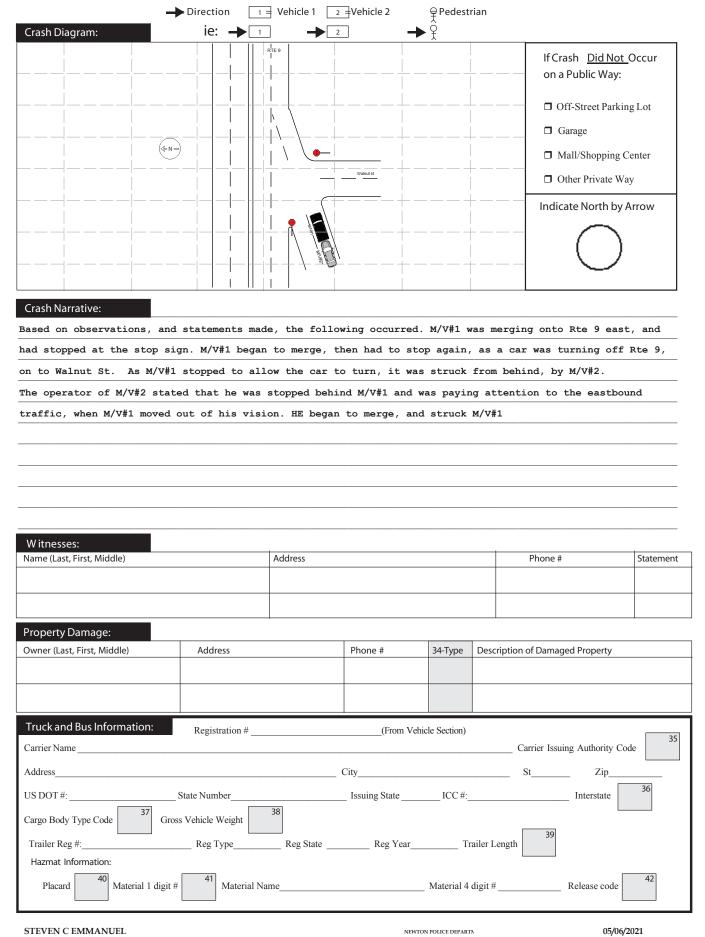
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	isetts	\$		RM	V Docui	ment Number			
	Date of Crash 05/06/2021	Time of Crash 16:58 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		ed Lat	ed Limi itude _ igitude_		State Police Local Police MBTA Police Other:	XI - XI		
			RSECTION:		LOCAT		>						CTION:			
	EAST	r BOYLS	TON ST											2		
1 1	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street										
_	At SOUTH WALNUT ST					Feet NSEW of or								_ 2		
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number										
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street										
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of										
3						Landmark										
	X Vehicle 1	#Occupants	Number	umber 2100000316												
	License # St MA DOB/Age					Reg # XXYY Reg Type PAN Reg State MA										
	Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL_Endorsment					Veh Year 2020 Veh Make LNDR Veh Config. 20										
⁴ 2	Operator BEN		Owner (Same as operator) Last First Middle													
	Address 230 D	Address 230 DUDLEY RD					Address									
	City NEWTON State MA Zip 02459					City State Zip										
[_	Insurance Company SAFETY					Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)										
5 1	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency? N	Event	Sequence 1 2	22 22 23		22		3		10 Un donoon			
	`	ssued)			Most I	Harmful Event	1 23	24	24	←	9		10 Undercar 11 Totaled	паде		
⁶ 1	1			2: ChSec	Driver	Contributing Co	ode 1				<u> </u>		6			
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ride/Override		Towe	d N		0 31	32	33			
	Name (Last First Middle) Address					Age/DOB	Sex S	26 27 Seat Safety Pos. System	28 Airbag Ai Status Sv	rbag Ejec ritch Cod	0 31 Trap e Code	32 Injury Tr Status C	ansp. ode Medical Faci	1		
	Operator			See Above				1	4 4	0	0	10 1	L			
4	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupant	Non-Motorist A Typ	pe 1	4 Action 1	Loca	ntion	16 Cor	dition	17	Пн	it/Run Mo	ped		
	License # St MA DOB/Age					Reg # 1GYX88 R					Reg Type PAN Reg State			_]		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2006 Veh Make HONDA Veh Config. 1										
8 1	Operator DAVONTAI JONATHAN Last First Middle					Owner (Same as operator) Last First Middle										
	Address 1 RICHFIELD PARK				Address											
	City DORCHESTER State MA Zip 02125					City State Zip										
	Insurance Company FOREMOST INS					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					Event Sequence 1 22 22 22 22 3 4										
	Citation # (If I								9	10 Undercarriage 5 11 Totaled						
	Violatio	n 1: ChSe	Driver Contributing Code 19 24 24 7 6													
	Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed N										
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex			26 27 28 29 Seat Safety Airbag Airbag Pos. System Status Switch				33 ansp. Code Medical Fac	cility		
	Operator/	Non-Motorist		See Above			-	1	4 4	0	0	10 1	ı			
						+										



Police Officer Name (Please Print) CDP1 11 ·24·00