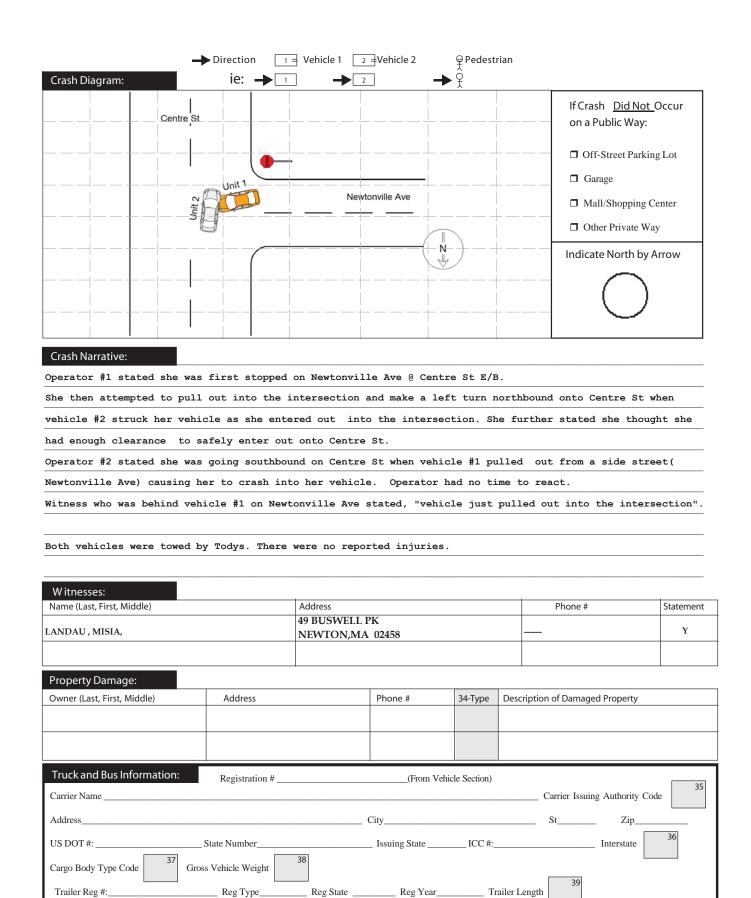
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	setts	}		RM	V Docui	ment Number		
	Date of Crash 09/23/2019	Time of Crash 07:38	City/Tow NEWTON	MIOTOI		icle Cra	sh	Number Vehicles		ed Lat	ed Limi		State Police Local Police MBTA Police	NA NA	
						lice Report 2 LOCATION >				LongitudeOther:					
						LOCATION				NOT AT INTERSECTION:				2	
1	SOU														
1	Route# Direction Name of Roadway/Street At					Route# Direction Address #				Name of Roadway/Street					
	NEWTONVILLE AVE					Feet NSEW of or Mile Marker Exit Numl								_	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of									
	Also at Inciscation with					Route# Intersecting Roadway/Street									
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Route# Direc	tion	ing Roadway/Street	Landmark								3			
3	XVehicle1 1_#Occupants														
	Venicie	_1_#Occupants	_ ·	Case I	Number		19	00000970						_	
	License # St NJ DOB/Age 18 18 19 19					Reg # 1HZM75 Reg Type_PAN Reg State_MA 20									
	Sex_F_ Lic.	Class 99	Lic. Restrictions			ear_2015			UBARU			Veh Co	onfig. 1	- 1	
⁴ 2		perator BRAGG CAITLIN Owner JP MORGAN CH Last First Middle Address 230 BELLEVUE ST (apt. 2) Address PO BOX 901098					Owner JP MORGAN CHASE Last First					Middle			
)98								
	City NEWTON State MA Zip 02458					T WORTH							Zip <u>76101</u>	-	
[E	Insurance Company ALLSTATE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
5	Vehicle Travel	Direction:	S E W Respo	nding to Emergency? N	Event	Sequence 1	22 22 23	22	22	2	$\overline{\bigcap}$		4 10 Undercar		
	,	ssued)			Most I	Harmful Event	1 23	24	24	—	9		5 11 Totaled	nage	
⁶ 1				2: ChSec	Driver	Contributing Co	ode 4				1		6		
1	Violation	ride/Override		Towe	d <u>Y</u>		0 31	32	33						
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex S	26 27 eat Safety os. System	28 Airbag Ai Status Sv	29 3 rbag Ejec ritch Cod	0 31 Trap e Code	32 Injury Tr Status C	33 ansp. ode Medical Faci	1 1	
	Operator			See Above				1	4 9	9 0	0	10 1	NONE		
⁷ 3	Please Select C of the Followi		2 <u>1</u> # Occupants	Non-Motorist A Typ	pe 1	Action 1	Loca	tion	16 Cor	dition	17	Пн	it/Run Mo	ped	
	License#St_MADOB/Age					Reg # 8DRT60					N	Reg	_ Reg State_MA		
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					2017							Veh Config. 20		
8 1	Operator FINELLI SHARON Last First Middle Middle					Owner (Same as operator)									
1	Address 35 MELBOURNE AVE					Last First Middle Address									
	City NEWTON State MA Zip 02458					City State Zip									
	Insurance Company VERMONT MUTUAL					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					Event Sequence 1 22 22 22 22 0 0 4									
	Citation # (If I	ssued)			to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 23 4 10 Undercarriage 5 11 Totaled										
	Violatio	ation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24)				
	Violatio	n 3: ChSe	cViolation	4: ChSec	Under	ride/Override	25	Towed			7 		6		
	Pl Name (Last Fi	ease fill out for			26 27 28 29 Seat Safety Airbag Airba Pos. System Status Swit		29 rbag Ejec witch Co	30 31 3 Eject Trap Inju h Code Code Sta		33 ansp. Code Medical Fac	eility				
		Non-Motorist		Address See Above		Age/DOB		1		9 0	0	10 1			



THOMAS J MCCARTHY

Police Officer Name (Please Print)

Signature

NEWTON POLICE DEPARTA

Department

Precinct/Barracks

Date

_____ Material 4 digit # _____ Release code

Hazmat Information:

Material 1 digit #

Material Name_

Placard