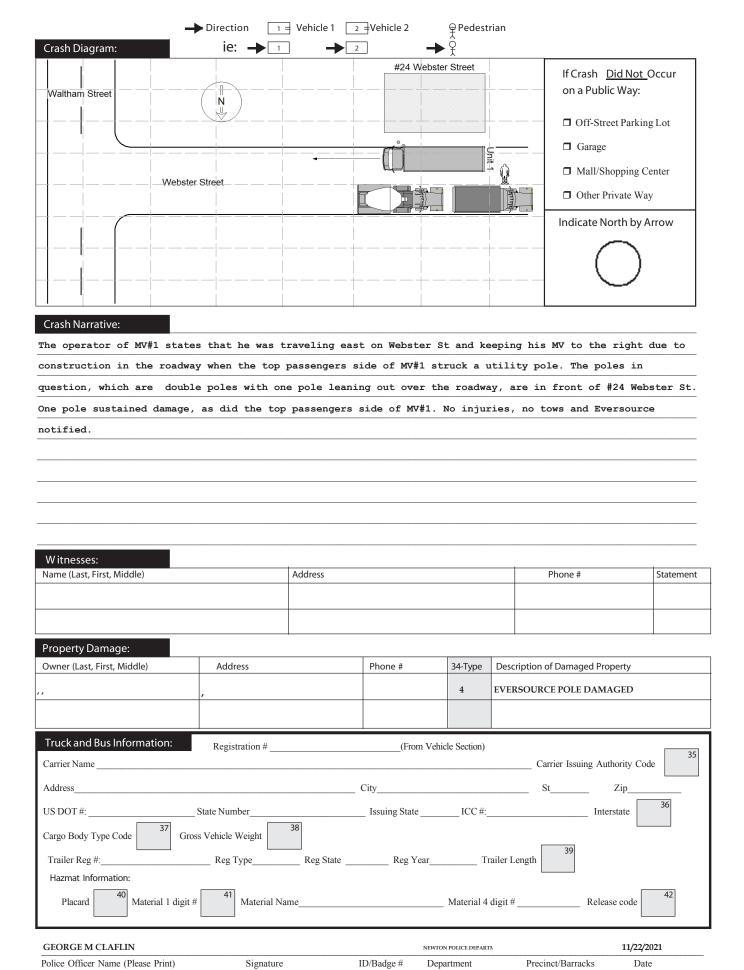
	Poli	ice Use Only		Commonweal	lth o	f Massa	achu	setts			RMV	Docum	ient Number			
	Date of Crash 11/22/2021	Time of Crash 14:42 24HR	NEWTON	1410101		icle Cra Report	sh	Number Vehicles 1	Numbe Injured	Latit	d Limit ude gitude_		State Police Local Police MBTA Police Other:	Xi D		
						LOCATION > NOT AT INTERSECTION:										
1						EAST 24 WEBSTER ST										
1	Route# Direc	Route# Direction Name of Roadway/Street At					Route# Direction Address# Name of Roadway/Street									
	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or Exit Number										
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street										
² 2	Poutoff Direction					Feet N S E W of										
3	Route# Direction Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street					Landmark										
	XVehicle1	1_#Occupants	Number 2100000973													
	License # St MA DOB/Age					Reg # T59325 Reg Type PAN Reg State MA 20										
	Sex Lic. Class 99 Lic. Restrictions 9 CDL Endorsment					Veh Year 2014 Veh Make FRHT Veh Config. 6										
⁴	Operator LAN	Operator LAVOIE CLIFFORD Last First Middle Address 35 PEARL AVE					Owner TRANSPORTATION JMC Last First Middle 35 MARION ROAD									
	City WINTHROP State MA Zip 02152					Address 35 MARION ROAD City SCITUATE State MA Zip 03066										
	Insurance Company PROGRESSIVE					Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)										
5	Vehicle Travel	Direction: N	S X W Respond	ding to Emergency? N	Event S	Sequence 22	22 22	22	22 2		3		4			
	Citation # (If I	ssued)			Most H	armful Event	22 23			—	9		10 Undercarr 5 11 Totaled	iage		
6	Violation	1: ChSec	Violation 2:	ChSec	Driver	Contributing Co		24	24 8		ZŢ		6			
⁶ 2		3: ChSec	Underride/Override Towed Y													
	Please fill out for operator and all occupants involved Name (Last First Middle) Address So Allerse					Age/DOB		os. System		ch Code	Code	Status Coo	nsp. de Medical Facili	ity 2		
	Operator			See Above				1	4 4	0	0	10 1				
7		_									15					
1	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	14	Action	Loca	tion	Cond	ition	17	Hit	/Run Mop	ed		
	License#StDOB/Age					g#Reg TypeReg State								_		
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					YearVeh MakeVeh Config. 20										
8 1	Operator Last First Middle					Owner										
	Address					Address										
	CityStateZip					CityStateZip Vahiele Action Prior to Crash										
	Insurance Company Vehicle Travel Direction: NSEW Responding to Emergency?					Vehicle Action Prior to Crash Event Sequence 21 Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: NSEW Responding to Emergency? Citation # (If Issued)					Most Harmful Event 23										
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24 5 11 Totaled										
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed 8 7 6										
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB		26 27 eat Safety Pos. System	28 2 Airbag Airb	9 30 ag Eject tch Cod	31 Trap 1	njury [Fra:	33 nsp. ode Medical Facil	lity		
		Non-Motorist		See Above						250						



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