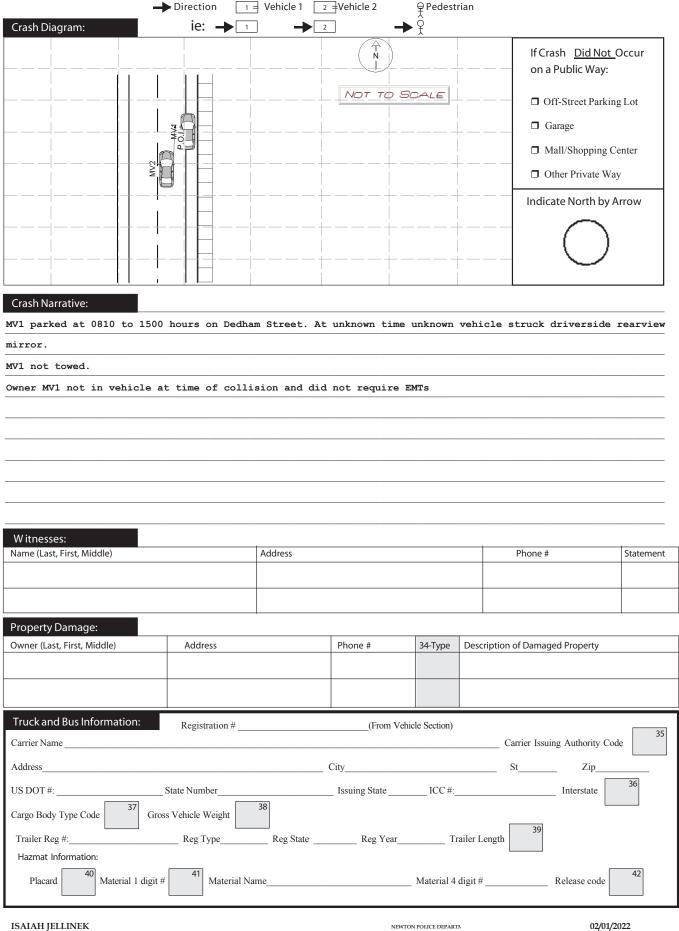
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts			RMV	Docume	ent Number		
	Date of Crash 02/01/2022	Time of Crash 15:23 24HR	NEWTON			icle Cra Report	sh	Number Vehicles 1	Numbe Injured	Latit	d Limit ude gitude	25	State Police Local Police MBTA Police Other:	XI D	
						LOCATION > NOT AT INTERSECTION:								2	
						NORTH 191 DEDHAM ST									
1 1	Route# Direc	adway/Street	Route# Direction Address# Name of Roadway						oadway/Si	treet	_ 2 1				
						Feet NSEW of or Exit Number									
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of									
²	<u> </u>					Route# Intersecting Roadway/Street Feet N S E W of									
	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	XVehicle1	#Occupants	Number 22000090												
	License#StDOB/Age					Reg # 1KNL61 Reg Type PAN Reg State MA									
	Sex Lic. Class 18 18 Lic. Restrictions CDL Endorsment					Veh Year 2015 Veh Make JEEP Veh Config. 20									
⁴ 1	Operator	Owner EDLOURDE DANIEL Last First Middle													
	Address					Owner EDLOURDE DANIEL Last First Middle Address 44 SCENIC DR									
	City State Zip Insurance Company SAFETY INSURANCE					City LEOMINSTER State MA Zip 01453 Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
5	Vehicle Travel Direction: X S E W Responding to Emergency? N					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Inree) Event Sequence 122 22 22 23 4									
1]	ssued)		g :g, - <u></u>		armful Event	1 23				9		10 Undercarri	age	
-	Violation	1: ChSec	C Violation 2:	ChSec	Driver	ا Contributing Co	ode 99	99	\ \		Ź				
⁶ 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 O 6									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility								y 2		
	Operator			See Above											
7															
1	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist A Type	e 14	Action 1	Locat	ion	Cond	ition	17	Hit/F	Run Mope	ed	
	License # St DOB/Age 19 19					eg#Reg TypeReg State								-	
_	Sex Lic. Class Lic. Restrictions CDL					h YearVeh MakeVeh Config.									
⁸ 1	OperatorLast First Middle					Owner Last First Middle									
	Address					Address									
	City State Zip Insurance Company					City State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: N S E W Responding to Emergency?					Event Sequence 22 22 22 22 3 4									
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled									
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24									
	Violation 3: ChSecViolation 4: ChSec					Underride/Override 25 Towed 8 7 6									
	Pl Name (Last Fi		operator and all oc	cupants involved Address		Age/DOB		26 27 at Safety os. System	28 2 Airbag Airb Status Swi	9 30 ag Eject tch Code	Trap Ir Code	32 njury Trans Status Cod	p.	ity	
	Operator/	Non-Motorist		See Above											
								_		4					



CDP1 11 ·24·00

Police Officer Name (Please Print)