Police Use Only Commonwealth of Massachusetts RMV Document N														Jumber					
	Date of Crash 03/04/2019		City/ NEWTON	Town	Me	/ehi	cle Cı	ash		mber	Numbe	r Spec		t <u>25</u>	State	Police	<u> </u>		
	24HR Police							Report		0 Longitude				MID I A FOIICE					
								OCATION > NOT AT INTERSECTION:											2 9
	EAST MYRTLE AVE																F		
99	Route# Direction Name of Roadway/Street At							Route# Direction Address # Name of Roadway/Street											2 ¹⁰
	SEMINARY AVE						-	Feet	N S	E W o	of –	 Mile l	• Marker		or		Number	- -	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						<u> </u>	Feet NSEW of											
2	AISO at Intersection with											Route	ŧ	ntersec	ting Ro	adway/S	Street	-	9 9 ¹¹
4	Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of) 9
3	XVehicle1	Case Nu																	
	License # St DOB/Age						Reg # L98GMC Reg Type PAS Reg State NJ												
	Sex Lic. Class 18 18 Lic. Restrictions				19 CDL		Veh Yea	Year 2011 Veh Make CHEVY Veh									20		
4	Operator				Endorsment				er CIHAK JAMES									_	1 ¹²
1	Operator Last First Mi							150 E SAII	DREWS	DR	First			Midd	le				
	CityStateZip									State N				NJ Zip 08054					
	Insurance Company						•	cle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three									ee)		
5	Vehicle Travel		Event Sequence 1 22 22 22 22 2 3 4																
	Vehicle Travel Direction: N S X W Responding to Emergency? Citation # (If Issued)						Most Herroful Event 23											iage	
	Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code 1 24 24 5 11 Totale									Totaled			
⁶ 3	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						Underride/Override 25 Towed N 8 O												
							ac, o remae							31 32 33 b Injury Transp. e \$tatus Code Medical Facility			13		
	Name (Last First Middle) Operator			Address See Above				Age/DOB Sex			System	Status Swi	ch Code	Code	Status Code 1		Medical Facility	ty I	1
	Орегатог				Sec Abov														
⁷ 2	Please Select C	I Wobiclo	#Occup	oants 🔲	Non-Motoris	t A Type	14	Action	15 L	ocation		6 Cond	ition	17		lit/Run	Мор	ed	
	of the Following:				19														
	License #		;#1					0 71				20							
	Sex Lic. Class Lic. Restrictions CDL Endorsment						Veh Year Veh Make Veh Config.												
8 1	Operator						Owner _		Last			First			Midd	le		-	
																		-	
	City State Zip							City State Zip											
	Insurance Company							Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)											
	Vehicle Travel Direction: NSEW Responding to Emergency?							Event Sequence 22 22 22 22 3 4											
	, , , , , , , , , , , , , , , , , , , ,						Most Harmful Event 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 24 24 24										age		
	Violation	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed 8 7 6											
	Please fill out for operator and all occupar Name (Last First Middle)				nts involved Addres			Age/DOB	26 Seat Pos.					1 32 33 Injury Transp. le Status Code Medical Facility					
	Operator/Non-Motorist			See Above				Age/DOB Sex											

