	Poli	ce Use Only		Comm	onwealt	h of	Massa	ach	uset	ts			RMV	/ Docu	ıment	Number		
	Date of Crash 10/13/2021	Time of Crash 09:10 24HR	NEWTON	Town	Motor V Polic		cle Cra eport	sh	Num Vehic 2	- 1	jured	Speed Latitu Longi	de		Sta Lo M Ot	ate Police ocal Police BTA Police ther:		
							LOCATION > NOT AT INTERSECTION								ON:	$\frac{1}{2}$		
							WEST 320 WASHINGTON ST										2	
1 L	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street								et				
\exists	At						Feet NSEW of • or											
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Mile Marker Exit Number Feet N S E W of											
\dashv	Also at intersection with						Route# Intersecting Roadway/Street Feet N S E W of											
1	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of Landmark											_ 3	
	XVehicle1	d Case Nur												7				
					Case I van		1/11/17					DANI				364	4	
	License#St MA DOB/Age						Reg # 1LKH47 Reg Type PAN Reg State MA 2017 TOYOTA											
_	Sex_M_ Lic. Class D Lic. Restrictions 1 CDL_Endorsment Operator SAMBO ADEOLA						Veh Year 2017 Veh Make TOYOTA Veh Config. 1											
3	Operator SAMBO ADEOLA Last First Middle Address 15 EAGLE AVE (apt. 9)					Owner (Same as operator) Last First Middle												
	City BROCKTON State MA Zip 02301						Address											
	Insurance Company FARMERS PROPERTY & CASUALTY INSURANCE						Vehicle Action Prior to Crash The state											
1	Vehicle Travel	Direction: N	S E X Re	sponding to Emerg	gency? N	Event Se	quence 1 2	22 2	2 22		2		3	<u> </u>	4			
1	Citation # (If Is	ssued)			N	Лost Har	rmful Event	1 2.	3			_ `	9		1 -	10 Undercarriag	ge	
	Violation	1: ChSec	c Violatio	on 2: ChSec	I	Driver Co	ontributing Co	ode	1 24	2			广			11 Totaled		
1	Violation 3: ChSec Violation 4: ChSec						e/Override	2.	5 To	owed N			7		6			
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	26 Seat Sai Pos. Sys	27 28 fety Airba stem Statu	3 29 g Airbag s Switch	30 Eject Code	31 Trap 1 Code	32 Injury T Status (ransp.	Medical Facility	1	
	Operator			See A	Above				1	4	99	0	0	10	1	NONE		
3	Please Select C of the Followin	IX Vehicle	e2 <u>1</u> #Occupa	nts Non-Mot	torist A Type	14	Action 1	Loc	cation	16	Conditio	on	17	X	lit/Ru	n Mopeo	d	
	License#StDOB/Age					Reg # UNK Reg Type PAN Reg State MA									MA			
	Sex_M_ Lic. Class 99 18 18 Lic. Restrictions 19 CDL						Veh Year_UNK Veh Make_UNK Veh Config. 1											
2	Operator UNKNOWN Last First Middle						Owner (Same as operator) Last First Middle											
	Address UNK					Address												
	CityStateZip_UNK					CityStateZip												
	Insurance Company UNKNOWN					Vehicle Action Prior to Crash Sequence 22 22 22 22 2 3 4 Vehicle Action Prior to Crash 5 31 Damaged Area Code: (Circle Up to Three)											'	
	74 1 0 0 3					Event Sequence 1 10 Undercarriage											ge	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						Most Harmful Event 1 9 5 11 Totaled Driver Contributing Code 19 24 9 24											
	Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override											
	Plo	ease fill out for		ll occupants invo	lved		L		26 Seat Sai	27 28 fety Airba	3 29 g Airbag	30 Eject	31 Trap	32 Injury T	33 ransp.		\dashv	
	Name (Last Fig. Operator/	rst Middle) Non-Motorist			Above		Age/DOB	Sex		ystem Stat	us Switch	Code	Code	Status	Code 1	Medical Facility UNKNOWN	,	
	r								12									
															-			

