	Poli	ce Use Only		Commonwea	alth o	of Massa	achu	setts	\$		RMV	V Docun	nent Number			
	Date of Crash 03/25/2021	Time of Crash 17:03 24HR	City/Tov NEWTON	MIOTOI		icle Cra Report	sh [	Number Vehicles 2		ed Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	Xi		
			SECTION:		LOCA		>		NO	T AT	INTI	ERSEC	CTION:	2		
	NOR	TH CENTR	E ST											2		
1 1	Route# Direction Name of Roadway/Street					Route# Direction Address# Name of Roadway/Street								$ 2^1$		
	EAST	LANGL		At		Feet NSEW of or								_   _		
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number  Feet N S E W of										
	Also at Intersection with					Route# Intersecting Roadway/Street										
<sup>2</sup> 1						Feet NSEW of										
3	My 11 1 1 10 My 10 Dy 1					Landmark										
	Vehicle1	_1_#Occupants	Number	umber 2100000206												
	License # St MA DOB/Age 19					Reg #         1PTM53         Reg Type PAN         Reg State MA										
	Sex_F Lic. Class D Lic. Restrictions B CDL Endorsment					Veh Year 2020 Veh Make TESLA Veh Config. 1										
<sup>4</sup> 1	Operator CHAHINE MARIAM					Owner (Same as operator)  Last First Middle										
	Address 31 ALBAN RD					Address										
	City NEWTON State MA Zip 02468					CityStateZip										
5	Insurance Company ARBELLA MUTUAL					Vehicle Action Prior to Crash  11  Damaged Area Code: (Circle Up to Three)  22 22 22 23 4										
3		Direction:		onding to Emergency? N		Sequence 1	23	22	22		$\bigcap$		10 Undercarr	riage.		
	`	ssued)				Harmful Event	1	24	24	<b>←</b>	9	$\left( \ \ \right)$	5 11 Totaled	luge		
<sup>6</sup> 1	1			2: ChSec		Contributing Co	ode 1				7		6			
1	Violation 3: ChSecViolation 4: ChSec  Please fill out for operator and all occupants involved					ride/Override		Towe	ed N		) 31 t Trap	32	33	1		
	Name (Last First Middle) Address					Age/DOB	Sex P	os. \$ystem	Status Sw	itch Cod	e Code	status Co	33 nsp. de Medical Facili	1 2		
	Operator			See Above				1	4 4	0	0	10 1				
<sup>7</sup> <b>2</b>	Please Select C of the Followi	IX Vehicle	2 1_#Occupants	Non-Motorist A Ty	pe 1	Action 1	Loca	tion	16 Con	dition	17	Hit	t/Run Mop	ed		
	License# St DOB/Age					Reg #Reg Type_UNKNOWN Reg State_XX										
	Sex Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL					Veh Year UNK Veh Make BMW Veh Config. 1										
8 <b>1</b>	Operator UNKNOWN UNKNOWN Endorsment UNKNOWN  Last First Middle					Owner (Same as operator)  Last First Middle										
	Address UNK UNK					Address										
	City UNK	City UNK State XX Zip UNK					CityStateZip									
	Insurance Company UNKNOWN					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)										
	$ \begin{tabular}{lllllllllllllllllllllllllllllllllll$					Event Sequence 22 22 22 22 23 3 4										
	Citation # (If Is	ssued)	Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled													
	Violation	n 1: ChSe	ec Violation	Driver	Driver Contributing Code 99 24 24 7 6											
	Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed N										
	Plo Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 eat Safety Pos. System		29 30 rbag Ejec witch Co	) 31 t Trap de Code	Injury Tra	nsp. ode Medical Faci	lity		
	Operator/	Non-Motorist		See Above			-	99	4 4	0	0	99 1				

