	Poli	ice Use Only		Commonv	vealth	of Mas	sach	use	tts		Rl	MV Do	cumer	ıt Number		
	Date of Crash 06/16/2021	Time of Crash 15:29	NEWTON	14100		nicle Cr Report			icles	Injured	Speed Latitude		S L N	tate Police ocal Police MBTA Police Other:	NA NA D	
			RSECTION:	<		TION	>			NOT .			ECT	ION:	7	
							WEST 165 NEEDHAM ST									
	Route# Direc	te# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street								eet		
				At		Feet	N S	E W o	f —	Mile Mai	•	- or		Serie Nissenhau	. -	
	Route# Direc	ction		ing Roadway/Street		Feet	N S	E W o		Mille Mai	ker		E	Exit Number	\dashv	
_			Also at Inte	ersection with				_	_	Route#	Inter	secting I	Roadwa	ny/Street	-	
L	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									_ -	
	XVehicle 1 1 #Occupants															
		roccupunt		Number 2100000442												
	License # St RI _ DOB/Age St 19					Reg # AM60 Reg Type PAN Reg State RI Veh Year 2011 Veh Make VOLKSWAGON Veh Config. 1										
_	Sex_F Lic.		Lic. Restriction	Endorsment	t							Veh T	Config	g. 1	_	
l	Operator MA	Last	First		Owner MATARESE JOSEPH T Last First Middle Address 90 MOLLIE DRIVE											
	Address 90 MOLLIE DRIVE City CRANSTON State RI Zip 02921					CRANSTON					St	ate RI	7in	02921		
	Insurance Company UNKNOWN						to Crasi	h [21					ele Up to Thre	e)	
			vehicle Action Prior to Crash Vehicle Action Prior to Crash Incretion: NXEW Responding to Emergency? N Event Sequence 1 22 22 22 22 22 3 4													
	Citation # (If I					Harmful Even		23						10 Undercarri	age	
	Violation	1: ChSe	ec Violatio	on 2: ChSec	_ Drive	er Contributing		4 2	4	24	- /		၂ၿ	11 Totaled		
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6										
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 Seat S Pos. \$	27 Safety Airl	28 29 bag Airbag itus \$witch	30 Eject Tra Code Cod	31 32 p Injury le \$tatus	33 Transp Code	Medical Facilit	hv	
	Operator	or made)		See Above					1 4	4	0 0	10	1	Wedlear Facility		
															\dashv	
1	Please Select C of the Followi		le2 <u>1</u> #Occupa	nts Non-Motorist A	A Type	14 Action	15 Lo	ocation	16	Condition	on 1	7	Hit/Ru	un Mope	ed	
	License # St FL DOB/Age					Reg # GTLG98 Reg Type PAN Reg State FL							te FL			
	Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL													20		
	Operator YASUI LISA Endorsment Last First Middle					Owner (Same as operator)										
•	Address 11781 ISLAND LAKES LN Middle					Last First Middle Address										
	City BOCA RATON State FL Zip 33498					CityStateZip										
	Insurance Company UNKNOWN					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel	Direction: N	S E X	esponding to Emergency?	N Even	t Sequence 1			22 2	2 2		⊚ │	\bigcirc	10 Undercarri	ingo	
	Citation # (If I	ssued)			Most	Harmful Even	1	23	a	1 4	⊢ │ 〕	9	5	11 Totaled	age	
	Violatio			on 2: ChSec		er Contributing		2 24		_୍ ∟		7				
ı			Sec Violat		Unde	erride/Override		To	owed _1	<u> </u>	30	31] 32	33		_	
	Name (Last Fi	irst Middle)		ll occupants involved Address		Age/DOB	Sex	Pos.	System St	28 29 bag Airbag tatus Switch	30 Eject Tra Code Co	p Injury ode Statu	Transp		ity	
	Operator/	Non-Motorist		See Above			-		1 4	4	0 0	10	1		\dashv	
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