	Poli	ce Use Only		Commonwea	alth o	of Mass	achu	setts	\$		RM	V Docu	ment Number		
	Date of Crash 07/22/2021	Time of Crash 14:24	City/To NEWTON	wn Motor	Veh	icle Cra	sh	Number Vehicles			eed Lim		State Police Local Police MBTA Police	N N	
		24HR				Report		2	0		ngitude		Other:		
		AT INTER	RSECTION:	<	LOCA	ΓΙΟΝ	>		N(T AT	INT	ERSE	CTION:	2	
	sou	TH HARVA	ARD ST												
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direction Name of Roadway/Street At WEST FARQUHAR ST					Route# Direction Address # Name of Roadway/Street							/Street	2 ¹	
						Feet NSEW of or Exit Number								_	
	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
	Also at Intersection with					Route# Intersecting Roadway/Street Feet N S E W of									
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Route# Direction Name of Intersecting Roadway/Street														
3	∇1	1 #0	Landmark												
	Vehicle1	#Occupants		- 1 Case	Number		210	00000540)					_	
	License # St MA DOB/Age					Reg # 1EPD29 Reg Type PAN Reg State MA 20									
	Sex M Lic. Class D 10 10 Lic. Restrictions 1 19 CDL Endorsment					Veh Year 2017 Veh Make TOYT Veh Config. 1									
⁴ 2	Operator HO	BART	Owner	Owner (Same as operator) Last First Middle											
	Address 230 WALNUT STREET (apt. 36B)					Address									
	City NEWTON State MA Zip 02460					City State Zip									
	Insurance Company COMMERCE INSURANCE COMP					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
5 1	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency? N	Event	Sequence 1	22 22	22	22	2	3		4		
	Citation # (If Is	ssued)			Most I	Harmful Event	1 23	24	24	1 👉	9	1	10 Undercar 5 11 Totaled	riage	
6	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing C		24		8		7	(
⁶ 1	Violation 3: ChSecViolation 4: ChSec					ride/Override	25	Towe	ed N						
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Sex Po	26 27 eat Safety os. System	28 Airbag Status S	29 irbag Eje witch Co	30 31 Trap de Code	32 Injury Tr Status C	ransp. ode Medical Facil	lity 1	
	Operator Se			See Above				1	4	4 0	0	10 1	NONE		
⁷ 3	Please Select C of the Followin	I X Vehicle	2 <u>1</u> #Occupan	ts Non-Motorist A Ty	pe 1	Action 1	I5 Loca	tion	16 Co	ndition	17	Пн	it/Run Mor	ped	
	License# St FL DOB/Age DOB/Age					Reg # 9580PB Reg Type PAN Reg State MA								_	
	Sex M Lic. Class 99 18 18 Lic. Restrictions 9 CDL					Veh Year 2005 Veh Make TOYT Veh Config. 1									
⁸ 2	Operator GOZEMBA GERFRIED M Endorsment					Owner (Same as operator)									
	Address 1785 SW WATERFALL BLVD Middle					Last First Middle Address									
	City PALM C	ITY	Sta	nte_FL Zip_34990	CityStateZip									_	
	Insurance Company_COMMERCE INSURANCE COMP					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSEM Responding to Emergency? N					Event Sequence 1 22 22 22 22 23 4									
	Citation # (If Issued) Most Harmful Event 1 23							$\langle \rangle$	10 Undercarriage 5 11 Totaled						
	Violation	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 24													
	Violation 3: ChSec Violation 4: ChSec Underride/Override								8)	7 6					
	Plo Name (Last Fi	ease fill out for		26 27 28 29 30 31 32 33 33 34 35 35 35 35 35						ansp.	ility				
		Non-Motorist		See Above		Age/DOB		os. Syster		4 0	ode Code 0	Status 0		iiity	
						-									

