Same as operator)  Vehicle Travel Direction:  Nis XW  Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch See Violation 2: Ch See  Underride/Override  Operator Undercarriage  First  Owner (Same as operator)  Vehicle Travel Direction:  Nis XW  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  Name (Last First Middle)  Address  Agerboh  See Type UNKNOWN  Veh Condition  Io Condition  Io 10  Io Condition  Io 17  I Hit/Run  Mopped  Condition  Io 17  I Hit/Run  M	1	Violation	3: ChSec	c Violatio	n 4: ChSec	c	Underri	ide/Override	2	5 To	wed N	8		7	6			
Operator  See Above  Please Select One of the Following:  License # St DOB/Age Sex Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Veh Make UNKNOWN Veh Config. 13  Operator UNKNOWN UNKNOWN Endorsment Denote the City State Zip City State Zip City State Zip City State Zip Dinsurance Company UNKNOWN  Unknown Vehicle Travel Direction: N S X W Responding to Emergency? N Vehicle Travel Direction: N S X W Responding to Emergency? N Event Sequence 1 22 22 22 22 23 4  Wost Harmful Event 1 23  Please fill out for operator and all occupants involved Name (Last First Middle)  Please fill out for operator and all occupants involved Name (Last First Middle)  Address AgeDOB Sex Pow System Source				ator and all occ				A ge/DOB	Sev		27 28 ety Airbag	29 Airbag Switch	30 3 Eject Trap	1 32 Injury	Transp		ity	
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SexLic. Class   99   18   18   Lic. Restrictions   9   19   CDL   Endorsment   Operator   UNKNOWN   UNKNOWN   Last   First   Middle   Middle   Address   Address   City   State   Zip   City   State   Zip   Damaged Area Code: (Circle Up to Three)   Vehicle Travel Direction:   N S X W   Responding to Emergency? N   Event Sequence   1   22   22   22   22   22   22   22	2			2 <u>1</u> #Occupar	nts Non-Mo	otorist A Type	14			cation	16	Conditio	on T		Hit/Ru	un Mop	ed	
SexLic. Class   99   18   18   Lic. Restrictions   9   19   CDL   Endorsment   Operator   UNKNOWN   UNKNOWN   Last   First   Middle   Middle   Address   Address   City   State   Zip   City   State   Zip   Damaged Area Code: (Circle Up to Three)   Vehicle Travel Direction:   N S X W   Responding to Emergency? N   Event Sequence   1   22   22   22   22   22   22   22		License#		St	DOB/Age		Reg#				Re	g Type	UNKNO	WN F	Reg Sta	<sub>te</sub> xx		
Operator UNKNOWN UNKNOWN  Last First Middle  Address  City State Zip City State Zip  Insurance Company UNKNOWN  Vehicle Travel Direction: N S X W Responding to Emergency? N  Citation # (If Issued) Most Harmful Event 1 23  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 24 24  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle) Address  Address  Owner (Same as operator)  City State Zip  Damaged Area Code: (Circle Up to Three)  Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2			Class 99 18 1		19				Ve	h Make						20		
Address  City State Zip City State Zip City Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S N W Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2		ı	KNOWN		I		Owner											
Vehicle Action Prior to Crash	L	l	Last	First	M	fiddle	Address				Fir	st		М	iddle			
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Vehicle Travel Direction: NSW Responding to Emergency? N Event Sequence 122 22 22 22 23 4  Citation # (If Issued) Most Harmful Event 1 23  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 24 24  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N 8 7 6  Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex System Status Switch Code Code Status Code Medical Facility		l		VN			Vehicle	Action Prior t	o Crash	10	21	Dan	naged Are	ea Code	e: (Circ	cle Up to Thre	ee)	
Citation # (If Issued)		Vehicle Travel	Direction: N	S W R	esponding to Emer	gency?N	Event S	Sequence 1	22 2			2		3   \ \ \	4			
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 99 24 24 24 Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed N 8 7 6  Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility		Citation # (If I	ssued)				Most H	armful Event	1 2.	3			.  }		) _		riage	
Violation 3: ChSecViolation 4: ChSecUnderride/Override		Violatio	n 1: Ch Se	ec Violati	on 2: Ch Se	ec	Driver (	Contributing C	Code	99 24	24		<b>-</b>   _		٦	11 Totaled		
Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age/DOB  A								· ·		5 Tov	ved_N	8		7	6			
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility  Code Code Status Code Medical Facility		Pl	ease fill out for		ll occupants invo	olved				26 Seat Safe	27 28 ety Airbag	29 Airbag	30 3 Eject Trap	1 32 Injury	33 Transp		$\dashv$	
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Police Officer Name (Please Print)