	Poli	ice Use Only		Commonwe	alth o	of Mas	sac	huse	etts			RM	V Doo	cumen	nt Number			
	Date of Crash 10/10/2021	Time of Cras	NEWTON	MIOTO		icle Cr Report	ash	Nu Ve	ımber hicles	Nun Inju 0	red Lat	eed Lim titude _ ngitude		L  N	tate Police ocal Police MBTA Police other:	<u> </u>		
							ice Report 2 0 Longitude LOCATION > NOT AT INTERSE									┪		
				WEST 175 BOYLSTON ST										_2				
1 <b>1</b>	Route# Direc	tion		Route# Direction Address # Name of Roadway/Street										_   _				
1	At					Feet NSEW of or												
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number												
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street												
<sup>2</sup>	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of												
3	Route# Direction Name of Intersecting Roadway/Street					Landmark												
	XVehicle1	e Number	Number 2100000802															
	License#St CTDOB/Age					Reg # 2KVG36 Reg Type PAN Reg State MA												
	Sex_M Lic. Class D 18 18 Lic. Restrictions 19 CDL_Endorsment					Veh Year 2019 Veh Make TOYOTA Veh Config. 20												
4	Operator JUL	ES Last	_ Owner	Owner BAPTISTE VALERIE  Last First Middle														
1	Address 160 N	Address 160 N CANAAN ST					Address 602 (apt. 3) HYDE PARK AVE											
	City HARTFO	state CT Zip 06112	_ City_	ROSLINDAL	Ξ			State_MAZip_02131										
	Insurance Com	Insurance Company PROGRESSIVE CASUALTY INSURANCE					Vehicle Action Prior to Crash  1  Damaged Area Code: (Circle Up to Three)											
5 <b>1</b>	Vehicle Travel	Direction:	Event	Event Sequence 1 22 22 22 22 23 4														
	Citation # (If I	ssued)			Most 1	Harmful Event	1	23		241	1	9		5	10 Undercarria 11 Totaled	.ge		
6	Violation	1: ChS	Sec Violatio	Driver	Driver Contributing Code 1 24 24 8 7 6													
<sup>6</sup> 1		Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed N											
	Please : Name (Last Fir		erator and all occ	upants involved  Address		Age/DOB	Sex	26 Seat Pos.		28 Airbag Status	29 Airbag Eje Switch Coo	30 31 for Trap de Code	32 Injury Status	Transp. Code	Medical Facility	1		
	Operator			See Above			-		1	4	4 0	0	10	1				
	BAPTISTE, V	BAPTISTE, VALERIE		602 HYDE PARK AVE (apt 3) ROSLINDALE, MA 02131			F	3	1	4	4 0	0	10	1				
	JULES, GERA	RD	I .	60 N CANAAN ST IARTFORD, CT 06112			M	4	1	4	4 0	0	10	1				
7 <b>1</b>	Please Select One of the Following:  Wehicle 2 1 #Occupants Non-Motorist A Ty				ype 1	14 Action	15	Location		16 Co	ondition	17		Hit/Ru	un Mope	d		
	License# St MA DOB/Age					Reg # 87M990 Reg Type PAN Reg State MA										7		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2019 Veh Make MITS Veh Config. 20												
<sup>8</sup> <b>2</b>	Operator ALA	perator ALADJEM ALBERT  Last First Middle					erato	r)		First			Mi	ddle				
	Address 111 PLEASANT ST (apt. 27)					ss												
	City WATERTOWN State MA Zip 02472											State	·	_Zip				
	Insurance Company NORFOLK DEDHAM MUT					Vehicle Action Prior to Crash  6 21 Damaged Area Code: (Circle Up to Three)												
	$\begin{tabular}{lllllllllllllllllllllllllllllllllll$					Event Sequence 1 22 22 22 2 3 4												
	Citation # (If I	Most 1	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled															
	Violatio	n 1: Ch	Driver	Driver Contributing Code 4 24 24 7 6														
	Violation 3: ChSecViolation 4: ChSec					ride/Override			Towed	_Y_		/	1 22			_		
	Pl Name (Last Fi		or operator and a	ll occupants involved Address		Age/DOB	Se	26 Seat Pos.	27 Safety . System	28 Airbag Status	29 Airbag Eje Switch Co	ode Code	32 Injury Status	Transp. Code	Medical Facilit	У		
	Operator/	Non-Motorist	t	See Above			-		1	4	4 0	0	10	1		$\Box$		
							+						+			$\dashv$		

