	Poli	ce Use Only		Commonwea	lth o	of Massa	achu	setts	}		RM	V Docu	ment Number	r	
	Date of Crash 11/23/2020	Time of Crash 17:49	NEWTON	MIOTOI		icle Cra	sh	Number Vehicles		ed Lat	ed Limi		State Police Local Police MBTA Police	e X 1	
						ice Report 2 OCATION >					Longitude Other: Γ AT INTERSECTION:				
		ATINIEN	LOCA	HON			NC)I AI	11111	LINSL	CHON.	\dashv	2		
1	NOR			Dantell Direction Allered V CD 1 (C)						(9)					
4	Route# Direc	tion		Route# Direction Address # Name of Roadway/Stree Feet NSEW of									2 10		
	EAST										Exit Number	 r			
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of									
2 1			Route# Intersecting Roadway/Street Feet N S E W of										3 11		
1	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3 1	XVehicle1	2_#Occupants	Number												
	_														
	License#	18 1	Reg # 4910GO Reg Type PAN Reg State MA												
	Sex_F_ Lic. (Veh Year 2016 Veh Make HOND Veh Config. 1										10		
⁴ 3	Operator MITCHELL ERICA Widdle Address 288 MILL ST Lic. Restrictions B CDL Endorsment Endorsment Widdle					(Same as open						Middl	e	— <u>L</u>	1 ¹²
	Address 286 MILL ST City NEWTON State MA Zip 02460 Insurance Company THE COMMERCE INS COMP					Address								-	
						CityStateZip Value Action Prior to Creek 21 Damaged Area Code: (Circle Up to Three)									
5		Direction: X		vehicle Action Filor to Clash 4											
1				Most Harmful Event 1 23 10 Undercarriag											
	Citation # (If Issued) Violation 1: ChSecViolation 2: ChSec					Driver Contributing Code 1 24 1 24 5 11 Totaled									
⁶ 2			Violation		ride/Override	25	Towe		9	()	6			
_			ator and all occu	Onden	ilde/Override	Se	26 27 at Safety		29 3 irbag Eje	0 31	32 Injury Tr	33 ransp.		13	
		Vame (Last First Middle) Address Operator See Above				Age/DOB	Sex Po	s. System	Status Sv	witch Coo	le Code	Status C	Code Medical Fa	cility	1
	SHAFFER VICTORIA 2366			66 COMMONWEATLH AVE		F		99							\dashv
				WTON, MA 02466			F 3	3 99 4 9		0					
									\sqcup						
7															
2		Please Select One of the Following: X Vehicle 2 1_# Occupants Non-Motorist A Ty				Action 1	Locat	ion	16 Cor	ndition	17	Пн	lit/Run	oped	
	License#						Reg # JRV1146					Reg Type_PANReg State			
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL Endorsment					Veh Year 2012 Veh Make Cl				HEV Veh Config.					
⁸ 2	Operator CIPRIANO KATERINA Last First Middle					Owner (Same as operator) Last First Middle									
	Address 11 EN	MBASSY RD (ap	Addre	Address											
	City BRIGHT		City_	City State Zip											
	Insurance Com	pany STATE FA	Vehicl	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)											
	Vehicle Travel	Direction: N	Event	Event Sequence 22 22 22 22 3 4											
	Citation # (If Is	ssued)	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled												
	Violation	n 1: ChSe	ec Violatio	Driver Contributing Code 4 24 97 24 7 6											
١		n 3: ChSe	Underride/Override Towed Y												
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB		26 27 at Safety os. Syster	Airbag A n Status S	29 Switch Co	0 31 ct Trap ode Code		33 ransp. Code Medical F	acility	
	Operator/	Non-Motorist		See Above			-	99	4 9	99 0	0	10 1	ı		

