	Poli	ice Use Only		Comm	onweal	th o	f Mass	achi	useti	ts		R	MV D	ocume	nt Number		
	Date of Crash 08/19/2020	Time of Crash 08:58	City/T NEWTON	own			icle Cra	ısh	Numb Vehicl		ured	Speed I Latitude	·	) [	State Police Local Police MBTA Police	XI	
		24HR					Report		2	0		Longitu		(	Other:	_	
		AT INTER	RSECTION:		< L	OCAT	TION	>		N	OT A	AT IN	TER	SECT	ΓΙΟN:	<u> </u>	
	NOR	TH CENTR	RE ST BRIDGE													F	
1 <b>1</b>	Route# Direc	Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Street										
	WASHINGTON ST						Feet NSEW of • or									_  -	
	Route# Direction Name of Intersecting Roadway/Street					<u> </u>	Mile Marker Exit Number									-	
	Also at Intersection with					-	Feet NSEW of Route# Intersecting Roadway/Street									-  -	
1	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of											
						Landmark											
	XVehicle1	_1_#Occupants	Hit/Rur	Mope	d Case N	umber		2	0000004	59						╝	
	License # St DE DOB/Age						Reg # 121KYO Reg Type PAN Reg State MA										
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL						Veh Year 2016 Veh Make TOYOTA Veh Config. 20										
	Operator DA	WYDIAK	CHRISTIA		orsment	Owner	(Same as ope	rator)		Fire	· t			Middle		-	
3	Address 48 CLEVELAND ST					Owner (Same as operator)  Last First Middle  Address										_	
	City ARLINGTON State MA Zip 02474						City State Zip										
	Insurance Company LIBERTY MUTUAL						Action Prior to	o Crash	2	21	Dan	naged A	rea Co	de: (Cir	cle Up to Thre	ee)	
	Vehicle Travel	Direction:	S E W Res	sponding to Emerg	gency?_N	Event S	Sequence 1	22 2	2 22	22	2		3	<b>•</b>	)		
	Citation # (If I	ssued)				Most E	Iarmful Event	1 23	3		1	_   `	9	6	10 Undercarr 11 Totaled	iage	
	Violation	1: ChSec	c Violatio	on 2: ChSec	c	Driver	Contributing C	ode	1 24	24					711 Totaled		
1	Violation	3: ChSec	c Violatio	on 4: ChSec	c	Underr	ide/Override	25	To	wed N	8		7	6			
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	26 2 Seat Safe	7 28 ty Airbag	29 Airbag	30 Eject Tr	31 3 ap Injur	32 33 ry Transp	p. Medical Facili	ity	
	Operator				Above		Age/DOB		Pos. \$yst	4	\$witch 99	Code Co	ode \$tatu		NONE	L.	
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3	Please Select C of the Followi		e2 <u>1</u> #Occupa	nts Non-Mo	otorist A Type	1	4 Action	Loc	ation	16	onditio	on	17	Hit/R	Run Mop	ed	
	License#	License#St MA_ DOB/Age					325SZ1	Re	д Туре	PAN		Reg State_MA					
	Sex_M Lic.	18 1		19			ear 2008	Ve	h Make_		5 - J F -			eh Confi	20	_	
	Operator ELIC		PAUL	End	orsment		(Same as ope	rator)	_						<i>O</i>		
Į.		Address 29 FOLLINSBEE LANE  Last First Middle  Address 29 FOLLINSBEE LANE					Las	st		Fir	st		1	Middle			
	City WEST NEWBURY State MB Zip 01985					CityStateZip											
	Insurance Com	npany ARBELLA		r		-	e Action Prior to	o Crash	1	21	Dan			`	cle Up to Thre	ee)	
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 1 22 22 22 22 2 3 4											
	Citation # (If Issued)					Most Hampful Frant 23										iage	
	Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code 5 24 24 5 11 Totaled										
				on 4: ChS			ide/Override	25	l	ed_N	8	<u> </u>	7	6			
	Pl	ease fill out for		ll occupants invo					26 2 Seat Safe		29 Airbag	30 Eject Tr	31 32 ap Injur	2 33	p.	$\dashv$	
	Name (Last Fi	Non-Motorist	1		Address Above		Age/DOB	Sex		tem Statu	Switch 99	Code C	ode Sta	tus Code		lity	
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