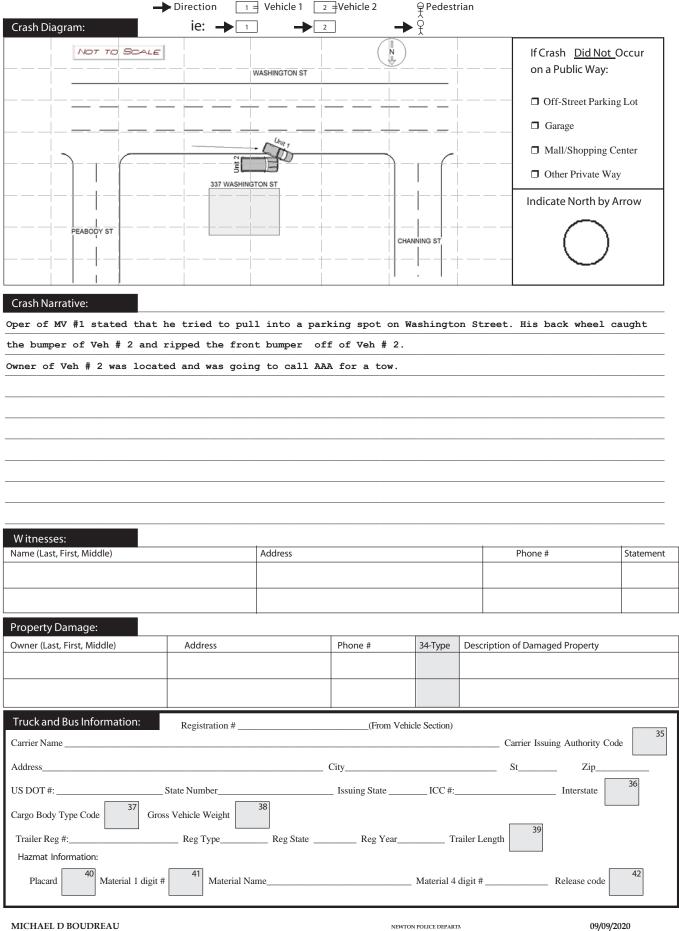
	Poli	ce Use Only		Commonv	vealth	of Massa	achus	setts		RM	V Docum	ient Number		
	Date of Crash 09/09/2020	Time of Crash 10:22 24HR	City/T NEWTON	14100		hicle Cra Report	l v		njured I	Speed Lim Latitude _ Longitude		State Police Local Police MBTA Police Other:		
			SECTION:			· •	>					CTION:		
							WEST 337 WASHINGTON ST						2	
$oldsymbol{1}{1}$	Route# Direct	tion	Name o	of Roadway/Street		Route# Direction	n Addre	ess#		Name of I	Roadway/S	Street	2	
\dashv	At					Feet NSEW of or								
	Route# Direction Name of Intersecting Roadway/Street					Feet N	ISEW		Mile Mark	ter		Exit Number	-	
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street								
1	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of								
3	XVehicle1 1_#Occupants						•			La	Hamark		7	
	Z venicie i		_ ′		Case Numbe		2000	0000503					4	
	License #	18 1		19	-	¥ V69057				CON		20		
	Sex_M Lic. (Lic. Restriction JOSEPH	ons D CDL Endorsment	t	Year 2020		Make			_ Veh Con	nfig. 2		
⁴	Operator TAR Address 726 L		First	Middle		er WHEELS LTI Las ress 666 GARLAN		E	irst		Middle		1	
	City WALTHA			state MA 7 in 02451		DES PLAINES				State	IL 7	in 60016		
	City WALTHAM State MA Zip 02451 Insurance Company OLD REPUBLIC INSURANCE					cle Action Prior to	Crash	97 21				Circle Up to Three)	
5	·	Direction: N		sponding to Emergency? 1			2 22	22 22	2	•)	4		
		ssued)	1 1		Most	Harmful Event	23			_ \	<u> </u>	10 Undercarria 5 11 Totaled	ge	
	Violation	1: ChSec	Violatio	on 2: ChSec	_ Drive	er Contributing Co	ode 12	24 2	4			3 11 Totaled		
1	Violation	3: ChSec	Violatio	on 4: ChSec	_ Unde	erride/Override	25	Towed N	8	7		6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Pos.	6 27 2 t Safety Airb . System Stat	8 29 ag Airbag us \$witch	30 31 Eject Trap Code Code	32 Injury Tran	33 1sp. le Medical Facility	2	
	Operator			See Above				- 99 4	99	0 0	10 1			
⁷ 1	Please Select C of the Followin		2 <u>1</u> #Occupa	nts Non-Motorist A	Туре	14 Action 1	5 Locatio	on 16	Condition	n 17	Hit	/Run Mope	d	
	License# St MA DOB/Age				Reg i	Reg # 1YVH96 Reg Type PAN Reg Sta					State MA 20			
	Sex_F Lic. Class D 18 18 Lic. Restrictions D 19 CDL					Veh Year 2011 Veh Make LEXUS Veh Config. 2								
4	Operator O'KEEFE KELLY M				Own	Owner (Same as operator) Last First Middle								
	Address 293 CABOT ST				Addr	Address								
	City NEWTON State MA Zip 0246O				City	City State Zip Value Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)								
	Insurance Company ESURANCE					cle Action Prior to	Crash	21 22 22		aged Area	,	4)	
			-1-1-1			t Sequence 1				$\overline{\Box}$		10 Undercarria		
	Vehicle Travel	Direction: N	S E W R	esponding to Emergency?		, [-	23				/	10 Undercarria	ge	
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CDP1 11 ·24·00

Police Officer Name (Please Print)