	Poli	ice Use Only		Common	wealth	of Mass	achus	setts			RMV	/ Docur	nent Number		
	Date of Crash 02/11/2020	Time of Crash 22:04	City/Tov NEWTON	vn Mo	otor Ve	hicle Cra	ish [Number Vehicles		er Spee	ed Limi tude _		State Police Local Police MBTA Police	N X	
	02/11/2020	22:04 24HR	NEWION		Report 2			0	1	Longitude		Other:			
		AT INTER	RSECTION:	<	LOC	ATION	>		NO	T AT	INTI	ERSE	CTION:	\Box	
	9 WEST	T BOYLS	TON ST											2	
1 4	Route# Direction Name of Roadway/Street					Route# Direction Address# Name of Roadw						Coadway	/Street	$ \frac{1}{2}$	
	At NORTH PARKER ST					Feet N S E W of or									
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street									
$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$	Part # Part Pa					Feet N S E W of									
3	Route# Direct	Route# Direction Name of Intersecting Roadway/Street					Landmark								
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	er	200	0000142							
	License#		St_MA	DOB/Age	Reg	#_EV2253			_ Reg T	ype_PAl	N	Reg	State_MA		
	Sex_F_ Lic. 0	Class D 18 1	8 Lic. Restrictions	1 19 CDL _	Veh	Year_2016	Veh I	Make_FC	ORD			Veh Co	nfig. 20		
4	1		 ALEXANDR <i>A</i>	Endorsm	ent Owr	er (Same as ope	rator)							- 1 ¹	
3		Last LENWOOD AV		Middle		ress						Middle		_	
	City NEWTO	N	Sta	e_MA Zip_02459	City						_State	2	Zip	_	
	Insurance Company THE COMMERCE INS COMPANT					Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
5	Vehicle Travel	Direction:	S E W Respo	onding to Emergency	y?N Ever	nt Sequence 1	22 22	22	22 ()	3		4		
1		ssued)				t Harmful Event	1 23				9	/ `	10 Undercar	riage	
	Violation	1: ChSec	Violation	2: ChSec	Driv	er Contributing C		24 1	24			√ ,	5 11 Totaled		
⁶ 2	Violation	3: ChSec	Violation	4: ChSec	Und	erride/Override	25	Towe			7		6		
	Please fill out for operator and all occupants involved						Sea Sea			29 30 bag Eject	31 Trap	32 Injury Tra	33 ansp.	lity 1	
	Name (Last Fire Operator	st Middle)		Seat Safety Airbag Airbag Eject Trap Injury Transp.			ode Medical Facil	ity							
	1							-	1			10 1			
-															
2	Please Select One of the Following: X Vehicle 2 1 #Occupants Non-Motorist A Ty				-	14 Action	Condition 17			Hit/Run Moped		ped			
	License # St MA DOB/Age					# E2824	Reg Type_PAR			Reg State MA		_			
	Sex F Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2015 Veh Make LANDROVER Veh Config. 2									
⁸ 1	Operator SMOOKLER DEBRA B Last First Middle					Owner (Same as operator) Last First Middle									
	Address 4 SEVLAND RD					ress								-	
	City NEWTON State MA Zip 02459					City State Zip									
	Insurance Company AIG PROPERTY					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					Event Sequence 22 22 22 22 3 4									
	Citation # (If Is	ssued)	Mos	Most Harmful Event 1 23 10 Undercarriag 5 11 Totaled											
	Violation	iolation 1: ChSec Violation 2: ChSec Driver Contributing Code 97 24 24 7 6)				
	Violation	ation 3: ChSec Violation 4: ChSec Underride/Override Towed N								6					
		Please fill out for operator and all occupants involved Last First Middle) Age/DOB Age/DOB						Trap Code	31 32 33 Fransp. ode Status Code Medical Facility						
		Non-Motorist		See Abov					4 4		0	10 1			
										+	+				

