	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	setts			RMV	V Docur	nent Number		
	Date of Crash 12/06/2021	Time of Crash 10:39	City/To	MIOTOI		icle Cra	sh	Number Vehicles		d Latit	ed Limi tude _		State Police Local Police MBTA Police	XI	
		24HR			-	Report		2	0		gitude_		Other:	_	
		AT INTER	RSECTION:	<	LOCA	ΓΙΟΝ	>		NO'	ГАТ	INTI	ERSE	CTION:	2	
	sou	тн сомм	ONWEALTH AV	E										210	
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direction Name of Roadway/Street  At  LEXINGTON ST					Route# Direction Address #					Name of Roadway/Street				
						Feet NSEW of or Exit Numl									
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet N S E W of									
2	Also at Intersection with					Route# Intersecting Roadway/Street Feet N S E W of									
<b>2 2</b>	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	X Vehicle 1	1 #Occupants		•											
	Wehicle 1 _1_#Occupants														
	License # St RI DOB/Age St PI 19					Reg # PWQ7964 Reg Type CON Reg State OH									
	Sex M Lic. Class D Lic. Restrictions 9 CDL Endorsment					Veh Year 2022 Veh Make MACK Veh Config. 6									
3	Operator HERNANDEZ FRANCISCO  Last First Middle  Address 178 REGENT AVE.					Owner SALES & RENTALS PREMIER TRUCK  Last First Middle  7700 WALL ST									
						Address 7700 WALL ST  City VALLEY VIEW  State OH  Zip 44125									
	City PROVIDENCE State RI Zip 02908  Insurance Company GALLAGHRER BASSETT					ALLEY VIEW	G 1						. ———	- ee)	
5	1		Vehicle Action Prior to Crash  2  Damaged Area Code: (Circle Up to Three)  Event Seguence  1  22  22  22  23  4												
1		Direction: N		Event Sequence 1 10 Undercarriage											
	Citation # (If I	·	Violation	2: Ch Sec		Harmful Event	1 1	24	24	<b>←</b>	9		5 11 Totaled		
<sup>6</sup> 2	1	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 25 Towed Y  Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed Y									6				
	Please fill out for operator and all occupants involved					ilde/Override [		26 27 eat Safety	28 Airbag Air	29 30 bag Eject	31 Trap	32 Injury Tra	33 ansp.	13	
		Name (Last First Middle)         Address           Operator         See Above				Age/DOB		os. System	Status Swi	tch Code	Code	Status Co	ode Medical Facili	1 1	
	Орегию			566 718676				1	4 4		0	10 1			
7															
2	Please Select C of the Followi		2 <u>1</u> #Occupant	Non-Motorist A Ty	pe 1	Action 1	Loca	tion	Cone	dition	17	Hi	t/Run Mop	ed	
	License#	icense#St_MADOB/Age					Reg # 13EP46					_Reg Type_PAS Reg State_			
	Sex_F Lic. Class D Lic. Restrictions 9 CDL					ch Year 2005 Veh Make VOLV Veh Config. 1							onfig. 20		
8 <b>1</b>	Operator BER	Last	Owner BERNSTEIN STEPHEN B  Last First Middle									-			
	Address 146 WALLIS RD  City BROOKLINE State MA Zip 02467					Address 146 WALLIS RD									
	City BROOKI		City_E	City BROOKLINE						State MA Zip 02467					
	Insurance Company_STANDARD FIRE					Vehicle Action Prior to Crash  6 21 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel	Direction: N	Event Sequence 1 22 22 22 22 2 2 3 4 10 Undercarria;								iage				
	Citation # (If I	ssued)	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled 5 11 Totaled									iage			
			ec Violatio		Driver Contributing Code 9										
	Violatio			Underride/Override Towed Y								_			
	Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex I	26 27 eat Safety Pos. System	Airbag Air Status Sv	bag Eject	Trap le Code		ansp. Code Medical Faci	lity	
	Operator/	Non-Motorist		See Above			-	1	4 4	0		10 1			
														_	

