	Poli	ice Use Only		Commonwo	ealth (	of Mass	ach	use	tts			RMV	V Doc	umen	t Number		
	Date of Crash 01/21/2020	Time of Crash 10:10	NEWTON	111010		iicle Cra Report	sh			Number Injured	Latit	d Limi tude gitude_		Si L M O	tate Police ocal Police IBTA Police other:	□ <b>X</b> i	
		AT INTE								OT AT INTERSECTION:							
				NORTH 259 CENTRE ST										2			
${f 1}^1$	Route# Direc	Name of Roadway/Street  At				Route# Direction Address # Name of Roadway/Stree								eet			
						Feet NSEW of or sxit Number											
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet N S E W of											
2 <b>1</b>						Route# Intersecting Roadway/Street  Feet N S E W of											
	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Landmark										
3	XVehicle1	2_#Occupants	se Number	Number 200000080													
	License # St MA DOB/Age 18 18 19 19					Reg # 841VV4 Reg Type PAN Reg State MA											
	Sex_F Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2012 Veh Make HONDA Veh Config. 20											
43	Operator MA	NSBACH Last	LANE First	BATISTA Middle	Owne	(Same as ope	rator)			First			Mic	ldle		1	
	Address 1 ROSE ROAD  MU FORD - MA - 01757					ess											
	City MILFORD State MA Zip 01757  Insurance Company COMMERCE INS					City State Zip  Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)											
5		Direction: N		ponding to Emergency? N	_				1	22 2		3		4	<sub>F</sub>		
1		ssued)		policing to Emergency		Harmful Event		3				M			10 Undercarria	ıge	
				n 2: ChSec		r Contributing C		1 24	4	24	<b>—</b>	9		5	11 Totaled		
<sup>5</sup> 1	Violation	3: ChSe	ec Violatio	n 4: ChSec	Under	ride/Override	2	5 T	 Γowed <sub>-</sub>	Y 8		7		6			
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 Seat S Pos. \$	27 Safety Ai	28 29 rbag Airba tatus \$wite	9 30 Ig Eject ch Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility	. 1	
	Operator			See Above					1 4		0	0	9	2	NEWTON WELLSLE	$\neg$ $\vdash$	
	FERRUCCHI,	SOPHIA	I	ROSE ROAD ILFORD, MA 01757		F 4		4	1 4 4		0	0 0 9 2		2	NEWTON WELLSLEY HO		
<sup>7</sup> 9	Please Select One of the Following: Vehicle 2 1_#Occupants None			nts Non-Motorist A	Туре	14 Action 15 Location					Condition 17			Hit/Run Moped		d	
	License # St MADOB/Age					93N970		Reg Type PAN				Reg State MA					
	Sex_F Lic. Class D Lic. Restrictions 1 CDL					Veh Year   2009   Veh Make   NISSAN   Veh Config.   1											
8 1	Operator FIGUEROA VICTORIA C					r (Same as ope	rator)			First			Mic	idle			
	Address 20 WESTLAND ROAD					ess											
	City WATERTOWN State MA Zip 02468  Insurance Company GEICO					City State Zip  Value Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)											
	Vehicle Travel Direction: N S E Responding to Emergency? N					venicie Action Phot to Clash 4											
	Citation # (If Issued)					Most Harmful Event 1 23											
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 4 24 24 5 11 Totaled											
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 8 7 6											
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex		27 Safety Ai System	28 29 irbag Airba Status Swi	9 30 Ing Eject tch Cod	31 Trap e Code	32 Injury Status	33 Transp. Code	Medical Facilit	v	
		Non-Motorist		See Above					1 2		0	0	9	2	NEWTON WELLSLEY		
																-	

