	Poli	ce Use Only		Commonwo	ealth	of Mass	achı	isetts	5		RM	V Docui	ment Number	
	Date of Crash 07/10/2019	Time of Crash 07:33	City/To	wn Moto	or Vel	nicle Cra	ash	Number Vehicles			ed Limi		State Police Local Police MBTA Police	□ Xì
	07/10/2019	07:33 24HR		P	olice	Report		2	0		ndde _ igitude_		MBTA Police Other:	
	AT INTERSECTION: <					LOCATION > NOT AT INTERSEC						CTION:	2	
	EAST	HAMM	IONDSWOOD R	D										2
1 1	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street							/Street	2
	Route# Direction					Feet NSEW of • or Mile Marker Exit Nur							2	
												Exit Number		
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street								_
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$				Feet NSEW of								3		
	Route# Direct	tion		Landmark										
3	XVehicle1	#Occupants	se Numbe	Number 190000707										
	T : //		D /	152TH2			D 7	, PA	N	D	g MA			
	License #	_	Reg # 152TH2 Reg Type PAN Reg State MA Veh Year 2010 Veh Make LEXUS Veh Config. 2											
4	Endorsment							_ veh Co						
⁴ 2	Operator LEWIS JOY Last First Middle Address 26 BLUE FIELD TER					Owner (Same as operator) Last First Middle								- 1 ¹
				Address										
	City_BOSTON State_MA Zip_02126 City Insurance Company LM GENERAL Vehicle Action Prior to Crash 1 21									StateZip maged Area Code: (Circle Up to Three)				
5				cle Action Prior t	to Crash	1		Damage ?)	AITA	couc. (4	1.00)		
1		Direction: N		onding to Emergency?		t Sequence 1	23				\bigcap	\overline{A}	10 Undercar	rriage
	,	ssued)				Harmful Event	1	24	24	←	9		5 11 Totaled	age
⁶ 1				2: ChSec		er Contributing C	Code 25	99			7		<i>)</i> 6	
1										22	33	1		
	Name (Last Fire			Seat Safety Airbag Airbag Eject Trap Injury Transp.						ansp.	1 1			
	Operator			See Above				1	4 4	0	0	10 1		
7	Diagon Coloret C	\		1		14	15		16		17			
2		Please Select One of the Following: Vehicle 2 1 #Occupants Non-Motorist A				Action		Location Condit			17	Ні	it/Run Mo	ped
	License#		Reg #	5WJ423		Reg Type PAN				Reg State_MA				
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator SIMOV GIORGI						h Make H	Make_HONDA				Veh Config. 1		
⁸ 1						Owner (Same as operator)								
1	Last First Middle Address 42 STARTMORE RD (apt. 33) Address								ė					
	City BRIGHT			City State Zip										
				te_MA Zip_02135		Demond Area Code (Circle He to Three)								
	Vehicle Travel Direction: X S E W Responding to Emergency? Event Sequence 1 22 22 22 22 3 4 Citation # (If Issued)								3		4			
									10 Undercar	rriage				
	· ` `	Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 24 24 5 11 Totalec									5 11 Totaled			
	Violation 1: ChSec Violation 2: ChSec Underride/Override										6			
1		Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33								33				
	Name (Last Fi	rst Middle)		Address		Age/DOB	Sex	Pos. Syste	m Status S	witch Co	de Code	Status C	Code Medical Fac	cility
	Operator/	Non-Motorist		See Above				1	4 4	0	0	10 1		

