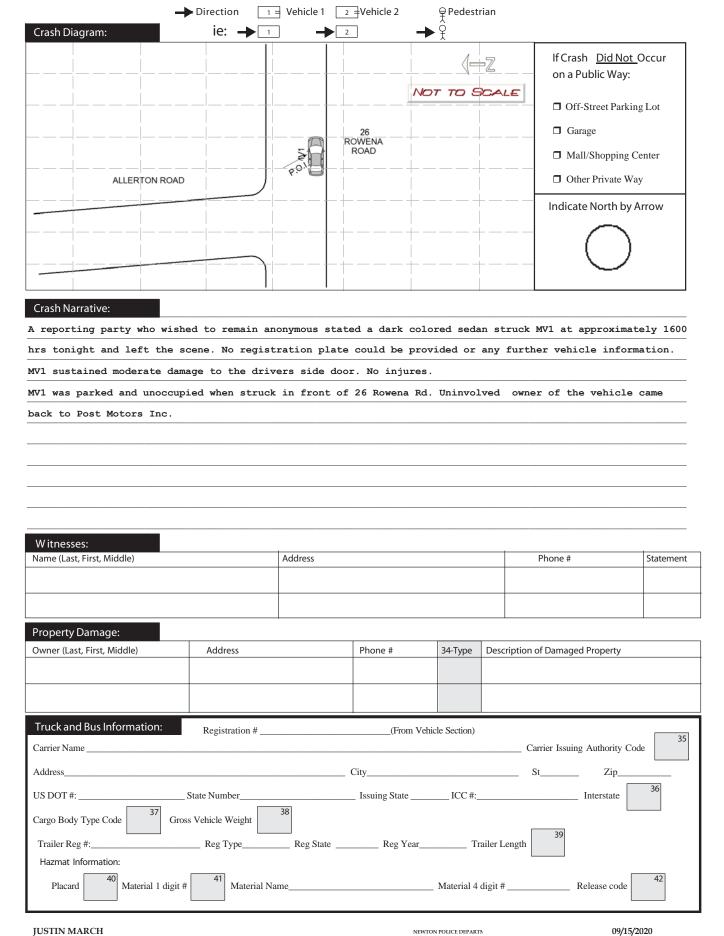
	Poli	ce Use Only		Common	wealth	of Mas	sachı	isetts			RMV	Docum	ent Number		
	Date of Crash 09/15/2020	Time of Crash 19:25 24HR	NEWTON	Mo		nicle Cr Report		Number Vehicles 1		Latit	d Limit ude gitude_		State Police Local Police MBTA Police Other:	Xi D	
	AT INTERSECTION: <					LOCATION > NOT AT INTERSECT						CTION:			
1						EAST 26 ROWENA ROAD									
4	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/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# Direction Name of Intersecting Roadway				ray/Street Feet N S E										
3	X Vehicle 1	0 #Occupants	6 V 1	Landmark											
	-					Number 2000000519									
	License # St DOB/Age					Reg # 8HF662 Reg Type PAN Reg State MA Veh Year 2019 Veh Make LEXUS Veh Config. 1 Veh Config.									
4				Endorsmen	nt Own	er_POST MO							ing	- 1	
1	Operator					Last First Middle dress 330 ARSENAL ST							_		
5	City State Zip					WATERTOW	N				_State_	MA_Z	ip_02472	_	
	Insurance Company TOKIO MARINE AMERICA INS COMPANY					ele Action Prior		11		amageo			ircle Up to Thr	ree)	
2		Direction: N		ding to Emergency?		Sequence 1	23		22 2		3		4 10 Undercari	riage	
	,	ssued)	 c Violation 2:	Ch Sec		Harmful Event	1	24	24	←	9		5 11 Totaled	ge	
⁶ 1	Violation		Driver Contributing Code 1 25 Towed Y 0 6												
	Please fill out for operator and all occupants involved					Seat Safety Airbag Airbag Eject Trap Injury Transp.								ity 1	
	Name (Last First Middle) Operator				Address Age/DOB See Above			os. System	Status Swit	ch Code	Code S	status Coc	le Medical Facil	ity 1	
7 1	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist	А Туре	14 Action	15 Loca		16 Cond	ition	17	☐ Hit,	/Run Mop	oed	
	License # St DOB/Age					g #Reg TypeR					Reg S	eg State			
	Sex Lic. Class Lic. Restrictions CDL Endorsment					h YearVeh MakeVeh Config.									
8 1	Operator Last First Middle					Dwner Last First Middle									
	Address City StateZip					Address									
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 3 4									
	Citation # (If Issued)				Most	Most Harmful Event 23 10 Undercarriage 5 11 Totaled									
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24 7 6									
ľ	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					rride/Override		Towed	l	9 30	31		33	_	
	Name (Last Fi	rst Middle)		Address		Age/DOB	Sex	Pos. Systen	Airbag Airb Status Swi	ag Eject tch Code	Trap I Code	njury [[rar	nsp. de Medical Faci	ility	
	Operator/	Non-Motorist		See Above			-								
								- 1							



CDP1 11 ·24·00

Police Officer Name (Please Print)