	Poli	ice Use Only		Common	wealth	of Mass	sachu	isetts	5		RMV	V Docur	ment Numbe	er	
	Date of Crash 06/24/2019	Time of Crash 15:03	City/To	1410		nicle Cr	ash	Number Vehicles	Injure	d Lati	ed Limi tude		State Police Local Police MBTA Pol	e 🔲	
		24HR	SECTION:	<	Report	0 NO	Longitude Other: T AT INTERSECTION:								
		ATINIER	LUCA	IIION	>		NO	IAI	11/11	LKSL	CHON:	-	2		
1	NOR		IARLE RD	Roadway/Street										[
1	Route# Direct	tion		Route# Direction Address # Name of Roadway/St								2 ¹⁰			
	WES	T CRAFT		Feet	N S E		Mile Marker			Exit Number					
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of									
2 1			Route# Intersecting Roadway/Street Feet N S E W of									3 11			
1	Route# Direct	tion		Landmark											
3	XVehicle1	#Occupants	Case Numbe	Number 1900000650											
	T														
	License # St MA DOB/Age Sex F Lic. Class D Lic. Restrictions 19 CDL					Reg # 7SM188 Reg Type PAN Reg State MA Veh Year 2015 Veh Make NISS Veh Config. 2									
4			nt	Veh Year Veh Config. 2 Owner (Same as operator) Last First Middle											
1	Operator RYAN NICOLE Endorsment ANGELA Last First Middle Address 864 BELMONT ST Middle					ess						Middle	•	—	1 ¹²
	City WATERTOWN State MA Zip 02472 Insurance Company PROGRESSIVE DIRECT					ess							Zip	_	
						ele Action Prior							Circle Up to 7		
5	1	Direction: N		Event Sequence 1 22 22 22 22 Q Q 4											
		ssued)		Most Harmful Event 1 23								~			
	,	1: ChSec		Driver Contributing Code 1 24 24 5 11 Totaled								d			
⁶ 1	Violation	3: ChSec	Violation	Unde	rride/Override	25	Towe	ed_N_ 8		7		6			
	Please fill out for operator and all occupants involved Name (Last First Middle) Address							26 27 Seat Safety	28 Airbag Air	29 30 bag Eject	31 Trap	32 Injury Tra	33 ansp.		13 1
	Operator	Name (Last First Middle) Operator			:	Age/DOB Sex		os. \$ystem	1 Status \$w	tch Code	Code Code State		S Code Medical Facili		<u> </u>
										+	+				
7							17				1=1				
3	Please Select C of the Followi	IX Vehicle	2 1_# Occupant	s Non-Motorist	A Type	Action Action	Loca	ation	Con	dition	17	Х ні	it/Run	loped	
	License # DOB/Age				Reg	UNK		Reg Tyne PAN			N	N Reg State MA			
	Sex_F_ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL_Endorsment UNKNOWN						Vel	/eh Make_UNK				Veh Config. 1			
⁸ 2						Owner (Same as operator)									
2	Address UNK	Last	Addr	Last First Middle Address											
	City		City	CityStateZip											
	Insurance Company_UNKNOWN					Vehicle Action Prior to Crash Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: X S E W Responding to Emergency?					Event Sequence 1 22 22 22 22 2 Q 4									
	Citation # (If Is	ssued)	Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled											
	Violation	n 1: ChSe	Drive	Driver Contributing Code 4 24 24											
	Violation	n 3: ChSe	Unde	Underride/Override 25 Towed N 8 7 6											
		Please fill out for operator and all occupants involved Name (Last First Middle) Address						26 27 Seat Safety Pos. Syste	28 Airbag Air m Status Sv	29 30 bag Eject	30 31 32 ect Trap Injury Code Code Statu		33 ansp.	Facility	
		Non-Motorist		See Above		Age/DOB		99	4 99		0	99 1		denity	
											-				

