	Poli	ice Use Only		Commonweal	th o	f Massa	achi	usett	S		RMV	V Docur	nent Number			
	Date of Crash 11/19/2019	Time of Crash 09:08	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicle		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	Xi O		
							LOCATION > NOT AT INTERSECTION							2		
							SOUTH 115 WINCHESTER ST									
1 1	Route# Direc	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Str						/Street	2			
	At					Feet NSEW of or										
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Mile Marker Exit Number Feet N S E W of										
2	Also at intersection with					Route# Intersecting Roadway/Street Feet N S E W of										
5	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	XVehicle1 1 #Occupants ☐ Hit/Run ☐ Moped Case					•										
	_		Number 1900001182													
	License # St MA DOB/Age Sex_M Lic. Class D M Lic. Restrictions 1 19 CDL					Reg # 498B Reg Type MVN Reg State MA										
	Endorsment					Veh Year 2017 Veh Make FORD Veh Config. 1										
$\begin{vmatrix} 4 \\ 1 \end{vmatrix}$	Operator KA	Operator RAYMOND ZACHARY S Last First Middle Address 1321 WASHINGTON ST					Owner NEWTON CITY OF Last First Middle Address 1000 COMMONWEALTH AVE									
	Address 121 WASHINGTON 31 City NEWTON State MA Zip 02465										C+-+	MA ,	Zin 02459	-		
	Insurance Company CITY OF NEWTON					City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three)										
5	Vehicle Travel Direction: NXEW Responding to Emergency? N Event Sequence 10 22 22 22 22 22 22 22 22 22 22 22 22 22							2	3 4							
		ssued)				armful Event	10 23	3				Λ)	10 Undercari	riage		
	,			ChSec		l Contributing Co		19 24	24		9		5 11 Totaled			
⁶ 2	Violation	3: ChSe	c 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				Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility									ity 10		
	Operator	st Wilddie)		See Above		Age/DOB		1		99 0	e Code 0	10 1		ity 10		
⁷ 1	Please Select C of the Followi	Vehicle	e#Occupants	Non-Motorist A Type	14	Action 1	I5 Loc	ation	16 Co	ndition	17	Hi	t/Run Mop	ped		
	License # St DOB/Age					eg# Reg Type Reg State						State	-			
	Sex Lic. Class 18 18 18 19 CDL					teh Year Veh Make Veh Config.							20	_		
8 99	Endorsment					Owner										
99	Last First Middle Address					Last First Middle Address										
	CityStateZip					City State Zip										
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 3 4										
	Citation # (If I	(If Issued) Most Harmful Event 23						10 Undercar 5 11 Totaled					riage			
	Violatio	/iolation 1: ChSec Violation 2: ChSec				Driver Contributing Code 24 24 7 6										
	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					de/Override	25	Towe	ed		/	1 22 1				
	Pl Name (Last Fi		operator and all oc	cupants involved Address		Age/DOB	Sex	26 Seat Safet Pos. Syst	7 28 y Airbag A em Status	irbag Ejec Switch Co	0 31 Trap de Code	Injury Tra Status C	33 ansp. Code Medical Faci	ility		
	Operator/	Non-Motorist		See Above												

