	Poli	ice Use Only		Commonwea	alth o	of Mass	achu	isetts	5		RM	V Doci	ument	t Number		
	Date of Crash 07/13/2020	Time of Crash 19:13	City/To NEWTON	MIOTOI		icle Cra	ısh	Number Vehicles		ed Lat	ed Limi		Sta Lo M	ate Police ocal Police BTA Police	XI	
		24HR				Report	2 0			ngitude_	deOther		ther:			
	AT INTERSECTION: <					LOCATION >					NOT AT INTERSECTION:					
	NOR	TH LEWIS	TER												2	
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direction Name of Roadway/Street  At  EAST NEWTONVILLE AVE					Route# Direction Address #  Feet NSEW of -				Name of Roadway/Street					_ 2 <sup>1</sup>	
										• or Mile Marker Exit Number						
	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of								Alt Number	-	
2	Also at Intersection with					Route# Intersecting Roadway/Street								y/Street	3	
<b>2 2</b>	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of										
3	[ <b>V</b> ]	2 #0	Landmark										7			
	Vehicle1	2_#Occupants	Number	Number 2000000378												
	License # St MA DOB/Age					Reg #         7HB992         Reg Type_PAN         Reg State_MA           20										
	Sex_M_ Lic. Class D lo Lic. Restrictions 1 CDL  Convertex BHATIA DHIREN C					Veh Year 2018 Veh Make INFINITY Veh Config. 1										
<sup>4</sup> <b>2</b>	Operator BHA	ATIA Last	Owner	Owner (Same as operator)  Last First							Middle					
	Last   First   Middle					Address									- <b>1</b>	
											State	:	_Zip_			
	Insurance Company ARBELLA MUTUAL					Vehicle Action Prior to Crash  4 Damaged Area Code: (Circle Up to Three)										
5 <b>1</b>	Vehicle Travel	Direction: N	S X W Res	oonding to Emergency? N	Event	Sequence 1	22 22	22	22	<b>D</b>	3		4			
	Citation # (If I	ssued)			Most I	Harmful Event	1 23				9	$\left\{ \right\}$		10 Undercarri 11 Totaled	age	
	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing C	ode :	19 24	24			$\sqrt{}$		11 Totaled		
<sup>6</sup> 1	Violation	3: ChSec	Violation	4: ChSec	Under	ride/Override	25	Towe	ed Y	9	7		6			
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					A /DOD	Sex I	26 27 Seat Safety	28 Airbag A	29 3 irbag Ejec	0 31	32 Injury	33 Fransp.	Madical Facility	v <b>1</b>	
	Operator	st Middle)		See Above		Age/DOB	I	os. \$ystem		witch Coc 99 0	e Code 0	status	Code 1	Medical Facilit	<u> </u>	
	COVAL PRIVAL			ORKNEY RD			F 3	3 1	4	99 0	0	10	1		$\neg$	
	,		BI	RIGHTON, MA 02135											$\dashv$	
2		Please Select One of the Following:     Vehicle				Action 15 Location			Condition 17			Ū	Hit/Run Mope		ed	
	License#						Reg#_985DH2					Re	Reg State MA			
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2012 Veh Make CA								eh Config. 2		
<sup>8</sup> <b>2</b>	Operator GO	LDSTEIN	Owner (Same as operator)										_			
	Address 110 MADISON AVE. (apt. 2)					Las	st		First			Mide	dle			
	City NEWTON State MA Zip 02460					CityStateZip										
	Insurance Company COMMERCE INSURANCE					e Action Prior to	o Crash	1	21	Damag	ed Area	Code:	(Circl	e Up to Thre	e)	
	Vehicle Travel Direction: NSWW Responding to Emergency?N					Event Sequence 1 22 22 22 22 2 3 4										
	Citation # (If I			Most Harmful Event 1 23												
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 24								$\langle  $	5	11 Totaled					
		n 3: ChSe	rride/Override Z5 Towed Y													
1		ease fill out for	Chach					29 3 irbag Ejer	0 31 Trap	1 32 33 Injury Transp.			$\dashv$			
	Name (Last Fi	rst Middle)	- -	Address		Age/DOB	Sex	Pos. Syste	m Status S	Switch Co	de Code	Status	Code	Medical Facil	ity	
	Operator/	Non-Motorist		See Above				1	3	99 0	0	10	1		_	
						1	+ +			_	_	+				

