	Pol	ice Use Only		Commonweal	th o	f Massa	achu	isetts			RMV	/ Docun	ient Number			
	Date of Crash 07/12/2021	Time of Crash 19:30 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		d Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	N N		
	AT INTERSECTION: <					LOCATION > NOT AT INTERSECTION							CTION:			
1						NORTH	65		ELLIS	ST						
3	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street								$ _{2}$		
	Postell Direction New Classes D. J. Co.					Feet N S E W of or Exit Number										
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street										
2	·	Pauto# Direction Name of Interest in D. January					Feet NSEW of									
3	Route# Direction Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street					Landmark										
	XVehicle1	1_#Occupants	Jumber 2100000505													
	License # St MA DOB/Age St 19					Reg # 7LT456 Reg Type PAN Reg State MA										
	Sex_F_ Lic.	Class D	Lic. Restrictions CHANDRA	CDLEndorsment		ar_2015						Veh Cor		- T		
1 1	Operator PEN	Last	Middle	Owner DUANE MARY Last First Middle 17 WORCHESTER												
	Address 35 BERNARD STREET City NEWTON State MA Zip 02461					Address 17 WORCHESTER City BOSTON State MA Zip 02118										
	Insurance Company SAFETY INSURANCE					Action Prior to	Crash	1 2					Circle Up to Thr	ree)		
2	Vehicle Travel	Direction: X	S E W Respond	ding to Emergency? N	Event S	Sequence 20 2	22 22		22 €)	3		4			
_	Citation # (If I	ssued)			Most H	armful Event	22 23		 1	—	9	$\left\{ \left \ \ \right \right\}$	10 Undercarr 5 11 Totaled	riage		
	Violation	1: ChSec	c Violation 2:	ChSec	Driver	Contributing Co		19 24 1	2 24 8		VŢ		6			
2	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed Y										
	Name (Last First Middle) Address					Age/DOB	Sex I	26 27 Seat Safety Pos. System	28 Airbag Air Status Sw	29 30 bag Eject tch Code) 31 Trap c Code	32 Injury Tra Status Co	nsp. de Medical Facil	ity 2		
	Operator			See Above				1	4 99	0	0	10 1				
7											151					
1	Please Select (of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	14	Action	Loca	ntion	Con-	dition	17	Hit	/Run Mop	oed		
	License#StDOB/Age					g#Reg TypeReg State								_		
	Sex Lic. Class					Year Veh Make Veh Config. 20										
1	Operator					Owner										
	Address					Address										
	CityStateZip					City State Zip Damaged Area Code: (Circle Up to Three)										
	Insurance Company Vehicle Travel Direction: NSEW Responding to Emergency?					Vehicle Action Prior to Crash Event Sequence 22 22 22 22 23 4										
	Vehicle Travel Direction: NSEW Responding to Emergency? Citation # (If Issued)					Most Harmful Event 23										
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24 5 11 Totaled										
	Violation 3: ChSecViolation 4: ChSec					ide/Override	25	Tower	8 I		7		6			
	Pl Name (Last Fi		operator and all oc	cupants involved		Age/DOB		26 27 Seat Safety Pos. Syster	28 Airbag Air Status Sv	29 30 bag Eject	31 Trap de Code	Injury [Tra	33 nsp. ode Medical Faci	ility		
		Non-Motorist		See Above							2340		and a del			

