	Poli	ce Use Only		Commonwea	lth o	f Massa	achu	isetts	\$		RMV	V Docun	ient Number		
	Date of Crash 01/27/2020	Time of Crash 16:52 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	XI D	
						LOCATION > NOT AT INTERSECTION							CTION:		
1	Dantell Direction No. (CD. 1					EAST 384 WARD ST							_		
1	Route# Direction Name of Roadway/Street At				F	Route# Direction Address # Name of Roadway/Street							Street	2	
	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or Exit Number									
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street									
2 1	Route# Direc	ing Roadway/Street	Feet N S E W of												
3						Landmark									
	Wehicle1	1_#Occupants	Number 2000000102												
	License # St MA DOB/Age					Reg # 3023LO Reg Type PAN Reg State MA									
4	Sex_F Lic. Class D Lic. Restrictions 1 CDL					Veh Year 1999 Veh Make CADILAC Veh Config. 1									
⁴ 1		Operator SCANLON MARGUERITE Last First Middle Address 125 TEMPLETON PARKWAY				Owner (Same as operator) Last First Middle Address								- 1	
	City WATERTOWN State MA Zip 02472											7	 Lip	-	
	Insurance Company COMMERCE					Action Prior to			21				Circle Up to Thre	_	
5 1	Vehicle Travel	Direction: X	S E W Respo	nding to Emergency?_N	Event S	Sequence 2 2	22 22		22	2	3		4		
1	Citation # (If I	ssued)			Most H	armful Event	23				9	$\{ \cdot \}$	10 Undercarr 5 11 Totaled	iage	
	Violation	1: ChSec	C Violation 2	:: ChSec	Driver	Contributing Co		19 24	24		VŢ				
⁶ 1	Violation 3: ChSec Violation 4: ChSec					de/Override	25	Towe	ed N	8	/		6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 27 Seat Safety Pos. System	28 Airbag A Status Sv	29 3 irbag Ejec vitch Coc	0 31 Trap e Code	32 Injury Tra Status Co	nsp. de Medical Facili	2	
	Operator			See Above				1	4 9	99 0	0	10 1			
7 1	Please Select C of the Followi	I A Vehicle	2 <u>0</u> #Occupants	Non-Motorist A Typ	pe 14	Action 1	5 Loc	ation	16 Cor	ndition	17	Hit	/Run Mop	ed	
	License#StDOB/Age					Reg # <u>JF6143</u>				Reg Type_PAN			Reg State MA		
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					h Year 2015 Veh Make HONDA Veh Config. 1									
⁸ 2	Operator Last First Middle					Owner LURIE JEFFREY Last First Middle									
	Address					Address 61 KODIAK WAY									
	City State Zip					City WALTHAM State MA Zip 02451									
	Insurance Company GOVERNMENT EMPLOYEE					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three) 22 22 23 4									
	Vehicle Travel Direction: NSEW Responding to Emergency? N					Event Sequence 1 22 10 Undercarriage									
	Citation # (If I					t Harmful Event 1				1 — 9 5 11 Totale			5 11 Totaled		
	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec					Driver Contributing Code 1 25 Towed N 8 6									
	Please fill out for operator and all occupants involved					override [28 Airbag A	29 3	0 31 Trap	32 Injury Tra	33 nsn	\dashv	
	Name (Last Fi		<u> </u>	Address See Above		Age/DOB		Pos. System	m Status S	witch Co	de Code	Injury Tra Status Co	nsp. ode Medical Facil	lity	
	Operator/	14011-1VIOIOIISI		See Above					+					-	
									++	-				\dashv	
										- 1					

