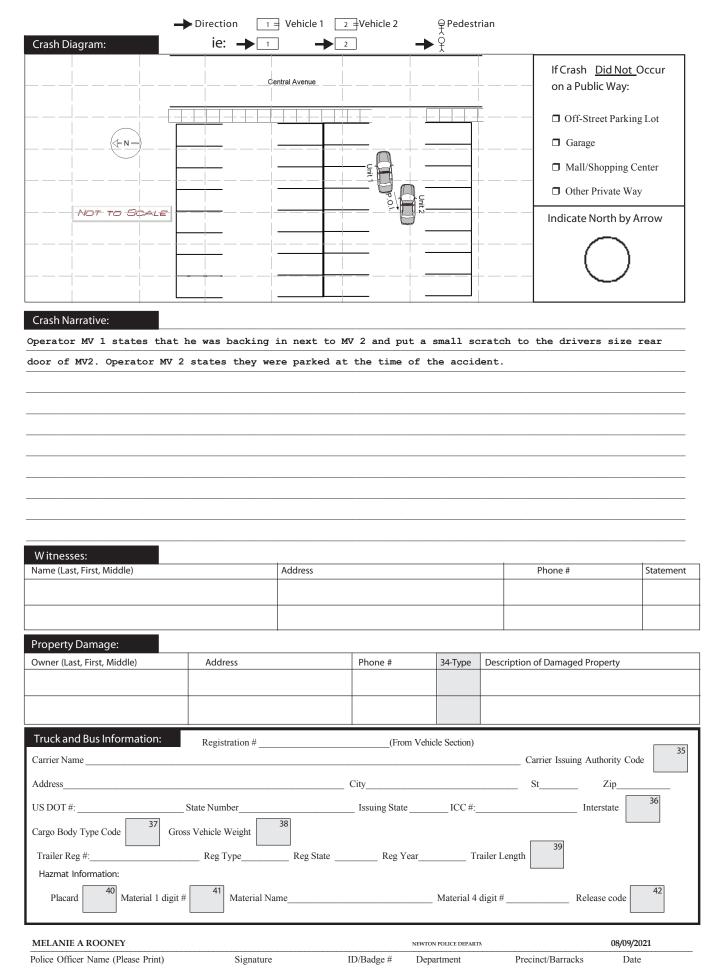
	Poli	ice Use Only		Commo	onwealt	h o	f Mass	ach	use	etts			RM	V Doc	cumen	ıt Number		
	Date of Crash 06/27/2021	Time of Cras 17:00 24H	NEWTON	Town	Aotor V Polic		icle Cra Report	sh		mber hicles	Num Injui	red Lat	eed Lim titude _ ngitude		Si L M O	tate Police ocal Police IBTA Police other:	XI D	
								OCATION > NOT AT INTERSECT							ECT.	ION:	ightharpoons	
								EAST 119 CENTRAL AVE									<u> </u>	
1 [Route# Direc	oute# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Stree								eet			
	At						Feet NSEW of or										_	
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number Feet N S E W of											
	Also at Intersection with						Route# Intersecting Roadway/Street											
1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of												
,	Mychicle 1 2 #Occupants																	
	J						Number 2100000593											
	License # St MA DOB/Age					Reg # MP492B Reg Type_MVN Reg State_MA 20 Reg Type_MVN Reg State_MA												
	Sex_M_ Lic.		Lic. Restriction		rement		ar 2020			ke_FO	RD 			_Veh	Config	g. 2	_ -	
1	Operator DR	Decrator DRAGONE ROBERT Last First Middle					Owner CITY OF NEWTON Last First Middle 1221 WAS HINICTON STREET											
	Address 1321 WASHINGTON STREET					Address 1321 WASHINGTON STREET City NEWTON State MA Zip 02465												
	City NEWTON State MA Zip 02465								, [21							- e)	
5	Insurance Company SELF INSURED Vehicle Travel Direction: NSWW Responding to Emergency? N						Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three) Figure Sequence 2 22 22 22 22 2 3 4											
			N S K W Re	sponding to Emerge			sequence 2		23					Δ		10 Undercarri	iage	
	Citation # (If I	7	lec Violatio	on 2: Ch Sec			armful Event Contributing C	2	19 2	24	24	1 🗲	9	4	5	11 Totaled		
1	1			on 4: Ch Sec			ide/Override	l	25	Towed	N	8	7		6			
	Please fill out for operator and all occupants involved					muerri	lde/Override	T			28 Airbag A	29 3 irbag Eje	30 31 ct Trap	32 Injury	33 Transp.		\dashv	
	Name (Last Fir	st Middle)	<u> </u>	Add See Al	hove		Age/DOB	Sex		System	Status 8	witch Coo	de Code	\$tatus	Code 1	Medical Facilit	ty 2	
	KANE, ALEX			321 WASHINGTON	STREET			F	3			4 0	0	10	1			
	RIIVE, TREEX		1	NEWTON, MA 0246	5			-		-	*	1 0	0		1			
,																		
1	Please Select C of the Followi	IX Vehic	cle2 <u>1</u> #Occupa		orist A Type	14	Action	15 Lo	ocation		6 Co	ndition	17		Hit/Ru	un Mop	ed	
	License # St MA DOB/Age					Reg # MP494B Reg Type MVN Reg State MA									te MA	-		
	Sex F Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2020 Veh Make FORD Veh Config. 2												
4	Operator CONARY KRISTINA Last First Middle						CITY OF NE	st			First			Mie	ddle		-	
	Address 1321 WASHINGTON STREET						1321 WASH	INGT	ON ST	TREET							-	
	City NEWTON State MA Zip 02465					City NEWTON State MA Zip 02465										-		
	Insurance Company SELF INSURED					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three)												
	Vehicle Travel Direction: NSWW Responding to Emergency?N						Sequence 2		22 23	22	22	2	\bigcap	\overline{A}		10 Undercarri	iage	
	Citation # (If I	·					armful Event	2		24	24	1	9		5	11 Totaled		
	Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code 1											
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Inderri	ide/Override		1	owed_		29 3 irbag Eje	0 31 ct Trap	32	33		_	
	Name (Last Fi	rst Middle)		Ad	ldress		Age/DOB	Sex	Seat Pos.	System	Status	Switch Co	ode Code	Status	Transp. Code	Medical Facil	ity	
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