	Poli	ice Use Only		Commonwea	lth o	of Massa	achı	isett	S		RM	V Docu	ment Number	•		
	Date of Crash	Time of Crash	,	wn Motor	Veh	icle Cra	sh	Numbe Vehicle	- 1		eed Lim		State Police Local Police MBTA Police	- X		
	10/23/2019	21:35 24HR	NEWTON	Po	Police 1			2		- 1	atitude ongitude		MBTA Polic Other:	ce 🔲		
	AT INTERSECTION: < L					OCATION > NOT AT INTERSECT							CTION:		2	
	SOU	TH CENTR	RE ST												2	
$\mathbf{\overset{1}{4}}$	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street									2 10	
	At EAST COMMONWEALTH AVE					Feet NSEW of or								Ľ		
	Route# Direc		g Roadway/Street	Mile Marker							Exit Number					
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street										
2 1		Feet NSEW of										2 11				
	Route# Direction Name of Intersecting Roadway/Street					Landmark										
3	XVehicle1	#Occupants	Number	Jumber 1900001088												
	License # St MA DOB/Age					Reg # 8KF367 Reg Type PAN Reg State MA										
	Sex_M Lic. Class D					Veh Year 2016 Veh Make LEXUS Veh Config. 2										
4	Operator LEVENER ROSTYSLAV Endorsment					Owner LEXEL MOVING LLC									1 ¹²	
1	Last First Middle Address 209 ASH ST					Address 621 (apt. 4) MAIN ST								_ -		
	City NEWTO	te MA Zip 02453		WALTHAM					State	MA Zip 02452						
	Insurance Company PILGRIM INSURANCE					Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)										
5		Direction: N	Event	Event Sequence 1 22 22 22 22 3 4												
Ш	Citation # (If I		Most Harmful Event 1 23								~					
	,			2: ChSec		Contributing Co		1 24	24	1	9		5 11 Totaled			
⁶ 1	Violation	3: ChSec	c Violation		ride/Override	25	Tow	ed N	8	7		6				
	Please fill out for operator and all occupants involved					<u>_</u>	T .	26 27 Seat Safety		29 Airbag Ej	30 31 ect Trap	32 Injury Tr	33 ransp.		13	
		Name (Last First Middle) Addres Operator See Abo				Age/DOB	Sex 1	os. \$ystei	n Status	Switch Co	ode Code	\$tatus C	ode Medical Fac	cility	1	
	1								+			10	-			
2	Please Select C of the Followi		2 <u>1</u> #Occupant	Non-Motorist A Typ	pe 1	Action 1	Loca	ation	16 C	ondition	17	Пн	lit/Run Mc	oped		
	License # St MA DOB/Age					Reg # <u>55Z480</u>					AN	Reg State_MA		_		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions I 19 CDL Endorsment					Veh Year 2008 Veh Make CHEVY Veh Config. 1							onfig. 20			
8 1	l '	TCH-TUCHMA	Owner TUCHMAN MIRIAM Last First Middle													
	Last First Middle Address 269 WALTHAM ST					Address 269 WALTHAM ST										
	City NEWTON State MA Zip 02465					City NEWTON State MA Zip 02465										
	Insurance Company LIBERTY MUTUAL					e Action Prior to	Crash	1	21	_ `	_		(Circle Up to Th	hree)		
	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 22 4										
	Citation # (If I	ssued)	Most I	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled												
	Violatio	Driver	Driver Contributing Code 19 24 24													
	Violatio	n 3: ChSe	ec Violation	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 28 Seat Safety Airba ex Pos. System Stat		28 29 30 31 bag Airbag Eject Trap tatus Switch Code Cod		1 32 33 Injury Transp. de Status Code Medical Fac		eility		
		Non-Motorist		See Above		Age/DOB		1	4	4 0	0	10 1		actiffy		

