	Poli	ice Use Only		Commonwe	alth	of Massa	achu	isetts	}		RMV	Docum	ent Number		
	Date of Crash 01/30/2019	Time of Crash 11:07	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		Latit	d Limit	25	State Police Local Police MBTA Police Other:	XI O	
		AT INTERSECTION: <					lice Report 2 0 Longitude Ot DOCATION > NOT AT INTERSECTION								
						WEST 97 BORDER ST							22011	2	
1 1	Route# Direc	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street								
	At					Feet NSEW of or									
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street									
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
3	XVehicle1 1 #Occupants														
	Venicie	#Occupants													
	License # St MA DOB/Age					Reg # L68185 Reg Type CON Reg State MA 2007 RMW 2007									
4	Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsment					Veh Year 2007 Veh Make BMW Veh Config. 1 Owner JOSEPH YOHANNES M									
⁴ 1	Operator RUSS TYRONN Middle Address 268 MELROSE STREET (apt. 2) Middle					Owner JOSEPH YOHANNES M Last First Middle Address 25 BAY ST									
	Address State MA Zip 02466					CAMBRIDGE					State	MA Zi	n 02139	-	
	Insurance Company AMICA					le Action Prior to	Crash	2					rcle Up to Thre	ee)	
5		Direction: N		Sequence 2	22 22	22		_	3		-				
		ssued)		Most Harmful Event 2 23 10 Undercarriage											
	,			2: ChSec		L r Contributing Co		24	24 (1)	—	9	\	5 11 Totaled		
6 4	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 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.									
	Name (Last First Middle) Operator S			Address See Above	Age/DOB Se			Pos. \$ystem Status \$witch Code 99 4 4 0			Code S	Status Code Medical Faci		1 1	
7						14			16		177				
1	Please Select One of the Following: Vehicle 2 1 # Occupants Non-Motorist A T				уре	Action 1	Loca	ation	Cond	lition	17	Hit/	Run Mop	ed	
	License #St MA _ DOB/Age					Reg # 257ME3 Reg Type PAN Reg State MA							tate_MA	_	
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2008 Veh Make JEEP Veh Config. 20									
8 1	Operator MUNROE KENNETH H Endorsment Last First Middle					Owner (Same as operator)									
1	Last First Middle Address 16 OAK ST					Last First Middle Address									
	City HUDSON State MA Zip 01749					City State Zip									
	Insurance Company SAFTEY					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 1 22 22 22 2 3 4									
	Citation # (If I	ssued)		Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled										
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 1 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		26 27 Seat Safety Pos. Syster	28 2 Airbag Airb Status Sw	9 30 Eject itch Code	31 Trap I	32 3 njury Tran Status Coo		lity	
		Non-Motorist		See Above						2000		5 1			
														\dashv	

