[	Police Use Only	Common	wealth o	of Massac	chusett	S	RM	V Docume	ent Number	
		y/Town <b>M</b> o	otor Veh	icle Cras	h Numbe		Speed Lin	nit 25	State Police	
	02/15/2019		Police 1	Report	Vehicle 1	es Injured 0	Latitude _ Longitude		Local Police MBTA Police Other:	
	AT INTERSECTION	N: <	LOCA	_		NOT	AT INT	ERSEC'	TION:	9
				EAST	137	EDINBO	ORO ST			2 ′
1	Route# Direction Nam	ne of Roadway/Street		Route# Direction				Roadway/S	treet	
1	-	At		- W						<b>2</b> 10
	Route# Direction Name of Intersecting Roadway/Street			Feet NSEW of or Mile Marker Exit Number						
	Also at Intersection with			Feet NSEW of						
<sup>2</sup> <b>2</b>				Route# Intersecting Roadway/Street  Feet N S E W of						
2	Route# Direction Name of Int	tersecting Roadway/Street					La	andmark		
3	Wehicle 1 #Occupants									
	License #S	Reg#_	Reg #         2638VW         Reg Type         PAN         Reg State         MA							
	Sex_F Lic. Class D 18 18 Lic. Restrict		Veh Year 2001 Veh Make TOYOTA Veh Config. 1							
4	Operator RUKHELMAN TAMARA  Last First	A N Endorsme	ent Owner	(Same as operat	tor)	First		Middle		7 <sup>12</sup>
1	Address 132 EDINBORO ST	Middle		SS				Middle		'
	City NEWTONVILLE State MA Zip 02460 Insurance Company LIBERTY MUTUAL			у				StateZip		
				Vehicle Action Prior to Crash  Damaged Area Code: (Circle U. 10)					rcle Up to Three	e)
5	Vehicle Travel Direction: NSWW Responding to Emergency? E			Event Sequence 97 22 22 22 2 3 (4)						
	Citation # (If Issued)		ost Harmful Event 35 23				10 Undercarriag  11 Totaled		ige	
	Violation 1: ChSec Viola	Driver	iver Contributing Code 99 24 24					11 Totaled		
<sup>6</sup> 2	Violation 3: ChSec Viola	ation 4: ChSec	Under	ride/Override	25 Tow	ed_N_ 8	7	•	<b>O</b>	
	Please fill out for operator and all o			T	26 2 Seat Safet	7 28 29 y Airbag Airba	30 31 g Eject Trap	32 3 Injury Trans	3 sp.	13 97
	Name (Last First Middle)  Operator	Address See Abov			Sex Pos. Syste	m Status \$witch	n Code Code 0 0	\$tatus Code	Medical Facility	
7										
1	Sex Lic. Class			Action 15 Location 16 Condition 17 Hit/Run Mc				Run Mope	d	
				g # Reg Type Reg State					ate	
				Yeh Year Veh Make Veh Conf					20	
8 <b>1</b>				Owner						
1				Last First Middle Address						
	City	City	City State Zip							
	Insurance Company		Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)						e)	
	Vehicle Travel Direction: NSEW		Event Sequence 22 22 22 22 3 4							
				ost Harmful Event 23 10 Undercarriage 5 11 Totaled						ige
	Violation 1: ChSec Vio		Driver Contributing Code 24 24 1 5 11 Totaled							
	Violation 3: ChSec Vio			ride/Override	25 Towe	ed8	7	, , ,	i i	
	Please fill out for operator and	d all occupants involved	<u></u> I		26 27 Seat Safet	7 28 29 y Airbag Airba	g 30 31 Eject Trap	32 3 Injury Trans		$\dashv$
	Name (Last First Middle)  Operator/Non-Motorist	Addres See Abov				em Status Swit	ch Code Code	e Status Cod		у
ļ	- F	555 1360	-							

