	Poli	ice Use Only		Commonwea	lth c	of Massa	achu	setts			RMV	V Docu	ment Number		
	Date of Crash 11/05/2021	Time of Crash 09:13	City/Tov NEWTON	MIOTOI		icle Cra	sh	Number Vehicles			ed Limi tude		State Police Local Police MBTA Police	XI	
	, ,	24HR				Report		2	0		gitude_		Other:		
		AT INTER	RSECTION:	< I	LOCA	ΓΙΟΝ	>		NO	T AT	INTI	ERSE	CTION:	2	
	NOR	TH CENTR	E ST												
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direction Name of Roadway/Street At WEST COMMONWEALTH AVE					Route# Direction Address# Name of Roadway/Street							//Street	2	
						Feet NSEW of or Exit Number								_	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of									
2	Also at intersection with					Route# Intersecting Roadway/Street									
² 1	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	XVehicle 1 1_#Occupants														
	Z vemere i	roccupants		mber 2100000903											
	License # St MA DOB/Age St 19					Reg # 17YV20 Reg Type PAN Reg State MA									
	Sex_M_ Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2010 Veh Make LEXUS Veh Config. 2									
3	Operator SEDUNOV VASILY Last First Middle					Owner Came as operator) Last First Middle									
	Address 80 MANET RD (apt. 2)				Address										
	City NEWTON State MA Zip 02467														
5	Insurance Company PREFERRED MUTUAL Vehicle Travel Direction: N S E X Responding to Emergency? N					Vehicle Action Prior to Crash Three Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 3 4									
1				onding to Emergency? N		bequence 1	23				\bigcap	\overline{A}	10 Undercar	rriage	
	`	ssued)		2. Ch		Harmful Event	1	24	24	←	9		5 11 Totaled		
⁶ 1	1			2: ChSec		Contributing Co	ode 1 25				7		6		
1	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					ride/Override		Towe	28 Airbag Air	29 30 bag Eject) 31 t Trap	32 Injury Tr	33 ransp.		
	Name (Last First Middle) Address					Age/DOB	Sex Po	s. System	Status Sw	itch Code	Code	Blatus C	Ode Medical Fac		
	Operator			See Above				1	4 4	0	0	10 1	INONE	'	
⁷ 2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupant	Non-Motorist A Typ	pe 1	4 Action 1	Locat		16 Con	dition	17	Пн	it/Run Mo	ped	
	License # St MA DOB/Age					Reg # 169CR2 Reg Type PAN Reg State MA							State MA	_	
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Fordermore to the control of					Veh Year 2016 Veh Make HYUN Veh Config. 1									
8 1	Operator LAMOTHE BENJAMIN Last First Middle Middle				Owner (Same as operator) Last First Middle										
	Address 146 JAMES ST				Address										
	City ATTLEBORO State MA Zip 02703				City State Zip										
	Insurance Company_VERMONT MUTUAL					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 1 22 22 22 22 22 22 10 3 4 10 Undercarriage									
	Citation # (If I	Citation # (If Issued) Most Harmful Event 1 23 1									5 11 Totaled				
	Violatio	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 18 24 24 8 7									6				
	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed Y									
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB		Sex Pos. System		28 29 30 Airbag Airbag Eject Status Switch Code			33 ransp. Code Medical Fac	cility	
	Operator/	Non-Motorist		See Above			-	1	4 4	0	0	10 1	NONE		

