	Poli	ice Use Only		Comn	nonweal	lth o	f Massa	chu	setts			RM	V Docu	ımen	t Number		
	Date of Crash 12/17/2019	Time of Crash	City/I NEWTON	City/Town Motor Ve			icle Cra	sh [	Number Vehicles			ed Lim	nit <u>30</u>		State Police Local Police MBTA Police Other:		
	12/17/2019	19:29 24HR		Police		ice F	Report		2	1		Latitude Longitude					
		AT INTER		LOCATION > NOT AT INTERSECTION								ION:					
				SOUTH 244 LEXINGTON ST													
	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/S							y/Stre	et	_		
Į.	At						Feet NSEW of or										
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number										
	- Titouten Biret			ersection with		<u>:</u>	100FT Feet	(SEV	of	Danie		ANIFO			y/Street	_	
5						-	Feet	SEV	v of	Kout	C#	miersec	ning Ko	auway	y/Sireet		
•	Route# Direction Name of Intersecting Roadway/Street						Landmark										
	XVehicle1	2_#Occupants	Hit/Ru	п	ed Case N	Jumber		190	0001304								
	License#		St N	1A DOB/Age		D#6	533YR7			D7	r PA	N	D	- C4-4	- MA	-	
	Sex_M Lic. (	18 1	18	19			ear 2009								20	-	
			Lic. Restriction	7115	OL dorsment		(Same as oper	-1						oning.			
l	Operator LEN	Last HNSON PL	First		Middle		Last						Midd	lle		-	
	Address 17 JOHNSON PL  City NEWTON State MA Zip 02466						Address  City StateZip										
	City NEW YOR State Mr. Zip 02400  Insurance Company CITIZENS								2					_ ^ _	e Up to Thre	_	
	1			monding to E-	raanav <sup>2</sup> N		Action Prior to		22		2	3		4	- F 1111	,	
				sponding to Eme	rgency?		sequence 1	23					$\overline{A}$		10 Undercarr	iage	
	,	ssued)		2.61 .6			L	1	24	24	<b>—</b>	9		5	11 Totaled		
:	1			on 2: ChSe			Contributing Co	de 1		. N	3	7	<u> </u>	6			
	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved						ide/Override		Towe		29 3	0 31	32	33			
	Name (Last Fir		ator and an occ		Address		Age/DOB	Sex Se Po	26 27 at Safety s. System	28 Airbag A Status Sv	29 Ejec vitch Cod	0 31 Trap e Code	32 Injury T Status C	ransp. Code	Medical Facili	ity	
	Operator		1	See 7 JOHNSON PL	Above				1	4 4	0	0	10	1			
	LEMUS, AND	RES		EWTON, MA 02	466			M 3	1	4 4	0	0	10	1			
)	Please Select C	IX Vobicle	2 <u>1</u> #Occupa	nts Non-M	otorist A Type	e 14	4 Action 1:	5 Locat	ion	16 Con	ndition	17		lit/Ru	n Mop	ed	
	or the Following:					0ER680					DAN MA					4	
	License # St MA DOB/Age St 18					Reg # 9FB689 Reg Type PAN Reg State 1						20	-				
	Sex_M Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2013 Veh Make INFINITY Veh Config. 2											
	Operator THEVENIN JEAN  Last First Middle					Owner	(Same as oper	ator)		First			Midd	ile		-	
	Address 10302 CHESTNUT W					Address	s									-	
	City RANDOLPH State MA Zip 02368					City State Zip  Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)											
		pany LM GENE					Action Prior to		10 22	22	Damage 2	ed Area 3	Code:	(Circl	e ∪p to Thre	ee)	
	Vehicle Travel	Direction: N	S E X	esponding to Eme	ergency?N	Event S	Sequence 1	2 22 23	44	22		$\bigcap$		`	10 Undercarr	iage	
	Citation # (If I	ssued)				Most H	Iarmful Event	1 23	24	24	-	9		- 1	11 Totaled	5~	
	Violatio	n 1: ChSe	ec Violat	on 2: Ch	Sec	Driver	Contributing Co	de 19			3	<u>/</u>	$\mathcal{L}$	Q			
				on 4: Ch		Underri	ide/Override		Towed	<u> </u>		) 21	22				
	Pl Name (Last Fi		operator and a	ll occupants inv	olved Address		Age/DOB	Sex P		28 Airbag A n Status S	29 Ejec witch Co	) 31 Trap de Code		ransp. Code	Medical Faci	lity	
	Operator/	Non-Motorist		See	Above				1	4 4	1 0	0	8	2	NWH		
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