	Poli	ice Use Only		Commo	nwealth	of Ma	issacl	huse	etts			RM	V Docu	ıment N	Number	
	Date of Crash 11/07/2019	15:09	NEWTON	own N	Iotor V			Nu Vel	mber hicles	Numbe	Lati	tude _		State Loca MB7	e Police al Police TA Police	XI
		AT INTERSECTION:				Police Report				NOT		Longitude_		Othe		
		ATIMIE	LOC	LOCATION > NOT AT INTERSECTION								/11.	-			
1	EAST		IONWEALTH A					. 11				CT	. 1	/6:		
1	Route# Direc	tion		Roadway/Street At		Route# D							-	y/Street		—
	SOUTH TEMPLE ST					Feet NSEW of or Mile Marker Exit Number										- [
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of										
2			Route# Intersecting Roadway/Street Feet N S E W of													
2	Route# Direction Name of Intersecting Roadway/Street					Landmark										3
3	XVehicle1	Case Num	<u>'</u>													
	T : "		St M	A DOB/Age						р т	PA	N	D	G I	МΔ	-
	License # Sex_M Lic.		Reg # 9VV485 Reg Type PAN Reg State MA Veh Year 2011 Veh Make SUBARU Veh Config. 1													
4	Operator CAI	-	sment	Owner (Same as operator)												
2	Address 81 VI	Last ISTA AVE	First	Midd									Midd	le		- 1
	City NEWTO			Address City StateZip												
	Insurance Com					ehicle Action Pr		ah [1 21	_					Up to Thre	
5	Vehicle Travel	Direction: N	S W W Res	ponding to Emerger	ncy? N Ev	ent Sequence	1 22	22	22	<u>22</u> ©)	3		4		
1		ssued)				ost Harmful Ev		23			_	9			Undercarri	iage
	Violation	1: ChSec	c Violatio	n 2: ChSec_	Dı	iver Contribution	ng Code	1 2	24	24	•) 11	Totaled	
1	Violation	3: ChSec	c Violation	1 4: ChSec_	Uı	nderride/Overri	de	25 ,	Towed	<u></u> 6		7		6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DO	OB Sex	26 Seat Pos.	27 Safety	28 2	9 30 ag Eject) 31 t Trap e Code	32 Injury T	ransp.	ledical Facili	tv 1
				See Ab						Status \$wit		0		2	edicai raciii	ity -
													+	+		
2	Please Select C of the Followi		2 <u>1</u> #Occupan	ats Non-Moto	orist A Type	14 Action	15 I	Location	1	6 Cond	lition	17	ПΗ	lit/Run	Мор	ed
	License#	Re	g# 9WY986		_Reg Ty	ne PA	N	Reg State MA			_					
	License # St MA DOB/Age Sex F Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2007 Veh Make SATURN Veh Config.									1 20	
2	Operator PATTON LATEEYA N					Owner (Same as operator)										
	Address 567B	NORFOLK STI	REET (apt. 2)	Mide		ldress	Last			First			Midd	le		_
	City BOSTON State MA Zip 02126					City State Zip										
	Insurance Company_PROGRESSIVE					Vehicle Action Prior to Crash Cash Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: NXEW Responding to Emergency?N					Event Sequence 1 22 22 22 2 2 Q Q										
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled										
	Violatio	Dı	Driver Contributing Code 4 24 24													
	Violatio	Uı	Underride/Override 25 Towed Y 8 7 6													
	Pl Name (Last Fi	ved dress	Age/D	OB Sex	26 Seat Pos.	27 Safety A System	28 2 irbag Airb Status Sw	9 30 ag Eject	31 t Trap de Code	32 Injury Status	ransp. Code N	Medical Facil	lity			
		Non-Motorist		See Ab	oove					3 99		0		1		

