	Poli	ice Use Only		Comn	nonwea	lth o	f Mass	ach	use	etts			RM	V Doc	cumen	ıt Number		
	Date of Crash 09/26/2020	Time of Crash	City/	Town	Motor	Veh	icle Cra	ish		mber nicles	Num		eed Lim		SL	tate Police ocal Police IBTA Police	N X	
	07/20/2020	24HR	NEWTON				Report		2	- 1	0		ngitude			ther:		
		AT INTER	RSECTION	1	< I	LOCAT	TION	>			N(OT A	ΓΙΝΤ	ERS	ECT	ION:	4	
	WES	T AUBUR	RN ST														\vdash	
1 1	Route# Direc	tion	Name	of Roadway/Stree	t	I	Route# Directi	on A	ddres	s #		N	Name of	Roadw	ay/Str	eet	_	
	SOU	TH GROVE	E ST	At			Feet	N S E	E W	of –			•	or			_	
	Route# Direc	etion N		ing Roadway/Stre	eet		E. 4 [MICLE	- Iw	c	Mil	e Marke	r		Е	xit Number	\dashv	
_	Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street											
2 1	Route# Direct	tion	Name of Inter	secting Roadway/	Street	[-	Feet	N S E	E W o	of								
3							Landmark											
	XVehicle1	2_#Occupants	Hit/Ru	n Mop	ed Case N	Number		2	200000	00556								
	License#		St 1			Reg#_	EV1332				Reg	Type_P	AS	R	eg Stat		_	
	Sex_M_ Lic. 0	Class D 18 18	Lic. Restricti		DL	Veh Ye	ear_2018	V	eh Ma	ke_BM	IW			_Veh	Config	g. 20		
4	Operator TAC	tor TAGHINIA AMIR M Endorsment Last First Middle Owner (Sa						erator)			First			Mi	ddle		_ [
3	Address 125 H	dress 125 HIGHLAND AVE Address Address												_				
	City NEWTON State MA Zip 02465					City State Zip												
	Insurance Company STANDARD FIRE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)												
5 1	Vehicle Travel	Direction: N	S E X Re	sponding to Eme	ergency? N	Event S	Sequence 1	22 2	22	22	22	O	3	7	4			
	Citation # (If Is	ssued)				Most H	Iarmful Event	1 2	3		_ ,	1			5	10 Undercari	riage	
	Violation	1: ChSec	Violati	on 2: ChS	ec	Driver	Contributing C	ode	1 2	4	24		Vi			11 Totaled		
⁶ 1	Violation	3: ChSec	Violati	on 4: ChS	ec	Underr	ide/Override	2	.5	Towed	N	0	7		6			
		fill out for opera	ator and all occ						26 Seat	27 Safety <i>k</i>	28 Airbag A Status \$	29 Lirbag Ej	30 31 ect Trap ode Code	32 Injury	33 Transp.		ity	
	Name (Last Fire Operator	st Middle)			Address Above		Age/DOB	Sex	Pos.			99 0		\$tatus 10	Code 1	Medical Facil	ity	
	TAGHININ, A	AIDEN	I .	25 HIGLAND ST				M	3	1	4	99 0	0	10	1			
	,		1	NEWTON, MA 02	2460									+	-			
7																		
2	Please Select C of the Followi	IX Vehicle	2 <u>2</u> #Occupa	nts Non-M	Notorist A Type	e 1	4 Action	Loc	cation	1	6 Co	ndition	17		Hit/Ru	un Mop	oed	
	License # St MA DOB/Age				====	Reg#_		Reg Type_PAN					Reg State MA					
					DL	Veh Year 2008 Veh Make TOYOTA Veh Conf							Config	g. 20				
8 2	Operator QUINN EVAN MEndorsment M					Owner	SILIN	et	R	UTH	First		N		ddle		_	
_	Address 328 QUINOBEQUIN RD					Addres	85A (apt. 248	SEM	INAR	YAVI	E						_	
	City NEWTON State MA Zip 02468					City_NEWTON State_MA Zip_02456											_	
	Insurance Company PLYMOUTH ROCK					Vehicle	Action Prior to	o Crash	n [1 21		Damag	ged Area	ı Code	: (Circ	ele Up to Thr	ree)	
	Vehicle Travel	Direction: N	X E W F	esponding to Em	ergency?N	Event S	Sequence 1	22 2	22	22	22	2	3	<u> </u>	4			
	Citation # (If Issued) T1445420					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled											riage	
	Violation	n 1: Ch <u>89/9</u> _Se	ec Viola	ion 2: Ch	Sec	Driver	Contributing C	ode	19 2	3	24							
	Violatio	n 3: ChSe	ec Viola	ion 4: Ch	Sec	Underr	ide/Override	2	^{.5} T	owed.	N		6)	√ Q			
		ease fill out for	operator and a	ill occupants inv					26 Seat	27 Safety	28 Airbag A	29 irbag Ej	30 31 Trap	32 Injury	Transp.			
	Name (Last Fi	Non-Motorist		See	Address		Age/DOB	Sex	Pos.	System 1		Switch C 99 0	ode Code 0	Status 10	Code 1	Medical Faci	ility	
	SILIN, RUTH,		1	5A SEMINARY A	AVE (apt 248)			F	6			99 0	0	10	1			
	CILITY, ROTH,	-1-2	ı	IEWTON, MA 02	2456			1	3	*	-) U	0	10	1			
												\perp						

