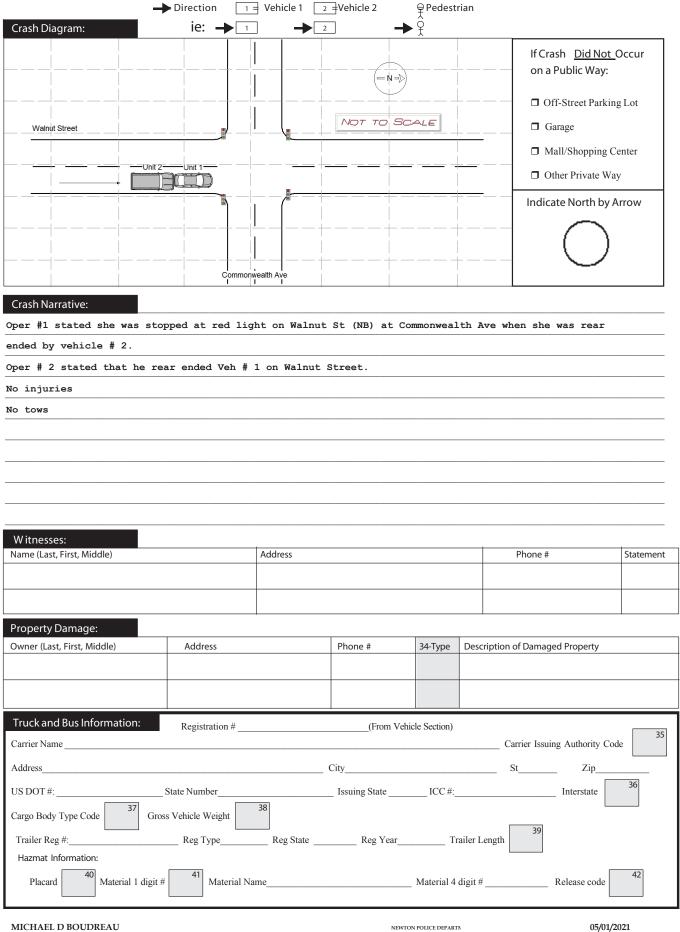
|                       | Poli   | ice Use Only                   |                  | Commonwe                   | alth o | of Mass  | achu  | setts                              |                                 |                      | RMV                        | V Docur                       | nent Number   |         |  |
|-----------------------|--|--------------------------------|------------------|----------------------------|--------|--|-------|------------------------------------|---------------------------------|----------------------|----------------------------|-------------------------------|---|---------|--|
|                       | Date of Crash 05/01/2021   | Time of Crash<br>14:50<br>24HR | NEWTON           | 1410101                    |        | icle Cra<br>Report   | sh [  | Number<br>Vehicles<br>2            |                                 | d Lati               | ed Limi<br>tude<br>gitude_ |                               | State Police<br>Local Police<br>MBTA Police<br>Other: | XI<br>D |  |
|                       |  |                                |                  |                            |        |  |       |                                    |                                 |                      |                            |                               | AT INTERSECTION:                                      |         |  |
|                       |  | COMM                           | IONWEALTH A      | VE                         |        |  |       |                                    |                                 |                      |                            |                               |   | 2       |  |
| 1<br><b>1</b>         | Route# Direction Name of Roadway/Street  |                                |                  |                            |        | Route# Direction Address # Name of Roadway/Street  |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       | At<br>NORTH WALNUT ST  |                                |                  |                            |        | Feet NSEW of • or  |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       | Route# Direction Name of Intersecting Roadway/Street   |                                |                  |                            |        | Mile Marker Exit Number  Feet NSEW of  |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       | Also at Intersection with  |                                |                  |                            |        | Route# Intersecting Roadway/Street   |       |                                    |                                 |                      |                            |                               |   |         |  |
| <b>1</b>              | Route# Direction Name of Intersecting Roadway/Street   |                                |                  |                            |        | Feet NSEW of   |       |                                    |                                 |                      |                            |                               |   |         |  |
| 3                     | [ [V]  | 4 #0                           |                  |                            |        | Landmark   |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       | Vehicle1   | #Occupants                     | e Number         | ımber 2100000299           |        |  |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       | License # St MA DOB/Age [19]   |                                |                  |                            |        | Reg #         4GT523         Reg Type_PAN         Reg State_MA           20              |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       | Sex_F Lic. Class D Lic. Restrictions 1 CDL   |                                |                  |                            |        | Veh Year 2019 Veh Make HONDA Veh Config. 1   |       |                                    |                                 |                      |                            |                               |   |         |  |
| <sup>4</sup> 3        | Last First Middle  |                                |                  |                            |        | Owner Came as operator)  Last First Middle   |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       | Address 41B PINE STREET  |                                |                  |                            |        | Owner (Same as operator)  Last First Middle  Address                                     |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       | City WALTHAM State MA Zip 02453  |                                |                  |                            |        | CityStateZip   |       |                                    |                                 |                      |                            |                               |   |         |  |
| 5                     | Insurance Company GEICO  |                                |                  |                            |        | Vehicle Action Prior to Crash  2  Damaged Area Code: (Circle Up to Three)  22  22  23  4 |       |                                    |                                 |                      |                            |                               |   |         |  |
| 1                     | ]  | Direction:                     |                  | oonding to Emergency? N    |        | bequence 1   | 23    | 22                                 |                                 |                      | $\overline{\bigcap}$       |                               | 10 Undercari  | riage   |  |
|                       | `  | ssued)                         |                  | • 51                       |        | Harmful Event  | 1     | 24                                 | 24                              | <b>←</b>             | 9                          |                               | 11 Totaled  | ge      |  |
| <sup>6</sup> <b>1</b> |  |                                |                  | 2: ChSec                   |        | Contributing C   | ode 1 |                                    | 8                               |                      | 7                          |                               | <b>6</b>  |         |  |
