|                       | Poli   | ice Use Only                   |                      | Commonwea              | lth o                             | of Massa   | achu         | setts                            |                               |                                | RMV                          | V Docun                       | nent Number   |         |  |
|-----------------------|--|--------------------------------|----------------------|------------------------|-----------------------------------|--|--------------|----------------------------------|-------------------------------|--------------------------------|------------------------------|-------------------------------|---|---------|--|
|                       | Date of Crash<br>11/10/2021  | Time of Crash<br>17:19<br>24HR | NEWTON               | MIOTOI                 |                                   | icle Cra<br>Report   | sh [         | Number<br>Vehicles<br>2          |                               | d Lati                         | ed Limi<br>tude _<br>gitude_ |                               | State Police<br>Local Police<br>MBTA Police<br>Other: | Xi      |  |
|                       |  |                                | RSECTION:            |                        | LOCA                              |  | >            |                                  |                               |                                |                              |                               | CTION:  | $\lnot$ |  |
|                       | WES  | T BOYLS                        | TON ST               |                        |                                   |  |              |                                  |                               |                                |                              |                               |   | 2       |  |
| <b>4</b>              | Route# Direction Name of Roadway/Street  |                                |                      |                        |                                   | Route# Direction Address # Name of Roadway/Street                        |              |                                  |                               |                                |                              |                               | Street  | $ 2^1$  |  |
| _                     | NOR  | TH CHEST                       | At                   | Feet NSEW of or        |                                   |  |              |                                  |                               |                                | 2                            |                               |   |         |  |
|                       | 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                       |              |                                  |                               |                                |                              |                               |   |         |  |
| 2<br><b>1</b>         | Route# Direction Name of Intersecting Roadway/Street                                     |                                |                      |                        |                                   | Feet N S E W of  |              |                                  |                               |                                |                              |                               |   |         |  |
| 3                     |  |                                |                      |                        |                                   | Landmark   |              |                                  |                               |                                |                              |                               |   |         |  |
|                       | Wehicle 1 1_#Occupants   |                                |                      |                        |                                   |  |              |                                  |                               |                                |                              |                               |   |         |  |
|                       | License # St MA DOB/Age  |                                |                      |                        |                                   | Reg # 3DTY74 Reg Type PAN Reg State MA                                   |              |                                  |                               |                                |                              |                               |   |         |  |
|                       | Sex F Lic. Class D Lic. Restrictions B CDL Federmont                                     |                                |                      |                        |                                   | Veh Year 2019 Veh Make TOYOTA Veh Config. 20 2                           |              |                                  |                               |                                |                              |                               |   |         |  |
| 4<br>1                | Operator STEINMAN LAURASUE NESSON Last First Middle                                      |                                |                      |                        |                                   | Owner (Same as operator)  Last First Middle                              |              |                                  |                               |                                |                              |                               |   |         |  |
|                       | Address 120 PLEASANT ST (apt. 406)   |                                |                      |                        |                                   | Owner (Same as operator)  Last First Middle  Address                     |              |                                  |                               |                                |                              |                               |   |         |  |
|                       | City WATERTOWN State MA Zip 02472  |                                |                      |                        |                                   | City State Zip   |              |                                  |                               |                                |                              |                               |   |         |  |
|                       | Insurance Company COMMERCE INSURANCE   |                                |                      |                        |                                   | Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)   |              |                                  |                               |                                |                              |                               |   |         |  |
| 5                     | Vehicle Travel   | Direction:                     | S E W Resp           | onding to Emergency?_N | Event                             | Sequence 1 2   | 22 22        | 22                               | 22 2                          |                                | 3                            |                               | 1011-1  |         |  |
|                       | `  | ssued)                         |                      |                        | Most I                            | Harmful Event  | 1 23         | 24                               | 24                            | <b>←</b>                       | 9                            | [                             | 10 Undercarr<br>5 11 Totaled                          | nage    |  |
| <sup>6</sup> <b>1</b> | 1  |                                |                      | 2: ChSec               | Driver                            | Contributing Co  | ode 1        | 24                               |                               |                                | <u> </u>                     |                               | 6   |         |  |
| 1                     | Violation 3: ChSec Violation 4: ChSec  |                                |                      |                        |                                   | ride/Override  |              | Towe                             | d <u>N</u>                    |                                |                              |                               |   | 1       |  |
