	Poli	ce Use Only		Commonweal	lth o	of Mass	ach	uset	tts		RN	IV Do	cumen	ıt Number		
	Date of Crash 10/18/2019	Time of Crash 07:27	City/Tow NEWTON	MIOTOI		icle Cra	sh	Num			Speed Lis Latitude		S L	tate Police ocal Police IBTA Police	NA NA	
	7 7	24HR			Police 1						LongitudeOther:			ther:	_	
		AT INTERSECTION: < I					LOCATION > NOT AT INTERSECTION:								2 9	
	NOR	TH CARLT	ON RD													
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/							vay/Stro	eet	_ 2 10	
	EAST WABAN AVE					Feet NSEW of or Mile Marker Exit Nur								xit Number	-	
	Route# Direc	tion N	Jame of Intersecting Also at Interse						N S E W of							
2 1		Route# Intersecting Roadway/Street Feet N S E W of														
1	Route# Direct	tion	Landmark													
3	XVehicle1	2_#Occupants	Number 1900001061													
	License#		Reg # 6309KI Reg Type PAN Reg State MA													
	Sex_F_ Lic. 0	Class D 18 1	Veh Year 2018 Veh Make JEEP Veh Config. 2													
4	Operator BUF		Owner BURNS LISBETH Last First Middle										- 1 ¹²			
2	Address 138 L	OWELL RD	Addres	38 LOWELI	L RD.		Fir	at		M	iduie		. -			
	City WELLSL	EY	e_MA Zip_02481	City WELLESLEY State MA Zip 02481												
	Insurance Com	pany_PURE	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)										e)			
5 1	Vehicle Travel	Direction: N	Event Sequence 1 22 22 22 22 22 4													
	Citation # (If Is	ssued)	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled										age			
⁶ 1	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 8 7 6															
1	Violation 3: ChSec Violation 4: ChSec Underride/Override Towed N_									1	13					
	Name (Last Fire									Medical Facilit	1 1					
	1	Operator See Above URNS, CARLY 138 LOWELL RD WELLSLEY, MA 02481						1			0 0	10	1		_	
	BURNS, CARI						F	3 1	4	4	0 0	10	1			
⁷ 2		lease Select One f the Following: Non-Motorist A 1			e 1	4 Action	Loc	cation	16	Conditio	on 1		Hit/Ru	un Mope	ed	
	License#	License # St MA DOB/Age					Reg # <u>3SS575</u>					R	Reg Stat	eg State MA 20		
	Sex_F Lic. Class D Lic. Restrictions B CDL					Veh Year 2013 Veh Make BM					W Veh Config. 1					
8 1	Operator MUNOZ MARIA Last First Middle					Owner (Same as operator) Last First Middle										
		STATION CIR	Address													
	City DEDHAM		CityStateZip													
	Insurance Com	Damaged Area Code: (Circle Up to Three)														
	Vehicle Travel	74		Event Sequence 1 10 Undercarriage												
	Citation # (If Issued) Most Harmful Event 1								24 24 5 11 Totaled							
	Violation 3: ChSec Violation 4: ChSec Underride/Override															
	Pl	ease fill out for		26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.							\dashv					
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex		System Statu	s Switch	Code Co	le Statu		Medical Facili	ty	
	F								*	-		10	1			
								+								
													<u> </u>		_	

