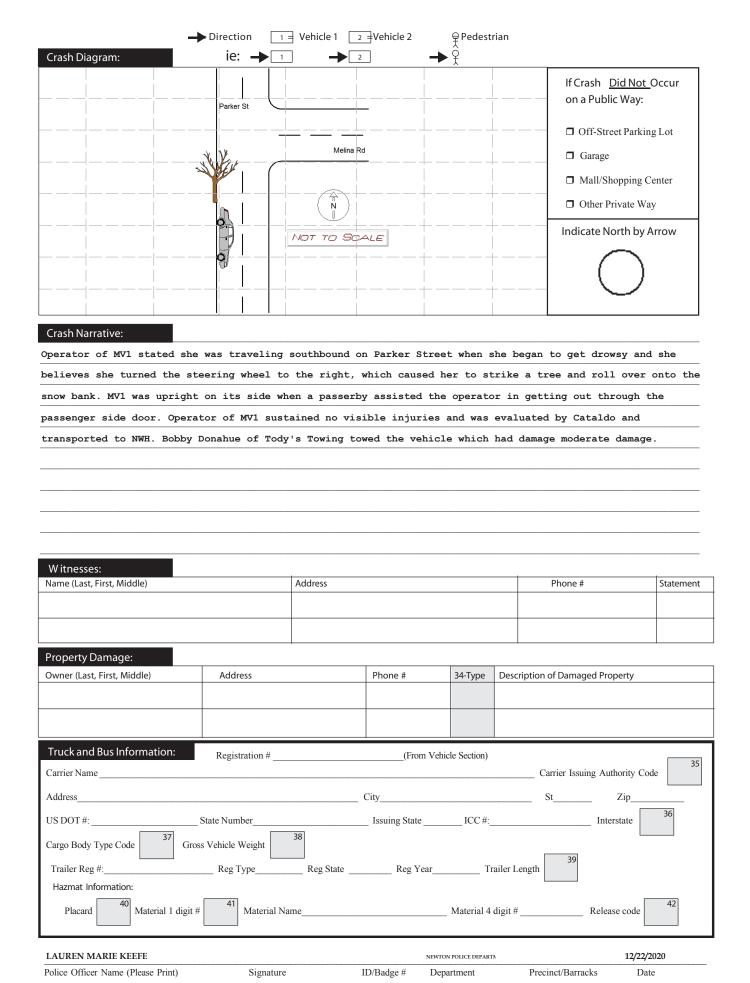
	Poli	ice Use Only		Commonweal	lth o	f Massa	achı	isetts	3		RMV	/ Docun	ient Number		
	Date of Crash 12/22/2020	Time of Crash 16:03 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	XI D	
		AT INTE	RSECTION:		OCAT	_	>		T AT	Γ AT INTERSECTION:					
1	Route# Direc		Name of Do	a deviary/Stanat		SOUTH Direction			PARI	KER ST			Ctmant	2	
4	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street Feet N S E W of or									
	Route# Direc	etion	Name of Intersecting R	Loadway/Street	-					Marker		or	Exit Number	_	
			Also at Intersect	tion with	-	Feet [Rout	e#	Intersec	ting Road	lway/Street	-	
² 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
3	XVehicle 1 1_#Occupants					•									
						Number 2000000766									
	License # St MA DOB/Age					Reg # 695KR1 Reg Type PAN Reg State MA Veh Year 2012 Veh Make HYUN Veh Config. 1									
4	Operator KRUH-NEEDLEMAN HALLIE Endorsment Last First Middle					Owner KRUH PAMELA B									
1	Address 198 GREENWOOD ST				Owner KRUH PAMELA B Last First Middle Address 198 GREENWOOD ST										
	City NEWTON State MA Zip 02459					EWTON							Zip <u>02459</u>	-	
5	Insurance Company SAFETY INSRUANCE Vehicle Travel Direction: NXEW Responding to Emergency? N					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three) Servert Serve									
	Vehicle Travel Citation # (If I		X E W Respond	ling to Emergency? N		armful Event	22 23 23					\overline{A}	10 Undercarr	riage	
	`	/	ec Violation 2:	ChSec		Contributing Co		24	24		9		5 11 Totaled		
⁶ 1	Violation 3: ChSecViolation 4: ChSec					Underride/Override 25 Towed Y 8 O 6									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 27 Seat Safety Pos. Systen	28 Airbag A Status S	29 3 irbag Ejec witch Cod	0 31 Trap e Code	32 Injury Tra Status Co	33 nsp. de Medical Facili	ity 2	
	Operator	,		See Above				1		1 0	2	10 1			
1	Please Select C of the Followin	I Vehicle	e# Occupants	Non-Motorist A Type	14	Action 1	Local	ation	16 Co	ndition	17	Hit	:/Run	ed	
	License # St DOB/Age													_]	
	Sex Lic. Class Lic. Restrictions CDL					h YearVeh MakeVeh Config.									
8 1	Operator Last First Middle					Owner Last First Middle									
	Address City State Zip					Address City State Zip									
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 2 3 4									
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled									
	Violatio	n 1: ChS	Sec Violation 2	: ChSec	Driver	Contributing Co	ode 25	24	24	8	$\sqrt{\frac{1}{7}}$		6		
ļ	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					de/Override		Towe	d	29 30 irbag Ejec	0 31	32	33	\dashv	
	Name (Last Fi	rst Middle)		Address See Above		Age/DOB	Sex	Seat Safety Pos. Syste	Airbag A m Status S	irbag Ejec Switch Co	0 31 Trap de Code	Injury Tra	nsp. ode Medical Faci	lity	
	Operator/	Non-Motorist		See Above										\dashv	
														\dashv	
														\dashv	



CDP1 11 ·24·00