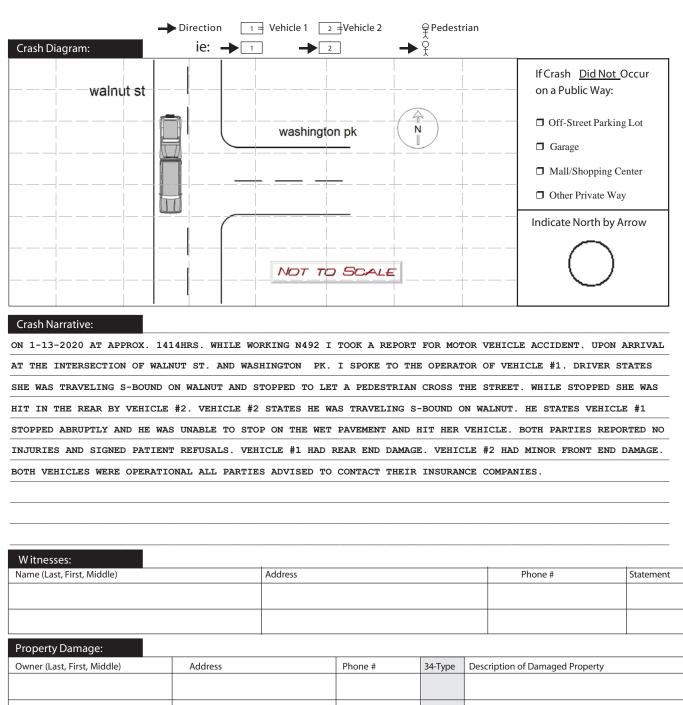
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	setts	}		RM	V Docur	ment Number		
	Date of Crash 01/13/2020	Time of Crash 14:14	City/Tov NEWTON	Motor		icle Cra	sh	Number Vehicles		ed Lat	eed Lim		State Police Local Police MBTA Police	Xi	
		24HR				Report		2	0		ngitude_		Other:	_	
		AT INTER	RSECTION:	<]	LOCA	HON	>		NC	T AT	INT	ERSE	CTION:		
1	SOU	TH WALNU	UT ST											2	
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direction Name of Roadway/Street At WEST WASHINGTON PK					Route# Direction Address #				Name of Roadway/Street					
						Feet NSEW of or						or	Exit Number	-	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of									
2						Route# Intersecting Roadway/Street Feet N S E W of									
2 2	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	X Vahicle 1	#Occupants										7			
	ZZ veincie i	#Occupants	Number			00000045						_			
	License # St MA DOB/Age					Reg # 7LY141 Reg Type PAN Reg State MA 20									
	Sex_M_ Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2016 Veh Make HONDA Veh Config. 2									
4 1	Operator ULLMAN SONAL Last First Middle					Owner (Same as operator) Last First Mi							•	- 1	
	Address 378 WALNUT ST					Address								-	
	City NEWTONVILLE State MA Zip 02460					City State Zip									
5	Insurance Company ARBELLA					Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) 22 22 23 49									
3	Vehicle Travel	Direction: N	X E W Respo	onding to Emergency? N	Event	Sequence 1	22 22 23	22	22		$\overline{\bigcap}$		(4) 10 Undercare	riaga	
	,	ssued)			Most I	Harmful Event	1	24	24	—	9		10 Chdercan	nage	
⁶ 2				2: ChSec		Contributing Co	ode 1			3	7		<i>)</i> 6		
2		3: ChSec	Underride/Override Towed Y								1				
		Please fill out for operator and all occupants involved me (Last First Middle) Address										ansp. ode Medical Facil	1 1		
	Operator			See Above				1	4 4	1 0	0	10 1			
⁷ 3	Please Select C of the Followi		2 <u>1</u> #Occupant	Non-Motorist A Typ	pe 1	Action 1	Loca	tion	16 Cor	ndition	17	Ні	t/Run Mor	oed	
	License#						Reg # 6FK992					Reg	Reg State_MA		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2018 Veh Make JEEP Veh Config. 20									
⁸ 2	Operator TAGER AIDAN Last First Middle					Owner CCAP AUTO LEASE Last First Middle									
_	Address 83 WABAN PK.					Address PO BOX 961272									
	City NEWTO	N	City FORT WORTH State TX Zip 70161									_			
	Insurance Company SAFETY					Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel	Direction: N	Event Sequence 1 22 22 22 22 3 4												
	Citation # (If I	Most I	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled												
	Violatio	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 24 Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed Y 8 7 6								ا					
	Violatio									7	7 6				
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB	Sex I	26 27 eat Safety Pos. System		29 Sirbag Eje	0 31 Ct Trap ode Code		33 ansp. Code Medical Fac	ility	
		Non-Motorist		See Above				1	4 4		0	10 1			



Truck and Bus Information: Registration # ______(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address___ US DOT #: State Number __ Issuing State _____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year___ Trailer Reg #:_ ___ Trailer Length Hazmat Information: _____ Material 4 digit # _____ Release code Placard Material 1 digit # Material Name_

THOMAS P WALSH

Police Officer Name (Please Print)

Signature

NEWTON POLICE DEFARTS

Department

Precinct/Barracks

Date