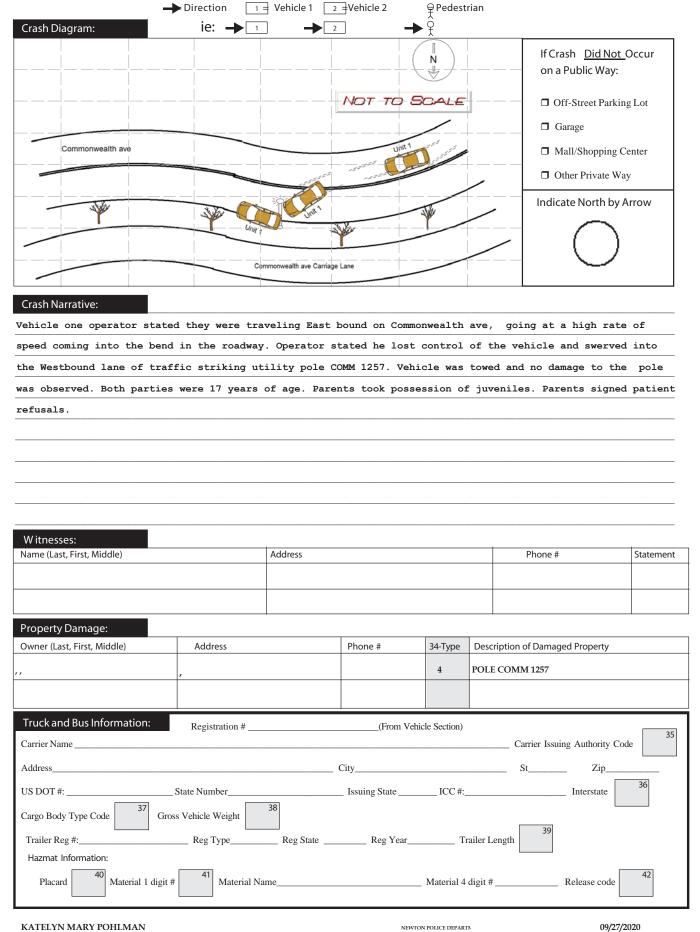
	Poli	ice Use Only		Commonwea	lth o	of Mas	ssacl	huse	etts			RMV	V Doci	ument	t Number				
	Date of Crash 09/27/2020	Time of Crash 00:10 24HR	City/Tow NEWTON	MIOTOI		icle C Report		Nu Vel	mber hicles	Numbe Injured	Lati	ed Limi tude gitude_		St Lo M Ot	ate Police ocal Police BTA Police ther:	N N			
							LOCATION >					NOT AT INTERSECTION				\neg \vdash			
	EAST	г сомм	ONWEALTH AVI	3												2			
4	·	Route# Direction Name of Roadway/Street					Route# Direction Address #							Name of Roadway/Street					
	At SOUTH PRINCE ST					Feet NSEW of or									2				
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number										_			
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street										-			
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of													
3	[V]	0.110			Landmark											┪			
	Vehicle1	2_#Occupants	Number 2000000558																
	License # St MA DOB/Age					Reg # 1DCZ65 Reg Type_PAN Reg State_MA 20													
	Sex_M Lic. Class D Lic. Restrictions J CDL					Veh Year 2005 Veh Make KIA Veh Config. 1													
4 1	Operator LYN	Last	Middle		LYMAN	Last	T	HERES	First			Mid	dle		- 1				
	Address 96 REDLANDS RD (apt. 1)					Address 96 (apt. 1) REDLANDS RD										- 🗀			
	City WEST ROXBURY State MA Zip 02132 Insurance Company METROPOLITAN CASUALTY					City WEST ROXBURY State MA Zip 02132													
5	1		Vehicle Action Prior to Crash Event Sequence 22 22 23 22 22 22 22 22 24 22 22 22 22 22 22 22											(2)					
				nding to Emergency? N		_		23				\prod	\overline{A}		10 Undercarri	iage			
	,	ssued)		:: ChSec		Harmful Eve			24 12	24	←	9		5	11 Totaled				
⁶ 1	1			: ChSec		Contributing		25	12			7		6					
	Please	Underride/Override Towed N See Safety Airbag Airbag Airbag Elject Trap Injury Teach See Safety Airbag Airbag Elject Trap Injury Teach See Safety Airbag Airbag Elject Trap Injury Teach See Safety Safety Struck Survey Struck S																	
	Name (Last Fir	st Middle)		Address See Above		Age/DOE			System S	status Swit	ch Code	Code	Dutus	Code 1	Medical Facilit	<u>1y</u> 22			
	*	OLT, AIDAN		OW RD			3		4 4				1						
	HOEI, HEH	•	NEV	/TON, MA 02459			М		1	· ·			10	1					
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7															_				
3	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Type	e 1	4 Action	15 I	Location	1	Cond	ition	17		Hit/Ru	n Mop	ed			
	License#_		DOB/Age	Reg#				Reg Type					Reg State						
	Sex Lic.	Class 18 1	19 CDL	Veh Year Veh Make_									Zeh Config.						
⁸ 2	Operator	Last	Owner					First			Mid			_					
	Address	Last		ss				First			Mid	die		.					
	CityStateZip											_State		_Zip_		-			
	Insurance Com	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 I	ssued)		Responding to Emergency? Event Sequence 10 Undercarri 5 11 Totaled							iage								
	Violatio	n 1: ChSe	ec Violation	2: ChSec	Driver	Contributing	g Code		24	24	·	VŢ	\sum						
				4: ChSec	Underr	ride/Override	e _		owed_	8) aa	/	1 22 1	6		_			
	Pl Name (Last Fi		operator and all o	eccupants involved Address		Age/DO	B Se	26 Seat Pos.	27 Safety A System	28 2 irbag Airb Status Swi	9 30 ag Eject tch Cod	Trap le Code	32 Injury Status	33 Fransp. Code	Medical Facil	ity			
	Operator/	Non-Motorist		See Above							\perp								
								+											



CDP1 11 ·24·00

Police Officer Name (Please Print)