	Poli	ice Use Only		Commonwea	lth	of Mass	sach	uset	ts		RMV	V Docum	ent Number		
	Date of Crash 08/31/2019	Time of Crash 05:44 24HR	NEWTON	MIOTOI		iicle Cr Report		Numb Vehic		ed Lat	ed Limi itude igitude_		State Police Local Police MBTA Police Other:	Xi O	
							OCATION >					AT INTERSECTION:			
	EAST	г налсо	OCK ST											2	
1 2	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street							Street	2	
	At SOUTH WOODLAND RD					Feet NSEW of or						or		_   2	
		Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Mile Marker Exit Nun							_	
				Feet N S E W of Route# Intersecting Roadway/Street							way/Street	- 1 1			
2 1	Route# Direc	tion													
3			Landmark									$\dashv$			
	Wehicle 1 1 #Occupants												_		
	License # St WA DOB/Age Reg # 9KR173 Reg Type PAN								_						
Sex_M_ Lic. Class D Lic. Restrictions 1 CDL_ Veh Year_2009 Veh Make_HYUN_  Endorsment									Veh Config. 20 1						
<sup>4</sup> <b>2</b>	Operator SSE		Owne	rner SERUNJOGI ANDREW BRIAN Last First Middle											
	Address 13004 MERIDIAN AVE S (apt. B401)  Address 46 (apt. 1) ELSON RD														
	City EVERETT State WA Zip 98208  Insurance Company GOVT EMPLOYEE INS					City WALTHAM State MA Zip 02451									
5			Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)									e)			
1	Vehicle Travel Direction: Responding to Emergency? Event Sequence 22 22 10 10 Underca									10 Undercari	riage				
	,	ssued)		CI S		Harmful Event	22	24	24	<b>—</b>	9	$\left[ \   \ \   \ \ \right]$	5 11 Totaled		
<sup>6</sup> 1				: ChSec		r Contributing		20		3	7		6		
1	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					Underride/Override  Towed Y  Seat Safety Airbag Airbag Eject Trap Injury Transp. Medical Exciling 2									
	Name (Last Fir	me (Last First Middle)  Operator  See Abov				Age/DOB Sex		Pos. \$ys	tem Status Sv	natus switch Code		Status Coc	le Medical Facil	<u>ity</u> 22	
	Operator			See Above				1	4 9	9 0	0	10 1			
[ <del>-</del>															
2	Please Select C of the Followi	I Venicle	e# Occupants	Non-Motorist A Typ	pe	14 Action	15 Lo	cation	16 Cor	dition	17	Hit	/Run Mop	ed	
	License#		DOB/Age	Reg#		Reg Type					Reg State20				
	Sex Lic. Class					n YearVeh Make									
<sup>8</sup> <b>2</b>	Operator	Last	Owne	Owner Last First Middle											
	2 Last First Middle Last First Address Address														
	City State Zip					City State Zip									
	Insurance Company					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel	Direction: N	S E W Respo	Responding to Emergency?		vent Sequence 22 22 22 22 22 2					3 4 10 Undercarriage				
									9	<del></del> 7					
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code										$\Delta D$	6			
1		Violation 3: ChSec Violation 4: ChSec Underride/Override Towed									33	_			
	Name (Last Fi	irst Middle)	operator and all o	Address		Age/DOB	Sex	26 Seat Safe Pos. Sy	ety Airbag Ai stem Status S	rbag Ejec	O 31 Trap de Code	Injury Trai	nsp. ode Medical Faci	lity	
	Operator/	Non-Motorist		See Above			-								

