	Poli	ice Use Only		Commonwe	alth o	of Mass	achu	setts			RMV	V Docun	nent Number		
	Date of Crash 09/14/2021	Time of Crash 18:08 24HR	NEWTON	MIUIUI		icle Cra Report	sh	Number Vehicles 2		Latin	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	XI E	
			RSECTION:		LOCA		>						CTION:		
	SOU	ГН ВЕАСС	ON ST											2	
1 1	Route# Direc	tion		Roadway/Street		Route# Direction	on Ado	lress #	-	Na	me of F	Roadway	/Street		
	Route# Direction BEACONWOOD RD Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of or								_ _	
						Mile Marker Exit Number									
						Feet N S E W of Route# Intersecting Roadway/Street									
2 1	Route# Direc	tion	eting Roadway/Street	Feet N S E W of								3			
3	My v v v v v v v v v v v v v v v v v v v					Landmark									
	Wehicle1	1_#Occupants	e Number	Jumber 2100000704											
	License # St MA DOB/Age					Reg # 1NJN58 Reg Type_PAN Reg State_MA									
	Sex_M_ Lic. Class D Lic. Restrictions B CDL Endorsment					Veh Year 2019 Veh Make HONDA Veh Config. 1									
⁴ 1	Operator GWIM THOMAS					Owner (Same as operator) Last First Middle									
	Address 49 VICTORIA CIR					Owner (Same as operator) Last First Middle Address									
	City NEWTON State MA Zip 02465					City State Zip									
- I	Insurance Company COMMERCE					Vehicle Action Prior to Crash 4 21 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 23	22	22] €		<u></u>		4 10 Undercar	riogo	
	``	ssued)			Most I	Harmful Event	1 23	24	0	←	9		5 11 Totaled	nage	
⁶ 1	1			2: ChSec	Driver	Contributing C	ode 1				7		6		
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N									
	Name (Last First Middle) Address					Age/DOB	Sex Se	26 27 eat Safety os. System	28 Airbag Airl Status Swi	29 30 Eject ch Code	31 Trap Code	32 Injury Tra Status Co	33 ansp. ode Medical Facil	lity 1	
	Operator			See Above				99	4 4	0	0	10 1			
⁷ 3	Please Select C of the Followi	IX Vehicle	22 <u>1</u> #Occupant	s Non-Motorist A Ty	ype 1	Action 1	Locat	tion	16 Cond	lition	17	Hi	t/Run Mor	ped	
	License# St MA DOB/Age					Reg # 2L2010 Reg Type MCN Reg State MA						State MA	_]		
	Sex M Lic. Class M 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2016 Veh Make YAMA Veh Config. 3									
⁸ 2	Operator NAZZARO ALEXANDER Endorsment Last First Middle					Owner (Same as operator) Last First Middle									
	Address 4 OAKWOOD TER					Address									
	City NEWTON State MA Zip 02459					City State Zip									
	Insurance Company MAPHRE					Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSWW Responding to Emergency?N					Event Sequence 1 22 22 22 22 2 4									
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 3 24 24 8 7 6									
	Violation 3: ChSecViolation 4: ChSec					ride/Override	25	Towed	I_N_	0 1 22	/	1 22 1			
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 eat Safety Pos. System	28 2 Airbag Airl n Status Sw	9 30 pag Eject itch Cod	Trap le Code	Injury Tra	33 insp. ode Medical Fac	ility	
	Operator/	Non-Motorist		See Above				5	5 4	0	0	10 1			
											+				

