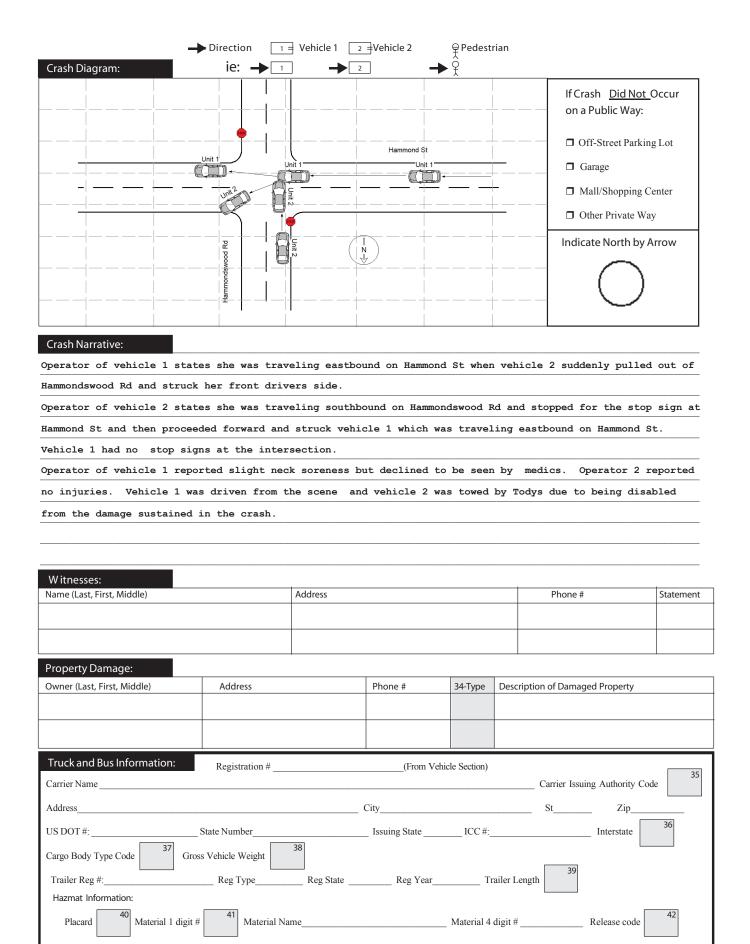
	Poli	ice Use Only		Commonwea	alth o	of Mass	achu	isetts	S		RM	V Docur	ment Number			
	Date of Crash 09/28/2021	Time of Crash 15:00	NEWTON	MIOTOI		icle Cra Report	ash	Number Vehicles	s Inju	red La	eed Lim titude _ ngitude		State Police Local Police MBTA Police Other:	Xi D		
		AT INTER	SECTION:		LOCA'		>	2	0 N				CTION:	\dashv		
									111	01 111	11(1)		0110111	2		
1	Route# SOU		Name of	Roadway/Street		Route# Directi	on Ad	Idress #		N	lame of I	Roadway	/Street			
1	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or								2		
						Mile Marker Exit Number										
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street										
² 3	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of										
3						Landmark										
	XVehicle1	1_#Occupants	Number	mber 2100000769												
	License#St MA DOB/Age					Reg # V77373 Reg Type CON Reg State MA										
	Sex_F Lic. Class D 18 18 Lic. Restrictions T 19 CDL_Endorsment					Veh Year 2019 Veh Make KIA Veh Config. 1 20										
⁴ 2	Operator FIN			Owner DMO NORWOOD LL Last First Middle												
		Address 5 EDGE HILL ST					Address 160 BOSTON PROVIDENCE TPKE									
	City JAMAICA PLAIN State MA Zip 02130					City NORWOOD State MA Zip 02062										
5	Insurance Company UTICA NATIONAL INSURANCE CO OF TX					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
5 1		Direction: N	S X W Resp	onding to Emergency? N	Event Sequence 1 22 22 22 22 2 3 4 10 Undercarriage									riage		
	Citation # (If I	·				Harmful Event	1	24	24	1	9		5 11 Totaled	riage		
⁶ 2	1	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 7 6									<i>)</i> 6					
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ride/Override		26 27 Seat Safety		29	30 31 Feet Trap	32 Injury Tra	33 ansp.			
	Name (Last First Middle) Address Operator See Above			Address		Age/DOB		Pos. Syster	n Status !	Switch Co	de Code	Status Co	ode Medical Facil	lity 1		
	Operator			See Above				1	4	4 0	0	10 1				
7																
2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Typ	pe 1	Action Action	Loca	ation	16 Co	ondition	17	Ні	it/Run Mop	oed		
	License# St MA DOB/Age					Reg # 9AZ137 Reg Type PAN Reg State MA								_]		
	Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL					Veh Year 2015 Veh Make HOND Veh Config. 20										
8 1	Operator HYUNSUE ESTHER CHUNG Endorsment Last First Middle					Owner (Same as operator) Last First Middle										
	Address 96 CHESTNUT HILL AVE (apt. 2)					Address										
	City BRIGHTON State MA Zip 02135					City State Zip										
	Insurance Company GEICO					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: N X E W Responding to Emergency? N					Event Sequence 1 22 22 22 22 22 22 10 3 4 10 Undercarriage										
	Citation # (If Issued) Most Harmful Event 1 23 9								$\left(\ \ \right)$	5 11 Totaled						
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 3																
			ec Violatio	occupants involved	Underride/Override							33				
	Name (Last Fi	rst Middle)	operator and all	Address		Age/DOB	Sex	Pos. Syste	m Status	Switch C	ode Code	Status C	ansp. Code Medical Faci	ility		
	Operator/	Non-Motorist		See Above				1	4	4 0	0	10 1				
										_						



MICHAEL ANTHONY IAROSSI

Police Officer Name (Please Print)

Signature

NEWTON POLICE DEPARTM

O9/28/2021

Police Officer Name (Please Print)

Precinct/Barracks

Date