	Poli	ice Use Only		Commonw	vealth	of Mass	achu	setts			RM	V Docui	ment Numbe	er		
	Date of Crash 07/15/2019	Time of Crash 08:11	City/Tov NEWTON	wn Mot	tor Vel	hicle Cra	ash	Number Vehicles	Numb	_ ^	ed Limi		State Polic Local Polic MBTA Pol	e 🔲		
	07/15/2019	08:11 24HR	NEWTON		Police	Report		2	] ] [		atitude _ongitude		MBTA Pol Other:	lice 🔲		
	AT INTERSECTION: <					LOCATION >			NOT AT IN			NTERSECTION:			2	
	WES	T ADAM	S ST												<u>'</u>	
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Str						//Street		2 10		
	At EAST WASHINGTON ST					Feet	N S E V	E W of • -				or			<u>-</u>	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number							er			
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street								— L	- 11	
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$				Feet NSEW of									3 11			
	Route# Direct	tion		Landmark												
3	XVehicle1	#Occupants	Case Numbe	lumber 1900000723												
	License#		Reg	Reg # 756ZEU Reg Type PAN Reg State CT												
	License # St MA DOB/Age  Sex_F Lic. Class D					Veh Year 2014 Veh Make VOLK Veh Config. 1										
4	Operator KOSSOWSKI ALICE M Endorsment					Owner (Same as operator)										
3	Last First Middle Address 664 FRANCE ST											Middle	е	_ L	<b>1</b> <sup>12</sup>	
	City ROCKY HILL State CT Zip 06067					Address  City StateZip										
	Insurance Company AAA					Vahiala Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)										
5	Vehicle Travel Direction: NSEN Responding to Emergency?					t Sequence 1	22 22	22	22 2		3		4			
1		ssued)				Harmful Event	23					ΑÌ	10 Under	~		
	,			2: ChSec				24	24	<b>—</b>	9		5 11 Totale	ed		
<sup>6</sup> 1	25										7		6			
	Please fill out for operator and all occupants involved						Se	Towe	28 Airbag Air	29 30 bag Ejec	0 31	32 Injury Tr	33 ansp.	-	13	
	Name (Last First Middle) Operator			Address See Above		Age/DOB	Sex Po	s. \$ystem	Status Sw	itch Code	e Code	\$tatus C	ode Medical F	acility	1	
	P							1					•			
<sup>7</sup> <b>2</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A	Туре	Action Action	Locat		Con	dition	17	Пн	it/Run 🔲 N	Moped		
	License # St MA DOB/Age					Reg # 6NX960 Reg Type PAN Reg State MA							State MA	]		
	Sex Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2012 Veh Make FORD Veh Config. 20										
8 1	Operator GIORDANO MARCO  Last First Middle					Owner (Same as operator)  Last First Middle										
_	Address 28 COURT ST (apt. 2)					ess										
	City NEWTON State MA Zip 0258					City State Zip										
	Insurance Company ARBELLA					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: NSWW Responding to Emergency?					Event Sequence 1 22 22 22 22 3 4										
	Citation # (If Is	ssued)	Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled												
	Violation	n 1: ChSe	ec Violation	_ Drive	Driver Contributing Code 4 24 24											
	Violation 3: ChSec Violation 4: ChSec					Underride/Override Z5 Towed Y 8 7 6										
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB		26 27 Seat Safety Pos. System		28 29 30 Airbag Airbag Ejec Status Switch Co			33 ransp. Code Medical	Facility		
		Non-Motorist		See Above		Age/DOB				9 0	de Code 0	Status 0		1 actiffy		
							++									

