	Poli	ice Use Only		Comn	nonweal	lth o	f Mass	ach	use	tts			RMV	Docun	nent Number			
	Date of Crash 11/16/2020	Time of Crash	City/I NEWTON	own	Motor	Vehi	icle Cra	sh		- 1	Number Injured	Speed Latitu			State Police Local Police MBTA Police	<u> </u>		
	11/10/2020	24HR	NEWTON		Pol	ice I	Report		2		0	Longi			Other:	e 🔲		
		AT INTER	< L	OCAT	TION	NOT AT				T INTERSECTION:				2				
	NOR	TH CENTR	E ST													├	2	
1 1	Route# Direction Name of Roadway/Street  At						Route# Direction Address # Name of Roadway/Street										<b>2</b> 1	
	WEST PEARL ST					Feet NSEW of or Exit Number												
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number  Feet NSEW of											
	Also at Intersection with						Route# Intersecting Roadway/Street											
<b>1</b>	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of											4	
3	My 1 1 4 4 10 DW D						Landmark											
	Vehicle1	_1_#Occupants	Hit/Kui	Море	Case N	Number		2	200000	0659								
	License #St MA_ DOB/Age						Reg # TC65CJ Reg Type PAS Reg State MA											
	Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL						Veh Year 2017 Veh Make TOYOTA Veh Config. 2											
<sup>4</sup> 3	Operator PRESTES SUSAN Endorsment  Last First Middle					Owner (Same as operator)  Last First Middle											<b>1</b>	
<u> </u>	Address 12 EDWARD DR					Address											_	
	City N GRAFTON State MA Zip 01536						City Zip											
	Insurance Company CITIZENS INS						Vehicle Action Prior to Crash  5  Damaged Area Code: (Circle Up to Three)											
5 <b>1</b>	Vehicle Travel	Direction:	S E W Re	sponding to Eme	rgency? N	Event S	Sequence 1	22 2	2 2	22 2:	2 0		3		4			
	Citation # (If Is	ssued)				Most H	Iarmful Event	1 2.	3	•	1	_	9		10 Underca 5 11 Totaled	rriage		
	Violation	1: ChSec	Violatio	on 2: ChS	ec	Driver	Contributing C	ode	4 24	4	24	•	7					
<sup>6</sup> 1	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed N 8 7 6											
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	26 Seat S	27 Safety Airl	28 29 bag Airbag itus Switch	30 Eject	31 Trap I Code S	32 njury Tra	33 Insp.		1 1	
	Operator	st Middle)			Above		Age/DOB			1 4	1	Code 0		10 1		mity	_	
[ <del></del>																		
3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupa	nts Non-M	otorist A Type	e 14	4 Action	Loc	cation	16	Conditi	on	17	Hi	t/Run Mo	ped		
	License#St MA_ DOB/Age					Reg#_	R74760		Reg Type CON				Reg State_MA					
	Sex M Lic. Class D 18 18 Lic. Restrictions B CDL													20				
8	Operator MARKEY BRIAN Endorsment						CAMBRIDG									_		
1	Last First Middle Address 14 WAYSIDE LN						S 245 HIGHLA	st AND ST	Γ		First			Middle				
	City ASHLAND State MA Zip 01721					City MILTON State MA Zip 02186												
	Insurance Company SELECTIVE INS						Action Prior to	o Crash		21	Da				Circle Up to Th	nree)		
	Vehicle Travel Direction:   X   S   E   W   Responding to Emergency? N						Sequence 1			22 2	2 2		3		4			
	Citation # (If Issued)						Iarmful Event	1 2.	3				$\downarrow \downarrow$	/	10 Underca	rriage		
	Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 1 24 24 5 1 5 11 Totaled											
	Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed N 8 7 6											
1	Please fill out for operator and all occupants involved						26   27   28   29   30   31   32   33											
	Name (Last Fi	rst Middle)	1		Address		Age/DOB	Sex	Pos.	System St	tatus Switch	h Code	Code	Status C	ode Medical Fa	cility		
	Operator/	Non-Motorist		See	Above					1 4	1	0	0	10 1				

