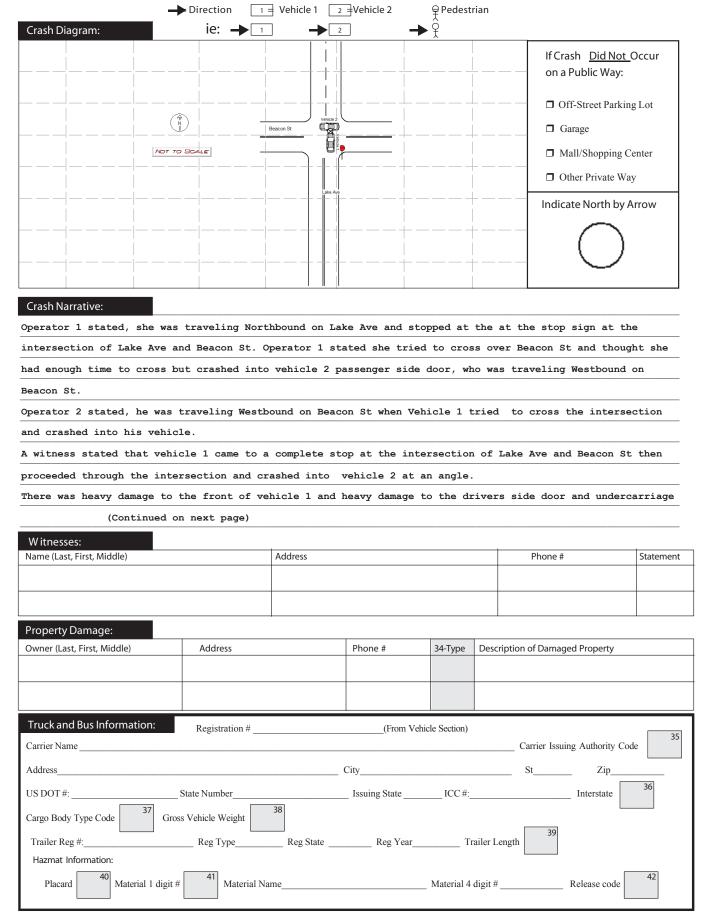
	Poli	ce Use Only		Commonwea	olth o	of Ma	ssa	chu	set	ts			RMV	/ Doc	umen	t Number	
	Date of Crash 09/24/2021	Time of Crash 15:13	City/T NEWTON	MIOTOI		Vehicle Crash Number Vehicle			eles In	Injured L		Speed Limit 25 Latitude		Si L	tate Police ocal Police IBTA Police	N XI	
ļ		24HR				ce Report 2				0		LongitudeOther:					
	AT INTERSECTION: < I					LOCATION > NOT AT INTERSECTION:							ION:	_ 2			
	WES	г веасо	ON ST														
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direct	Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street							eet	_ 2 1			
	NORTH LAKE AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or or Mile Marker Exit Number									. -		
						Feet NSEW of										-	
						Route# Intersecting Roadway/Street											-
$\begin{vmatrix} 2 \\ 2 \end{vmatrix}$						Feet N S E W of											3
3		Landmark										\dashv					
	XVehicle1	Number			21	00000	752							╝			
	License # — St MA DOB/Age — Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL CDL					Reg # 46KS33 Reg Type PAN Reg State MA											_
						Veh Year 2013 Veh Make CHEVY Veh Config. 20											
4	Operator BER	Last	ISABELLA	Endorsment	Owner BERT ARTHUR Last First Middle											- 1 1 1	
2	Address 18 AI	GONQUIAN D	OR This	widue	Address 18 ALGONQUIAN DR											. 🖵	
	City NATICK State MA Zip 01760 Insurance Company PROGRESSIVE					City NATICK State MA Zip 01760											
						Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)										e)	
5 1	Vehicle Travel	Direction:	S E W Res	sponding to Emergency? N	Event Sequence 1 22 22 22 22 23 4												
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarria 5 11 Totaled									age		
	Violation	1: ChSec	Violatic	n 2: ChSec	Driver Contributing Code 19 24 24												
⁶ 1	Violation	3: ChSec	Violatic	n 4: ChSec	Underr	ride/Overrid	le	25	Тс	wed Y	ີ 0 ີ -		7		6		
	Please 1		ator and all occ	upants involved Address	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility								v 1				
	Operator	st Middle)		See Above					os. sys	4	s Switch	Code	0	\$tatus 10	Code 1	Medical Facilit	<u> </u>
	CHIWAYA, A	CHIWAYA, ASHLEIGH 45 DANA RD WELLESLEY, MA 02482 45 DANA RD					I	F 3	1	4	4	0	0	10	1		
	BROWN, MIR						-	F 4	1	1	1	0	0	10	1		
	BROWN, WIIR	ACLE		ELLESLEY, MA 02482 DANA RD			-				4			10	1		
7	MAD-TOING		I	VELLESLEY, MA 02482			I	F 6	1	4	4	0	0	10	1		
3		Please Select One of the Following: Vehicle 2 1_#Occupants Non-Motorist A Type				4 Action	15	Loca	tion	16	Conditio	on	17		Hit/Ru	un Mope	ed
	License#		St N		Reg# 2RJ934					Re	Reg Type_PANReg State			MA	_		
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2008 Veh Make SUBARU Veh Config. 1								g. 20			
⁸ 2	8 Operator MCKEIGUE GREGORY Endorsment Last First Middle					(Same as	opera	tor)		Fi	rst			Mic	ldle		-
	Address 1277 MASSACHUSETTS AVE (apt. 2)					Address											
	City ARLINGTON State MA Zip 02474					CityStateZip									.		
	Insurance Company FARMERS PROPERTY & CASUALTY INSURANCE (Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									e)		
	Vehicle Travel	Direction: N	esponding to Emergency?N	cy? N Event Sequence $\begin{pmatrix} 1 & 22 & 22 & 22 & 22 & 22 & 22 & 22 &$													
	Citation # (If Is	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled										age					
	Violation	n 1: ChSe	Driver Contributing Code 1 24 24														
	Violation	Underride/Override Z5 Towed Y 8 6															
	Please fill out for operator and all occupants involved Name (Last First Middle) Address)B		26 eat Sat Pos. Sy	27 28 fety Airba	29 Airbag	30 Eject Code	31 Trap Code	32 Injury	33 Transp. Code	Medical Facili	ity
		Non-Motorist		See Above		Age/DC			1	4	4		0	Status 10	1	INICAICAI FACIII	
										+							



_	Direction 1	delicle 1	₂_ ‡ Vehicle 2	₽ Pedestrian	า	
Crash Diagram:	ie: → 1	_ - _2	2	→ Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
	i				Off-Street Parkin	g Lot
					☐ Garage	
					☐ Mall/Shopping C	
					☐ Other Private Wa	у
		+		+-	Indicate North by A	Arrow
Crash Narrative:						
of vehicle 2. Both vehicle		-				
Operator 1 and her passeng						
and all declined medical a	attention. Open	rator 2 also	declined m	edical attent	ion.	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		,				
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:				Vehicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	de
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State _	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38			39	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	r Traile	er Length	
Hazmat Information:	41					42
Placard 40 Material 1 digit	# Material N	ame		Material 4 digi	it # Release code	42
Police Officer Name (Please Print)	Signature			Department	09/24/2 Precinct/Barracks Date	
	Signature			- F	Duite	-

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