| | Poli | ice Use Only | | Commonwea | lth o | of Massa | achu | setts | | | RMV | Docum | ent Number | | | |
|----------------|--|---|---|-----------------------|--------------|---|--|---------------------------|--------------|--------------|---------------------------|-----------------------------------|---|----------|--|--|
| | Date of Crash 02/18/2021 | Time of Crash 15:26 | NEWTON | MIOTOI | | icle Cra Report | sh | Number Vehicles | Injured | Latit | d Limit ude gitude_ | | State Police Local Police MBTA Police Other: | Xi D | | |
| | | 24HR AT INTER | SECTION: | | LOCAT | | > | 2 | 0 NOT | | | | CTION: | — | | |
| | COL | | | | | | | | 1101 | 741 | 111112 | ROLC | | 2 | | |
| 1 1 | Route# SOU | | | padway/Street | I | Route# Direction | on Ado | dress # | | Nar | ne of Ro | oadway/S | Street | 2 | | |
| 1 | At WEST WASHINGTON ST | | | | | Feet NSEW of or | | | | | | | | _ 2 | | |
| | Route# Direc | | | | | | | Mile Marker | | | | Exit Number | | | | |
| | | | Also at Intersec | ction with | | | | | | | | oute# Intersecting Roadway/Street | | | | |
| 4 | Route# Direction Name of Intersecting Roadway/Street | | | | | Feet NSEW of | | | | | | | | | | |
| 3 | X Vehicle 1 | #Occupants | | | | | | | | | | 7 | | | | |
| | _ | | | amber 2100000132 | | | | | | | | | | | | |
| | License# | icense # St MA DOB/Age ex_M Lic. Class D Lic. Restrictions 1 CDL | | | | | Reg # 5ZG355 Reg Type PAN Reg State MA NISSAN 2018 | | | | | | | | | |
| 4 | | | Veh Year 2018 Veh Make NISSAN Veh Config. 2 | | | | | | | | | | | | | |
| 3 | Operator SWINARSKI JOEL Last First Middle Address 20 CAMPERS TRAIL RD | | | | | Owner(Same as operator) | | | | | | | | | | |
| | City N CHELMSFORD State MA Zip 01863 | | | | | CityStateZip | | | | | | | | | | |
| | Insurance Company COMMERCE | | | | | Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three) | | | | | | | | | | |
| 5 1 | Vehicle Travel | Direction: N | X E W Respon | ading to Emergency?_N | Event S | Sequence 1 2 | 22 22 | | 22 2 | | 3 | | 4 | | | |
| | Citation # (If I | ssued) | | | Most F | Harmful Event | 1 23 | | 1 | ← | 9 | | 10 Undercarr 5 11 Totaled | iage | | |
| 6 |] | | | ChSec | Driver | Contributing Co | ode 1 | | 24 (8) | | O | | 0 | | | |
| ⁶ 2 | Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved | | | | | ide/Override | | Towe | d_N | | | | | 1: | | |
| | Name (Last First Middle) Address | | | | | Age/DOB | Sex P | 26 27 Safety System | | ch Code | Code S | 32 njury Tran Status Cod | nsp. le Medical Facili | 1 | | |
| | Operator | | | See Above | | | | 2 | 4 99 | 0 | 0 | 10 1 | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | |
| 2 | Please Select C of the Followi | IX Vehicle | 2 <u>0</u> #Occupants | Non-Motorist A Type | e 1 | 4 Action 1 | Loca | tion | Cond | ition | 17 | X Hit | /Run Mop | ed | | |
| | License#StDOB/Age | | | | | Reg # 241592B Reg Type UNK Reg State | | | | | | | State_XX | _ | | |
| | Sex Lic. Class 18 18 Lic. Restrictions 19 CDL | | | | | Veh Year UNK Veh Make UNK Veh Config. 10 | | | | | | | afig. 10 20 | | | |
| 8 4 | Operator | | | | | Owner Last First Middle | | | | | | | | - | | |
| | Address | | | | | Address | | | | | | | | | | |
| | | | State | Zip | CityStateZip | | | | | | | | | - | | |
| | Insurance Company | | | | | Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three) Figure Sequence 22 22 22 22 2 3 4 | | | | | | | | | | |
| | Vehicle Travel Direction: N X E W Responding to Emergency? N | | | | | Most Homeful Front 1 23 | | | | | | | | | | |
| | Citation # (If Issued) Most Harmful Event 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | | ← | 5 11 Totaled | | | | | | |
| | Violatio | ide/Override | 25 Towed N 8 7 6 | | | | | | | | | | | | | |
| | | Please fill out for operator and all occupants involved Name (Last First Middle) Address | | | | | 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. | | | | | | ısp. | Lite: | | |
| | | Non-Motorist | | See Above | | Age/DOB | | Pos. Systen | a Status SWI | CODE | Code | Status Co | wiedical Facil | ity | | |
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