AT INTERSECTION: Police Report 2 0 Longitude Other:	alice 🗖
AT INTERSECTION: < LOCATION > NOT AT INTERSECTION	olice Dolice Nolice Police
NODELL 0 VINE ST	: 2
Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street At	2
Feet NSEW of or Mile Marker Exit N	ımber
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet N S E W of	
Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Route# Intersecting Roadway/Street Proceeding Roadway/Street Route# Route#	eet 4
Landmark	
XVehicle1 0_#Occupants ☐ Hit/Run ☐ Moped Case Number 22000615	
License # St DOB/Age Reg # 3ENS89 Reg Type PAN Reg State M.	
Sex Ele. class Ele. Restrictions CBE ven real ven real ven real ven connig.	20
Endorsment Operator Last First Middle Owner CIENCIN ALEXA NICOLE Last First Middle	1
Address TON (apt. 933) BROOKLINE ST	
City State Zip City BOSTON State MA Zip 0221	
Insurance Company ALLSTATE Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up Vehicle Travel Direction: NS F W Responding to Emergency? N Event Sequence 1 22 22 22 22 2 3 4	to Inree)
venicle Travel Direction: Kesponding to Emergency: Event sequence 1	ndercarriage
Citation # (If Issued) Most Harmful Event 1 9 5 11 T Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 1	italed
1 Violation 3: ChSec Violation 4: ChSec Underride/Override	
Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.	cal Facility 2
Name (Last First Middle) Address Age/DOB Sex Pos. \$\system \text{ Status \text{ witch } Code } \text{ Code } \text{ Status } \text{ Code } \text{ Med} Operator See Above	cal Facility 2
Please Select One of the Following: Vehicle 2 0 # Occupants Non-Motorist A Type	Moped
License#StDOB/Age Reg # UNKOWN Reg Type PAN Reg State M.	1
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Veh Year Veh Make UNKOWN Veh Config.	20
Endorsment Operator Owner Last First Middle Last First Middle	
Address Address	
CityStateZipCityStateZip	
Insurance Company Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up Vehicle Travel Direction: Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up Vehicle Travel Direction: Vehicle Travel Direction: Vehicle Travel Direction: Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up Vehicle Travel Direction: Vehicle Travel D	to Three)
Vehicle Travel Direction: Kesponding to Emergency? Vehicle Travel Direction: Kesponding to Emergency? Vehicle Travel Direction: Vehicle Travel Direc	ndercarriage
Citation # (If Issued) Most Harmful Event 2 1 9 5 11 T	italed
24 24	
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 97 24	
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 97 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 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.	
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 97 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 26 27 28 29 30 31 32 33 32 33 32 33 32 33 33 34 34 35 35 35 35 35 35 35 35 35 35 35 35 35 35 35 35 35 35 35 35 35 35	lical Facility
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 97 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 Me	ical Facility
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 97 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 Pos. System Status Switch Code Code Status Code Me	ical Facility

_	Direction 1 =	Vehicle 1	2 = Vehicle 2	Pedestri	ian		
Crash Diagram:	ie: → 1	→ [2	Ŷ			
		 			I .	Crash <u>Did Not</u> on a Public Way:	Occur
						Off-Street Parking	g Lot
Brookline St						J Garage	
			Véhicle #1	+		-	.
			Vehicle #2			Mall/Shopping Co	enter
	į į		ore #2			Other Private Way	y
	-			+		dicate North by A	rrow
			9 Vine St			()	
			-	+			
Crash Narrative:							
The owner of vehicle # 1 s	stated she had l	egally parke	ed her vehicle	on Vine	St. across f	from 9 Vine St	. When
Owner #1 returned to the v							
#2.							
π2.							
Witnesses:							
Name (Last, First, Middle)		Address			Phon	ie#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dar	maged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			25
Carrier Name					Carrier I	ssuing Authority Cod	35 le
Address			City		St	Zip	
US DOT#:							36
27		38	issuing state	1CC#		Interstate	
Cargo Body Type Code Gro	ss Vehicle Weight					0	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	9	
Hazmat Information:						_	
Placard 40 Material 1 digit #	# 41 Material Na	me		Material 4 d	ligit #	Release code	42
					-		
DANIEL MARDEZZZ						0=16-1-	000
Police Officer Name (Please Print)	Signature			on POLICE DEPARTM Dartment	Precinct/Ba	07/09/2 arracks Date	
omice manie (mease mint)	Signatule		DEL	11110111	i icellici/De	Dall	-

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