| 1                     | Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved |                                |                  |                            |        | Underride/Override Towed N   |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       | Name (Last First Middle)  Address  |                                |                  |                            |        | Age/DOB  | Sex P | os. \$ystem                        | Airbag Air<br>Status Swi        | oag Ejec<br>tch Code | t Trap<br>e Code           | 32<br>Injury Tra<br>Status Co | ansp.<br>ode Medical Facil                            | ity 1   |  |
|                       | Operator   |                                |                  | See Above                  |        |  | -     | 99                                 | 4 4                             | 0                    | 0                          | 10 1                          |   |         |  |
|                       |  |                                |                  |                            |        |  |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       |  |                                |                  |                            |        |  |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       |  |                                |                  |                            |        |  |       |                                    |                                 |                      |                            |                               |   |         |  |
| <sup>7</sup> <b>2</b> | Please Select One of the Following: Vehicle 2 1_# Occupants  Non-Motorist A Ty                 |                                |                  |                            | ype 1  | Action   | Loca  | tion                               | 16 Cone                         | dition               | 17                         | Hi                            | t/Run Mop   | oed     |  |
|                       | License# St MA DOB/Age   |                                |                  |                            |        | Reg # 64RF53 Reg Type PAN Reg State MA   |       |                                    |                                 |                      |                            |                               | State MA  | _       |  |
|                       | Sex_F_ Lic. Class D 18 18 Lic. Restrictions 1 19 CDL   |                                |                  |                            |        | Veh Year 2012 Veh Make NISSAN Veh Config. 2  |       |                                    |                                 |                      |                            |                               |   |         |  |
| 8<br><b>1</b>         | Operator OLIVEIRA JAECE  Last First Middle   |                                |                  |                            |        | Owner (Same as operator)  Last First Middle  |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       | Address 28 CAPITAL ST  |                                |                  |                            |        | Address  |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       | City WATERTOWN State MA Zip 02472  |                                |                  |                            |        | City State Zip   |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       | Insurance Company COMMERCE   |                                |                  |                            |        | Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)                   |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       | Vehicle Travel Direction: X S E W Responding to Emergency? N                                   |                                |                  |                            |        | Event Sequence 1 22 22 22 22 22 22 10 3 4 10 Undercarriage                               |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       | Citation # (If Issued)   |                                |                  |                            |        | Most Harmful Event 1 5 11 Totaled  |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       | Violatio   | n 1: ChSe                      |                  | Driver Contributing Code 5 |        |  |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       | Violation 3: ChSec Violation 4: ChSec  |                                |                  |                            |        | Underride/Override Towed N   |       |                                    |                                 |                      |                            |                               |   | _       |  |
|                       | Pl<br>Name (Last Fi  |                                | operator and all | occupants involved Address |        | Age/DOB  |       | 26 27<br>eat Safety<br>Pos. Syster | 28 Z<br>Airbag Air<br>Status Sv | pag Ejec             | ) 31<br>t Trap<br>de Code  |                               | 33<br>ansp.<br>Code Medical Faci                      | ility   |  |
|                       | Operator/  | Non-Motorist                   |                  | See Above                  |        |  | -     | 99                                 | 4 4                             | 0                    | 0                          | 10 1                          |   |         |  |
|                       |  |                                |                  |                            |        |  |       |                                    |                                 | $\perp$              |                            |                               |   |         |  |
|                       |  |                                |                  |                            |        |  |       |                                    |                                 |                      |                            |                               |   |         |  |
|                       |  |                                |                  |                            |        |  |       |                                    |                                 |                      | +                          |                               |   |         |  |



CDP1 11 ·24·00

Police Officer Name (Please Print)