	Poli	ice Use Only		Commonwea	alth o	of Mass	achı	usetts	\$		RMV	Docum	ient Number		
	Date of Crash 11/05/2020	Time of Crash 16:01	City/Town	Motor	· Veh	icle Cra	ish	Number Vehicles			d Limit ude		State Police Local Police MBTA Police	N X	
	11/03/2020	24HR	NEWTON			Report		1	1		gitude_		Other:		
		AT INTER	RSECTION:	<	LOCAT	ΓΙΟΝ	>		NO	ΓΑΤ	INTE	CRSEC	CTION:	2	
	EAST	г веасо	N ST												
$\begin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street							Street	2 <sup>10</sup>	
	At SOUTH UPLAND RD  Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or Exit								_	
													Exit Number	_	
	Also at Intersection with					Route# Intersecting Roadway/Street								3	
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
3						Landmark									
	X Vehicle 1	1_#Occupants	Number	Number 2000000640											
	License# St MA DOB/Age					Reg # 25ZD83 Reg Type PAN Reg State MA									
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2005 Veh Make BMW Veh Config. 20									
4 1	Operator KIRTZ WILLIAM Endorsment  Last First Middle					Owner (Same as operator)  Last First Middle									
1	Address 26 WYMAN STREET					Owner (Same as operator)  Last First Middle  Address									
	City NEWTO	N	State	MA Zip 02468	City_	StateZip							Zip	_	
	Insurance Company_COMMERCE					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)									
5	Vehicle Travel	Direction: N	S E X Respon	nding to Emergency? N	Event S	Sequence 4	22 2		22 2		<u> </u>		4		
	Citation # (If I	ssued)			Most F	Harmful Event	4 23		1	<b>—</b>	9		10 Undercarr 5 11 Totaled	iage	
6	Violation	1: ChSec	Violation 2	: ChSec	Driver	Contributing C		19 24	24		Ą		6		
<sup>6</sup> 1									ed <u>N</u>						
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex Sex System Status Switch Code Status Code M						nsp. de Medical Facili	ity 13		
	Operator			See Above				99	4 99	0	0	10 1			
7	Please Select C	)ne 👝		I	1	4	15		16		17				
3	of the Followi	Vehicle	# Occupants	Non-Motorist A Ty	/pe 2	Action 2		ation 4		lition 1	L	Hit	/Run Mop	ed	
	License#		Reg # Reg Type Reg State_							State	_ ]				
	Sex_M_ Lic.	Class 18 18	Veh Ye	Veh YearVeh MakeVeh Config.							nfig.				
8 <b>1</b>	Operator GRABIS ANTON  Last First Middle					Owner Last First Middle									
	Address 566 COMMONWEALTH AVE (apt. 408)				Addres	Address									
	City BOSTON	N	City State Zip												
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel	Direction: N	Event Sequence 22 22 22 22 3 4												
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled									
	Violatio	n 1: ChSe	ec Violation	Driver	Driver Contributing Code 24 24										
				Violation 4: ChSec		Underride/Override			25 Towed 8			7 6			
	Pl Name (Last Fi		operator and all o	ccupants involved  Address		Age/DOB	Sex	26 27 Seat Safety Pos. System	28 2 Airbag Airl n Status Sw	9 30 Eject itch Code	31 Trap I e Code	njury [Fra:	nsp. ode Medical Faci	ility	
		Non-Motorist		See Above								9 2	NEWTON WELLES		
										+				-	

