	Poli	ice Use Only		Commonwea	alth o	of Mas	sach	uset	tts			RMV	Docur	nent Number			
	Date of Crash 02/15/2021	Time of Crash 20:39 24HR	City/Tow NEWTON	MIOTOI		icle Cr Report		Num Vehi 1	cles I	lumber njured 1	Latitu	Limit de tude_		State Police Local Police MBTA Polic Other:	X 1		
		AT INTER	LOCA		NOT AT INTERSECTION				CTION:								
	WES	Γ MAND	ALAY RD													2	
4	Route# Direction Name of Roadway/Street At					Route# Direction Address #					Name of Roadway/Street						
	NOR	TH WOOD		Feet NSEW of or									2 1				
	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Numb										
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street								dway/Street	- -	1	
² 3	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of											
3	May 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2					Landmark											
	XVehicle1	2_#Occupants	Number	Number 2100000120													
	License # St MA DOB/Age 19					Reg # 6KL921 Reg Type PAN Reg State MA											
	Sex_F Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2014 Veh Make ACURA Veh Config. 2											
4 1	Operator FER		Owner (Same as operator) Last First Middle											3 ¹²			
	Address 224 QUINCY ST (apt. 2)					Address											
	City BOSTON State MA Zip 02121					CityStateZip											
5	1	urance Company GEICO					Vehicle Action Prior to Crash A 21 Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three) A 3 4										
3		Direction: N		nding to Emergency? N		Sequence 3	6	22 2	.2 2.			Ť,		10 Underca	ırriage		
	`	ssued)				Harmful Event	36	24		1 4	-	9		5 11 Totaled	uriage		
⁶ 4			Violation 2	Driver Contributing Code 1 7 6													
4	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N											
	Name (Last First Middle) Address					Age/DOB	Sex	26 Seat Sa Pos. Sy	afety Airb	ag Airbag tus Switch	30 Eject Code	31 Trap Ir Code \$	njury Tra Status Co	ansp. ode Medical Fac	eility	30	
	Operator		224 (See Above QUINCY ST (apt 2)					99 4	99	0 0		10 1				
	LCARMONA BAEZ OLIVER			BOSTON, MA 02121		M		3 9	99 4	99	0 0 9		9 2	NEWTON WELL	WELLESLEY		
⁷ 3	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Typ	pe 1	Action	15 Lo	ecation	16	Conditi	on	17	Ні	t/Run Mo	ped		
	License# St DOB/Age					Reg # Reg Type Reg State									_		
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					Veh Year Veh Make Veh Config. 20											
8 1	Operator Last First Middle					Owner Last First Middle											
	Address					SS									_		
	City State Zip					City State Zip											
	Insurance Company					e Action Prior			21		maged		Code: (0	Circle Up to Th	nree)		
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 3 4											
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled											
	l	n 1: ChSe	Driver Contributing Code 24 24 8 7 6														
	Violation 3: Ch Sec Violation 4: Ch Sec					ride/Override		То	wed	_	30	31	32 _	33			
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB	Sex	26 Seat Sa Pos. S	afety Airb	28 29 ag Airbag atus Switch	Eject Code	Trap III Code	njury [Fra	ansp. Code Medical Fa	cility		
	Operator/	Non-Motorist		See Above			-										

