| | Poli | ice Use Only | | Commonwea | alth o | of Massa | achu | setts | | | RMV | V Docun | nent Number | | |
|--|---|--------------------------|--|------------------------|---|---|--------|---------------------------------|----------------------------------|---------------------------------|--------------------------|-------------------------------|---|-------------|--|
| | Date of Crash 10/03/2021 | Time of Crash 09:35 | City/To NEWTON | MIOTOI | | icle Cra | sh [| Number Vehicles | | d Lati | ed Limi tude | | State Police Local Police MBTA Police | NA NA | |
| | | 24HR | | | | Report | | 2 | 0 | | gitude_ | | Other: | _ | |
| | | AT INTER | RSECTION: | < | LOCA | ΓΙΟΝ | > | | NO | Т АТ | INTI | ERSEC | CTION: | 2 | |
| | sou | ТН НАММ | IOND ST | | | | | | | | | | | | |
| $\begin{vmatrix} 1 \\ 1 \end{vmatrix}$ | Route# Direction Name of Roadway/Street At WEST MIDDLESEX RD | | | | | Route# Direction Address # Name of Roadway/Street Feet NSEW of • or Mile Marker Exit Numb | | | | | | | Street | 2 | |
| | | | | | | | | | | | | | Exit Number | _ | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | Feet NSEW of | | | | | | | | | |
| | Also at Intersection with | | | | | Route# Intersecting Roadway/Street | | | | | | | | | |
| 2 2 | Route# Direction Name of Intersecting Roadway/Street | | | | | Feet N S E W of | | | | | | | | | |
| 3 | | | Landmark | | | | | | | | | \dashv | | | |
| | Vehicle1 | 1_#Occupants | er 2100000783 | | | | | | | | | | | | |
| | License # St MA DOB/Age | | | | | Reg # 2MLP57 Reg Type PAN Reg State MA | | | | | | | | | |
| | Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment | | | | | Veh Year 2021 Veh Make AUDI Veh Config. 1 20 | | | | | | | | | |
| ⁴ 2 | Operator SPR | | Owner (Same as operator) | | | | | | | | | - 1 | | | |
| | Address <u>36 WOODMANRD</u> City <u>CHESTNUTHILL</u> <u>State MA</u> <u>Zip 02467</u> | | | | | Address | | | | | | | | | |
| | | | | | | City State Zip | | | | | | | | | |
| | Insurance Company BANKERS STANDARD | | | | | 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 I | ssued) | | | Most I | Harmful Event | 1 23 | | 1 | — | 9 | $\left(\ \ \right)$ | 10 Undercarr 5 11 Totaled | riage | |
| 6 | Violation | 1: ChSec | c Violation | 2: ChSec | Driver | Contributing Co | | 24 | 24 | | | | 6 | | |
| 6 Violation 3: ChSec Violation 4: ChSec Underride/Override | | | | | | | | | d <u>Y</u> | | C | | | | |
| | Please fill out for operator and all occupants involved Name (Last First Middle) Address | | | | | Age/DOB | Sex Po | 26 27 at Safety s. System | 28 Airbag Air Status Sw | 29 30 bag Eject itch Code |) 31 t Trap e Code | 32 Injury Tra Status Co | 33 nsp. de Medical Facili | 13 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 | Non-Motorist A Typ | pe 1 | Action 1 | Locati | | 16 Con | dition | 17 | Hit | t/Run Mop | ped | |
| | License# | | Reg # 2WCV59 Reg Type PAN Reg State MA | | | | | | | State MA | | | | | |
| | Sex_F Lic. | 18 1 | 8 Lic. Restriction | DOB/Age 19 CDL | | Veh Year 2019 Veh Make | | | | | | | Veh Config. 2 | | |
| ⁸ 2 | Operator GIFFORD GEMMA PATTERSON | | | | | Owner (Same as operator) | | | | | | | | | |
| 2 | Address 169 CHESTNUTHILL RD | | | | | Last First Middle Address | | | | | | | | | |
| | City CHESTNUTHILL State MA Zip 02467 | | | | | CityStateZip | | | | | | | | | |
| | Insurance Company COMMERCE | | | | | Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| | Vehicle Travel Direction: XSEW Responding to Emergency?N | | | | | Event Sequence 1 22 22 22 22 3 4 | | | | | | | | | |
| | Citation # (If Issued) Most Harmful Event 1 23 | | | | | | | 9 | 10 Undercarriage 5 11 Totaled | | | | | | |
| | Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 12 24 24 | | | | | | | | _ | | 5 11 Totaled | | | | |
| | l | | ecViolatio | | Underride/Override Z5 Towed Y 6 | | | | | | | | | | |
| | | | operator and all | | 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. | | | | | | nsp. | | | | |
| | Name (Last Fi | rst Middle) Non-Motorist | | Address See Above | | Age/DOB | Sex Po | os. Systen | Status Sv | vitch Coo | de Code | | ode Medical Faci | lity | |
| | 1 | | | | | | | - | + | + | + | | | | |
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