|                       | Please fill out for operator and all occupants involved Name (Last First Middle) Address |                                |                      |                        |                                   | Age/DOB  | Sex Se<br>Po | 26 27<br>at Safety<br>s. System  | 28<br>Airbag Air<br>Status Sw | 29 30<br>bag Ejec<br>itch Code | 31<br>t Trap<br>c Code       | 32<br>Injury Tra<br>Status Co | 33<br>nsp.<br>de Medical Facili                       | 1 1     |  |
|                       | Operator   |                                |                      | See Above              |                                   |  |              | 1                                | 4 4                           | 0                              | 0                            | 10 1                          |   |         |  |
|                       |  |                                |                      |                        |                                   |  |              |                                  |                               |                                |                              |                               |   |         |  |
|                       |  |                                |                      |                        |                                   |  |              |                                  |                               |                                |                              |                               |   |         |  |
|                       |  |                                |                      |                        |                                   |  |              |                                  |                               |                                |                              |                               |   |         |  |
| <sup>7</sup> <b>2</b> | Please Select C<br>of the Followi  |                                | 2 <u>1</u> #Occupant | ss Non-Motorist A Typ  | pe 1                              | Action 1   | 5 Locat      | ion                              | 16 Con                        | dition                         | 17                           | Hit                           | t/Run Mop   | oed     |  |
|                       | License# St MA DOB/Age DOB/Age   |                                |                      |                        |                                   | Reg # UTF2643 Reg Type Reg State V                                       |              |                                  |                               |                                |                              | State_VA                      | _   |         |  |
|                       | Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL  |                                |                      |                        |                                   |  |              |                                  |                               |                                |                              |                               | nfig. 20  |         |  |
| 8<br><b>1</b>         | Operator ZIDES ELIZABETH Endorsment  Last First Middle                                   |                                |                      |                        |                                   | Owner HERTZ VEHICLES LI  |              |                                  |                               |                                |                              |                               |   |         |  |
| 1                     | Address 55 ARIADNE RD  |                                |                      |                        |                                   | Address 44074 MERCURE CIR  |              |                                  |                               |                                |                              |                               |   |         |  |
|                       | City DEDHAM State MA Zip 02026   |                                |                      |                        |                                   | City STERLING State VA Zip 20166   |              |                                  |                               |                                |                              |                               |   |         |  |
|                       | Insurance Company HERTZ RENTAL   |                                |                      |                        |                                   | Vehicle Action Prior to Crash    Damaged Area Code: (Circle Up to Three) |              |                                  |                               |                                |                              |                               |   |         |  |
|                       | Vehicle Travel Direction: NSWW Responding to Emergency?N                                 |                                |                      |                        |                                   | Event Sequence 1 22 22 22 22 3 4   |              |                                  |                               |                                |                              |                               |   |         |  |
|                       | Citation # (If Issued)   |                                |                      |                        |                                   | Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled                    |              |                                  |                               |                                |                              |                               |   |         |  |
|                       | Violatio   | n 1: ChSe                      | ec Violatio          | Driver                 | Driver Contributing Code 18 24 24 |  |              |                                  |                               |                                |                              |                               |   |         |  |
|                       | Violation 3: ChSec Violation 4: ChSec  |                                |                      |                        |                                   | Underride/Override Towed Y 8 7 6   |              |                                  |                               |                                |                              |                               |   |         |  |
|                       | Pl<br>Name (Last Fi  |                                | operator and all     | occupants involved     |                                   | Age/DOB  | Sex P        | 26 27<br>at Safety<br>os. Systen | 28<br>Airbag Air<br>Status Sv | 29 30<br>bag Ejec<br>vitch Coo | ) 31<br>t Trap<br>de Code    | Injury Tra                    | 33<br>nsp.<br>ode Medical Faci                        | lity    |  |
|                       |  | Non-Motorist                   |                      | See Above              |                                   |  |              |                                  | 4 4                           | 0                              | 0                            | 10 1                          |   |         |  |
|                       |  |                                |                      |                        |                                   |  |              |                                  |                               |                                |                              |                               |   |         |  |
|                       |  |                                |                      |                        |                                   |  |              |                                  |                               |                                |                              |                               |   |         |  |
|                       |  |                                |                      |                        |                                   |  |              |                                  |                               |                                |                              |                               |   |         |  |

