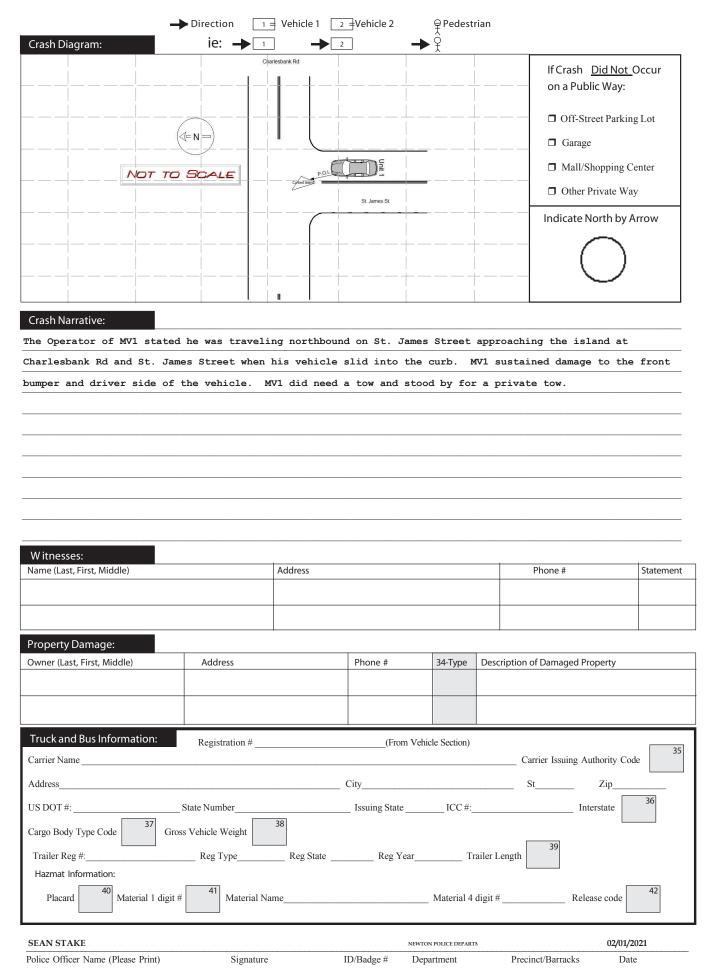
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts			RMV	Docun	ıent Number		
	Date of Crash 02/01/2021	Time of Crash 16:57 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 1		Latit	d Limit ude gitude_		State Police Local Police MBTA Police Other:	XI	
						OCATION > NOT AT INTERSEC						CTION:	\sqsupset $-$		
	EAST	Г CHARI	ESBANK RD											2	
4	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street							Street	$ 2^1$	
_	At NORTH ST JAMES ST					Feet N S E W of or								-	
	Route# Direc		Roadway/Street						Mile Marker Exit Number				_		
				Feet N S E W of Route# Intersecting Roadway/Street								- 1			
$\begin{bmatrix} 2 \\ 4 \end{bmatrix}$	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of									
3	Noncor Direction Name of intersecting Koadway/Street					Landmark									
8	XVehicle1	_1_#Occupants	Number	mber 2100000077											
	License#		Reg # 8PZ543 Reg Type PAN Reg State MA												
	Sex_M Lic. Class D 18 18 Lic. Restrictions T 19 CDL Endorsment					Veh Year 2011 Veh Make SUBARU Veh Config. 1 20									
4	Operator CAI	RRERIO	Owner	(Same as open	rator)		First			Middle		$ 1^1$			
1	Address 100 MAYES AVE					Address									
	City SOMERS	SET	State	MA Zip 02726								Zip	_		
	Insurance Company THE COMMERCE INSURANCE COMPANY					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
5 1	Vehicle Travel	Direction:	S E W Respon	nding to Emergency? N	Event 5	Sequence 20		22	22 2		3		4		
	Citation # (If I	ssued)			Most F	Iarmful Event	20 23	·	(I)	←	9		10 Undercarr 5 11 Totaled	riage	
	Violation	1: ChSec	Violation 2	: ChSec	Driver	Contributing Co		24	24		$\Delta \!$				
⁶ 3	Violation 3: ChSec Violation 4: ChSec Underride/Override										7		6		
	Please to Name (Last Fir	fill out for opera	Age/DOB Sex Pos. System Status Switch Code Status Code Medical F.							33 nsp. de Medical Facil	$_{\rm ity}$ $\begin{bmatrix} 1 \\ 20 \end{bmatrix}$				
	Operator	·		See Above				1	4 4	0	0	10 1			
														-	
7	Please Select C	One —		I_	1	4 1	5		16		17			_	
3	of the Followi	Vehicle	e# Occupants	Non-Motorist A Typ	pe	Action	Locat		Cond	tion		Hit	/Run Mop	ed	
	License#StDOB/Age					rg#Reg TypeReg State									
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					h YearVeh MakeVeh Config.							nfig. 20		
⁸ 3	Operator Last First Middle					Owner Last First Middle									
	Address					Address									
	City		State	zZip	City_	ityStateZip								_	
	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 22 3 4									
	Citation # (If I	ssued)	Most Harmful Event 23 10 Undercarriage 5 11 Totaled									riage			
	Violatio	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 24 24								\sum					
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed 8 7 6									
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex Pos. Sys:				28 29 30 Airbag Airbag Eject Tra em Status Switch Code C			1 32 33 Injury Transp. de Status Code Medical Facility		
		Non-Motorist		See Above											



CDP1 11 ·24·00