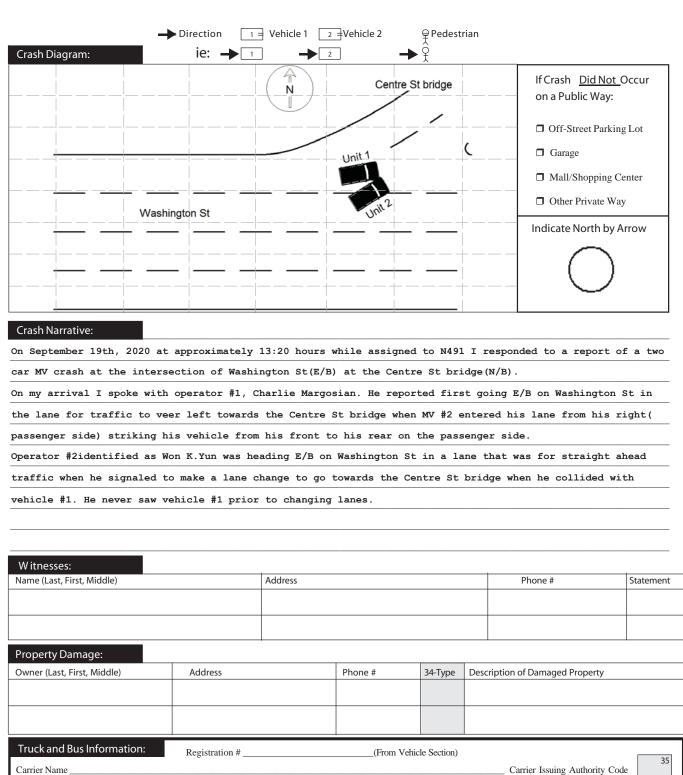
	Poli	ice Use Only		Commonwe	ealth	of Mass	achı	ısett	S		RM	V Docui	ment Numbe	r		
	Date of Crash 09/19/2020	Time of Crash 13:20 24HR	City/To NEWTON	141010		nicle Cra Report	ish	Numbe Vehicle 2	- 1	red La	eed Lim titude _ ongitude		State Police Local Police MBTA Police Other:	e X 1		
						LOCATION >					T AT INTERSECTION:					
	EAST	r WASHI	INGTON ST											\Box	2	
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street									2 10	
	NOR	TH CENTR		Feet NSEW of or												
	Route# Direc	etion N		Feet N S E W of						rker Exit Number						
		Also at Intersection with					Route# Intersecting Roadway/Street								11	
2 1	Route# Direc	tion		Feet N S E W of												
3				Landmark												
	Vehicle1	1_#Occupants	se Number	Number 2000000535												
	License # St MA DOB/Age					Reg # 1888EC Reg Type PAN Reg State MA 20										
		Sex_M_ Lic. Class D Lic. Restrictions 9 CDL					Veh Year 2013 Veh Make TOYOTA Veh Config. 2									
4 1		RGOSIAN Last	Owne	Owner Came as operator) Last First Middle								-	1 ¹²			
	Address 127 BOSTON POST RD (apt. 1)					ess								_ [
	City WAYLAI		St	-								•				
5	Insurance Com	1 . 7	_	Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)												
		Direction:	_	Event Sequence 1 22 22 22 22 Q 6 4 10 Undercarri								arriage				
		ssued)				Harmful Event	1	24	24	1	9		5 11 Totaled	~		
⁶ 1	1		· Violation		Driver Contributing Code 1											
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					rride/Override		Tow	red N	29	30 31 ect Trap	32	33	-	13	
	Name (Last First Middle) Address					Age/DOB	Sex 1	Pos. Syste	m Status 3	Switch Co	de code	status C	ransp. Code Medical Fa	ncility	1	
	Operator			See Above				1	4	99 0	0	10 1	1			
4	Please Select C of the Followi		2 <u>1</u> #Occupan	ts Non-Motorist A	Гуре	14 Action	Loca	ation	16 Co	ondition	17	Пн	lit/Run M	oped		
	License# St MA DOB/Age					2BJD34		Reg	Reg Type_PAN Reg Sta			State MA	_]			
	Sex_M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL					Veh Year 2020 Veh Make LEX					XUS Veh Config.					
8 4	Operator YU!	Last	Owne	Owner POST MOTORS INC Last First Middle												
	Address 207 C	Last First Middle 207 CHESTNUT AVE (apt. 2)					Address 330 ARSENAL ST									
	City JAMAIC	A PL	_ City_	City WATERTOWN State MA Zip 02472												
	Insurance Company TOKIO AMERICAN MARINE					Vehicle Action Prior to Crash 5 Damaged Area Code: (Circle Up to Three)										
	$ \begin{tabular}{lllllllllllllllllllllllllllllllllll$					Event Sequence 1 22 22 22 22 3 4										
	Citation # (If I	ssued)	Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled												
	Violatio	n 1: ChSe	Drive	Driver Contributing Code 4 24 24 24												
		n 3: ChSe	Unde	Underride/Override Towed N												
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB	ge/DOB Sex		y Airbag em Status	29 Airbag Ej Switch C	30 31 ect Trap Code Code		ransp. Code Medical F	acility		
	Operator/	Non-Motorist		See Above				1	4	99 0	0	10 1	1			



THOMAS J MCCARTHY

Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks Date