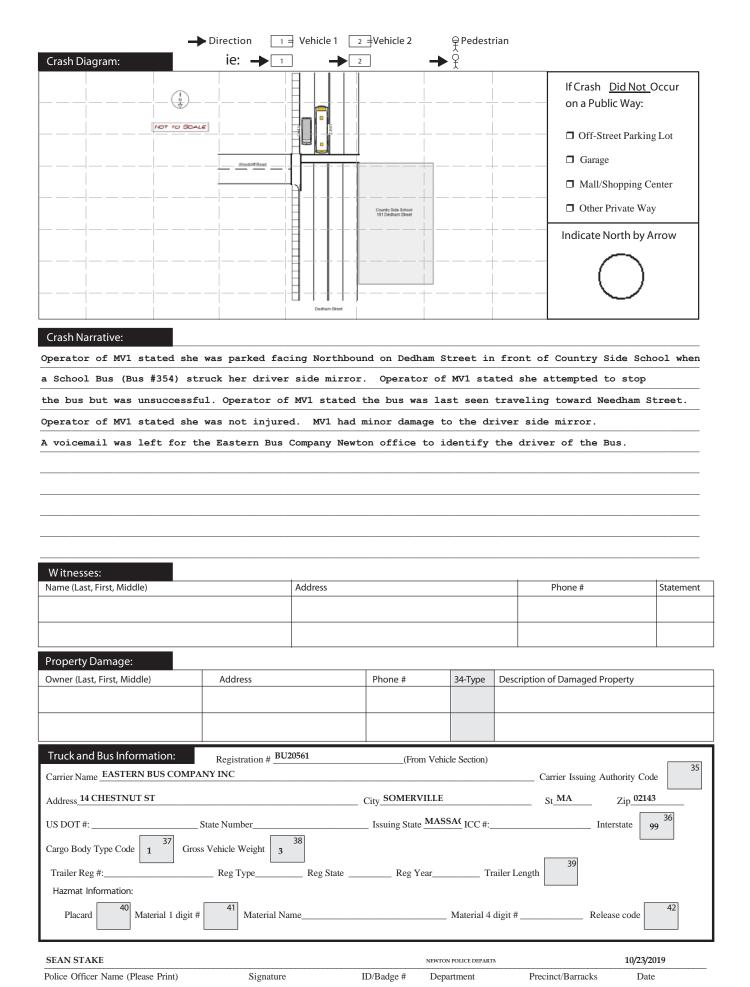
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts			RMV	/ Docun	ient Number		
	Date of Crash 10/23/2019	Time of Crash 14:40 24HR	NEWTON	1410101		icle Cra Report	sh	Number Vehicles 2		ed Lat	ed Limi itude igitude_		State Police Local Police MBTA Police Other:	XI D	
						LOCATION > NOT AT INTERSECTI							CTION:		
						NORTH 191 DEDHAM ST									
1 1	Route# Direc	Route# Direction Name of Roadway/Street At				Route# Direction Address# Name or						f Roadway/Street			
						Feet NSEW of or Exit Number								2	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of									
² 1				Feet NSE								ecting Roadway/Street			
	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	XVehicle1	1_#Occupants	Number 1900001083												
	License # St MA DOB/Age					Reg # 573YWN Reg Type PAN Reg State MA									
	Sex_F Lic. Class D 18 18 Lic. Restrictions B 19 CDL_Endorsment					Veh Year 2014 Veh Make HONDA Veh Config. 20									
6	Operator MA	Last	Middle	Owner Game as operator) Last First Middle									- 1 ¹		
	Address 57 BARTLETT AVE					s								-	
	City BELMONT State MA Zip 02478												Zip Circle Up to Thr		
5	Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: X S E W Responding to Emergency? N					Vehicle Action Prior to Crash Three Damaged Area Code: (Circle Up to Three) Event Sequence Three 22 22 22 23 4									
1		ssued)		iding to Emergency:		farmful Event	1 23				M	\overline{A}	10 Undercarr	iage	
	,			: ChSec		Contributing Co		24	24	-	9		5 11 Totaled		
⁶ 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 6									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Po	26 27 eat Safety os. System	28 Airbag Ai Status \$w	29 3 rbag Ejec ritch Cod	0 31 Trap e Code	32 Injury Tra Status Co	33 nsp. de Medical Facili	ity 1	
	Operator	st Middle)		See Above					4 4		0	10 1	ac Wedicai Facin	<u>, </u>	
									\Box						
7 1	Please Select C of the Followi	IX Vehicle	2 0 # Occupants	Non-Motorist A Type	e 14	4 Action 1	5 Locat		16 Con	dition	17	X Hit	:/Run Mop	ed	
	License#StDOB/Age					Reg # BU20561 Reg Type BUN Reg State MA							State MA	_	
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					reh Year 2020 Veh Make THMS Veh Config. 4									
⁸ 2	Operator Last First Middle					Owner EASTERN BUS COMI Last First Middle									
<u> </u>	Address					Address BOX 514									
	City State Zip					City SOMERVILLE State MA Zip 02143									
	Insurance Company AMERICAN ALTERNATI					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued)					Event Sequence 2 22 22 22 22 22 22 22 22 22 22 22 22									
	`		Most Harmful Event 2 1 5 11 Totaled Driver Contributing Code 99 24 24 1 5 11 Totaled												
	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address							26 27 eat Safety	28 Airbag Ai	29 Signature 29 Ejec	31 Trap	Injury [Tra	33 nsp.		
		rst Middle) Non-Motorist		See Above		Age/DOB	Sex I	Pos. System	Status S	witch Co	de Code	Status Co	ode Medical Faci	ity	
										+				-	



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