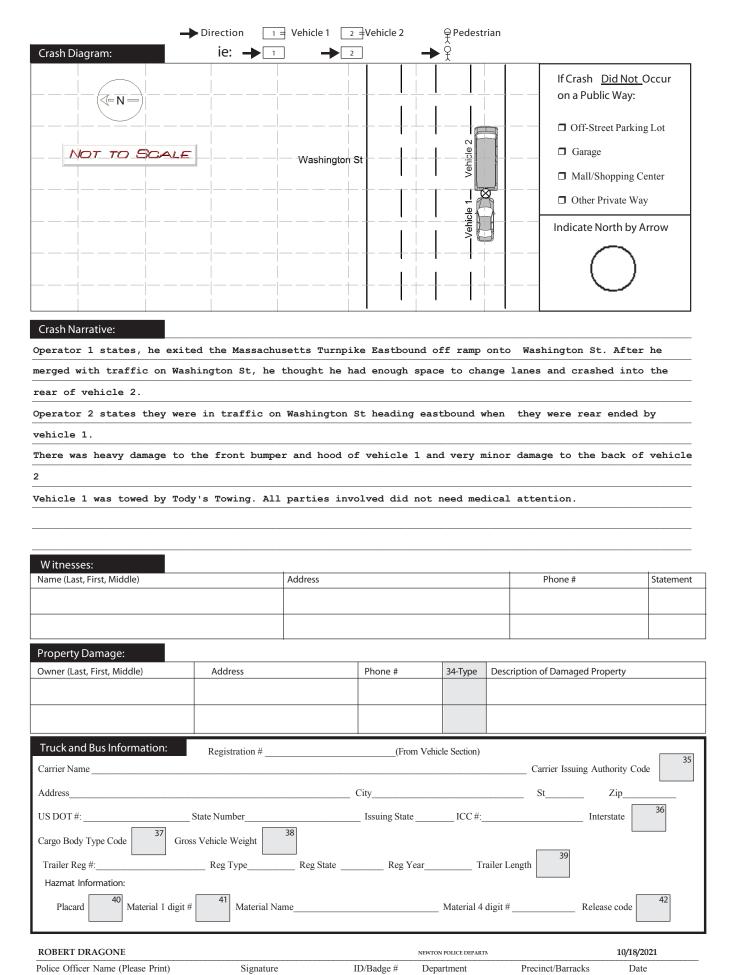
	Poli	ice Use Only		Commo	onwealtl	h of	f Massa	ach	use	etts			RM	V Doc	umen	t Number		
	Date of Crash 10/18/2021	Time of Crash 18:08	NEWTON	Town	Aotor V Polic		cle Cra Report	sh		mber hicles	Num Inju	red La	eed Lim titude _ ngitude		St La M O	tate Police ocal Police IBTA Police ther:	XI XI	
								LOCATION > NOT AT INTERSECTION								ION:		
							EAST 320 WASHINGTON ST											
1 4	Route# Direc	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Stree									eet		
	At						Feet NSEW of or Mile Marker Exit Number											
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of											
2	Also at mersection with					Route# Intersecting Roadway/Street												
1	Route# Direction Name of Intersecting Roadway/Street					Landmark												
3	XVehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case																	
	_				Case Ivan		TWCC00						4 N.T.			264	4	
	License# St MA DOB/Age					Reg # 9VK688 Reg Type PAN Reg State MA												
4	Sex M Lic. Class D Lic. Restrictions B CDL Endorsment Operator CRUZ STEPHEN Last First Middle					Veh Year 2019 Veh Make JEEP Veh Config. 1												
1	Address 72 AI	Operator CNOZ STETTIEN Last First Middle Address 72 ARLINGTON ST					Owner (Same as operator) Last First Middle											
	City NEWTON State MA Zip 02458					Address												
	Insurance Company COMMERCE INSURANCE					Valida Astian Brianta Const. 21 Damaged Area Code: (Circle Un to Three)												
5	1			sponding to Emerge		vent Se	equence 1	22	22	5 22	22	2	3		4			
1		issued)	11-7			lost Ha	armful Event	1 2	23			1 4	9			10 Undercarri	age	
	Violation	1: ChSe	ec Violati	on 2: ChSec_	D	river (ו Contributing Co	ode	5 2	24	24			\bigvee		11 Totaled		
⁶ 1	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed Y 8 7 0											
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag A Status S	29 Lirbag Eje Witch Co	30 31 Trap	32 Injury Status	33 Transp. Code	Medical Facilit	v 1	
	Operator			See Al								4 0	0	10	1			
7 1	Please Select (of the Followi		le2 <u>2</u> #Occupa	nnts Non-Moto	orist A Type	14	Action 1	15 Lo	cation	1	.6 Co	ndition	17		Hit/Ru	ın Mope	ed	
	License# St RI DOB/Age					Reg # T91087 Reg Type COMM Reg State MA												
	Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL					Veh Year 2018 Veh Make ISU Veh Config. 2												
4	Operator KEO	Operator KEOOUDONE ANDY Endorsment Last First Middle					B AND G SE	RVICI	ES		First			Mic	idle		.	
	Address 112 RUTLAND ST (apt. 1)					ddress	75 WAVERL	YAVI	Ē		THIST							
	City WOONSOCKET State MA Zip 02895					City FRAMINGHAM State MA Zip 01702												
	Insurance Company COMMERCE INSURANCE					Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)												
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					vent S	equence 1		22	22	22	2	3		4	10 Undaragri		
	Citation # (If Issued)						Most Harmful Event 1 23 10 Undercarriage G 11 Totaled											
	Violatio	on 1: ChS		ion 2: ChSec			Contributing Co	L	1	24	24	8	<u> </u>	\mathcal{L}	ر 6			
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					nderrio	de/Override		1	owed			30 31	32	33		_	
	Name (Last Fi	irst Middle)	or operator and a	Ad	ldress		Age/DOB	Sex	26 Seat Pos.	27 Safety <i>f</i> System	Airbag A Status	29 Lirbag Ejo Switch C	30 31 ect Trap ode Code	Injury Status	Transp. Code	Medical Facil	ity	
		Non-Motorist	12	See Al						1	4	4 0	0	10	1		\dashv	
	BABIJ, WILLI	AM	I	VAREHAM, MA 025				М	3	1	4	4 0	0	10	1			
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