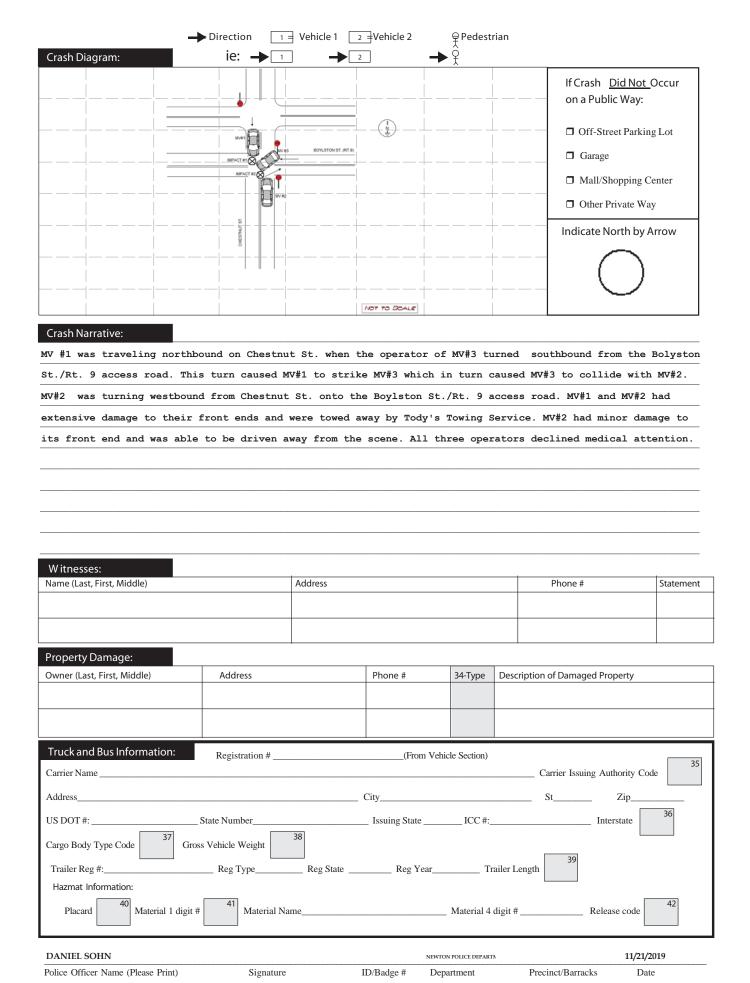
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	setts			RMV	V Docui	ment Number				
	Date of Crash 11/21/2019	Time of Crash 18:10	City/Tov NEWTON	wn Motor	Veh	icle Cra	sh [	Number Vehicles			ed Limi		State Police Local Police MBTA Police	N N			
	11/21/2019	24HR				Report		3	0		ngitude_		Other:	• •			
		AT INTER	SECTION:	< ]	LOCA	TION :		NO'	CTION:								
	EAST	T BOYLS	TON ST											2			
$\mathbf{\overset{1}{4}}$	Route# Direction Name of Roadway/Street  At					Route# Direction Address # N							Name of Roadway/Street				
	SOU	TH CHEST	Feet NSEW of • or								E-AN-1	2					
	Route# Direc	etion N		Mile Marker Exit Nun Feet N S E W of													
			Also at Inters	ection with				_	Route	#	Intersec	ting Roa	adway/Street	6			
2 <b>1</b>	Route# Direc	tion	Name of Intersec	ting Roadway/Street		Feet N	SEV	v of				1 1		6			
3	[N]	4 40									Lai	ndmark		$\dashv$			
	A Vehicle1	1_#Occupants			Number		190	0001194						_			
	License#	18 1	St MA	DOB/Age	Reg#	7MR628			_ Reg T	ype_PA	N	Reg	State MA 20	_			
	Sex_M_ Lic.	Class D 1	Lic. Restrictions		Veh Y	ear_2015	Veh	Make_H	ONDA			Veh Co	onfig. 1				
<sup>4</sup> <b>2</b>	Operator SAVINO ALBERT J				Owner	(Same as oper	First			Middle	- 1						
	Address 149 H		Addre	SS					-								
	City HOLLIS			te_MA Zip_01746	City_								•				
	Insurance Com	pany METROPO	OLITAN PROP		Vehicle	e Action Prior to		1			ed Area	Code: (	Circle Up to Th	ree)			
5 <b>1</b>	Vehicle Travel	Direction:	S E W Resp	onding to Emergency? N	Event	Sequence 1 2	22 20 22	22	22 €	)	3		4				
	Citation # (If I	ssued)			Most I	Harmful Event	1 23	24		<b>+</b>	9		10 Undercar 5 11 Totaled	mage			
6	1			2: ChSec	Driver	Contributing Co	ode 1 25	24 1			<u> </u>		6				
<sup>6</sup> <b>1</b>				4: ChSec	Under	ride/Override		Towe	d <u>Y</u>		0 21						
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Se	26 27 at Safety s. System	28 Airbag Air Status Swi	29 30 bag Ejec tch Code	0 31 Trap e Code	32 Injury Tr Status C	33 ansp. ode Medical Faci	1			
	Operator			See Above				99	4 99	0	0	10 1	L				
<sup>7</sup> <b>2</b>	Please Select C of the Followi		2 <u>1</u> # Occupants	Non-Motorist A Typ	pe 1	14 Action 1:	5 Locat		16 Cone	dition	17	Пн	it/Run Mo	ped			
	License#		Reg#	398XM5		_Reg T	ype_PA	N	Reg State_MA								
	Sex_F_ Lic.	Class D 18 1	Lic. Restrictions		Veh Y	ear_2013	Veh	Make_To	OYOTA			Veh Co	20				
8 <b>1</b>	Operator KEI	Operator KELLY CHRISTINE R Endorsment  Last First Middle  Middle				(Same as oper	rator)		Middle								
	Address 7 VII	RGINIA RD (apt	. 7)	windle	Addre	SS	-		First			wilddi	-	_			
	City WALTH	AM	City State Zip														
	Insurance Company PLYMOUTH ROCK					Vehicle Action Prior to Crash  3 21  Damaged Area Code: (Circle Up to Three)											
	Vehicle Travel Direction: NSEX Responding to Emergency? N					Event Sequence 1 22 22 22 22 3 4											
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	Violatio	n 1: ChSe	Driver Contributing Code 1 24 1 24														
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	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 at Safety os. Systen	28 Airbag Air Status Sv	29 30 bag Ejec vitch Co	) 31 Trap de Code		ansp. Code Medical Fac	ility			
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Т.		ce Use Only	_	Commo						NT 1					Number e Police	
	ate of Crash 1/21/2019	Time of Cras 18:10	sh City/To NEWTON	wn M	lotor Vo			l v	umber ehicles	Numbe Injured	Lati	ed Limi tude _		Loca MB	al Police TA Police	N XI
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R	Loute# Direct	tion	Name of Intersection	ng Roadway/Street section with		-	Feet N	S E W	of					2.111		
			Also at Inc.	section with			Feet N	SEW	l of	Route		Intersec	ting Roa	adway/S	Street	-
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	ease Select O f the Followir	Vehic	cle# Occupan	ts Non-Motori	ist A Type	14 Action	15	Locatio		Cond	ition	17	Пн	it/Run	Мор	ed
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	ddress	Last	First	Middle		dress				First			Middl	e		_
Ci	CityStateZip					City State Zip										
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1	•	Direction:		sponding to Emergen		ent Sequence	22	22	22	<b>22</b> 2		3		4		
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