	Poli	ice Use Only		Commonwea	lth o	of Massa	achi	usetí	ts		RM	V Docu	ment N	umber		
	Date of Crash 09/30/2020	Time of Crash 15:07	City/To NEWTON	Motor	Veh	icle Cra	sh	Numb Vehicl			peed Lim		State Local	Police Police A Police	N X	
	09/30/2020	15:07 24HR	NEWTON	Pol	lice I	Report 2			0		ongitude _		MBT Other	A Police r:		
		AT INTERSECTION: < I				ΓΙΟΝ	N	NOT AT INTERSECTION:					2			
	SOU	TH CENTR	E ST												2	
1 1	Route# Direction Name of Roadway/Street					Route# Direction Address # N						Name of Roadway/Street				
<u> </u>	At WEST WARD ST					Feet N S E W of • _						— or			2 10	
	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									11	
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of										
	Route# Direc	tion	Landmark													
3	XVehicle 1	#Occupants	Number 2000000569													
	License#		Reg # T28310 Reg Type CON Reg State MA													
	License # St MA DOB/Age Sex_F Lic. Class D 18 18 Lic. Restrictions 19 1 CDL					Veh Year 2018 Veh Make TOYOTA Veh Config. 2										
4	Operator GRO		Owner (Same as operator)										1 12			
3	Last First Middle Address 8 ROCK CT					Last First Address							le		-	
	City NORWOOD State MA Zip 02062											:	Zip			
	Insurance Company ALL STATE					City State Zip Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)										
5	Vehicle Travel	Direction: N	X E W Res	oonding to Emergency? N	Event 3	Sequence 1	22 2		22	2	3		(4)			
1		ssued)			Most F	· Larmful Event	23	3			_		l _	Undercarria	ige	
	Violation	1: ChSec	Violatior	2: ChSec	Driver	Contributing Co		1 24	24				911	Totaled		
⁶ 1	Violation	3: ChSec	Violation	4: ChSec	Underr	ide/Override	25	Tov	wed N	8	7		6			
	Please fill out for operator and all occupants involved							26 2 Seat Safe		29 Airbag E	30 31 ject Trap	32 Injury T	33 ransp.		, 1	
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos. \$yst	em Status	Switch C	oue coue	Status C	Code Me	edical Facility		
									-						_	
															_	
2		lease Select One f the Following: X Vehicle 2 1_#Occupants Non-Motorist A 7			be 1	Action 15 Loc			16 Condition			ı	lit/Run	Море	d	
	License#		Reg # 7TE355					Reg Type_PAN			Reg State_MA					
	License # St MA DOB/Age Sex_F Lic. Class D 18 18 Lic. Restrictions J CDL					Veh Year 2018 Veh Make CHE										
⁸ 1	Operator <u>LEE</u>		Owner LEE JR BOB													
1	Address 35 MEADOWBROOK RD					35 MEADOV	VBROC	OK ROA	Firs	t		Midd	le			
	City NEWTO	N	City NEWTON State MA Zip 02459									59				
	City NEWTON State MA Zip 02459 Insurance Company STANDARD FIRE INS					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: NXEW Responding to Emergency?N					Event Sequence 1 22 22 22 22 22 4										
	Citation # (If I	<u> </u>	Most Hampful Event								Undercarria	ige				
	Violatio	n 1: ChSe	ec Violatio	Driver Contributing Code 19 24 24 5 11 Totaled												
	l	n 3: ChSe	erride/Override 25 Towed N 7							6						
	Pl	ease fill out for	26 Seat				6 27 28 29 30 3 Safety Airbag Airbag Eject Trap				31 32 33 p Injury Transp.					
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Sys	tem Status	Switch 4	Code Code	Status	Code M	ledical Facilit	y	
								-	+	-	-		_			
									+							
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