	Poli	ice Use Only		Commonwea	lth o	of Mass	ach	usett	S		RM	V Docur	ment Number			
	Date of Crash 02/16/2022	Time of Crash 18:10 24HR	NEWTON	MIOTOI		icle Cra Report	ash	Numb Vehicle 2		red La	need Limititude _		State Police Local Police MBTA Police Other:	Xi D		
							OCATION > NOT AT INTERSECTION							\dashv		
	EAST	Γ CENTR	FAVE											2		
1 4	Route# Direction Name of Roadway/Street					Route# Direction Address#						Name of Roadway/Street				
	Route# Direction					Feet NSEW of or								2		
						Mile Marker Exit Number										
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street										
2 1	Route# Direc	tion	Feet NSEW of									2				
3			Landmark									\dashv				
	XVehicle1	1_#Occupants	Number		2	2000161						_				
	License # St MA DOB/Age					Reg # 5XN645 Reg Type PAN Reg State MA 20										
	Sex M Lic. Class D lo Lic. Restrictions 1 CDL Endorsment					Veh Year 2017 Veh Make MINNI Veh Config. 1										
⁴ 3	Operator STC	DLTZE Last	Owner STOLTZE CLIFFORD L Last First Middle									- 1				
	Address 102 CHARLES BANK RD					Address 102 CHARLESBANK RD										
	City NEWTON State MA Zip 02458 Insurance Company ALLMERICA FINANCIAL BENEFIT INSURANCE CC					City NEWTON State MA Zip 02458										
5	1		Vehicle Action Prior to Crash The second se													
1	Vehicle Travel Direction: NSWW Responding to Emergency? N					Event Sequence 1 10 Undercarriage										
	Citation # (If I	·		a 2: Ch Sag		Harmful Event	1	24	24	1	9		5 11 Totaled			
⁶ 2	1	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 99 7 6									6					
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ride/Override		26 2 Seat Safe		29	30 31 ect Trap	32 Injury Tra	33 ansp.	_		
	Name (Last Fir		Address See Above		Age/DOB	Sex	Pos. Syste	em Status	Switch Co	ode code	status (C	ode Medical Facil	lity 1			
	Орстатог			See Above			+	1	4	99 0	0	10 1				
7																
7	Please Select (of the Followi	IX Vehicle	2 <u>1</u> #Occupan	ts Non-Motorist A Typ	e 1	4 Action	Loc	cation	16 C	ondition	17	Ні	it/Run Mor	oed		
	License# St MA DOB/Age 18 18 19 19					Reg # 3JSA74 Reg Type PAN Reg State MA							State MA	_		
	Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsment					Veh Year 2021 Veh Make JEEP Veh Config.										
8 4	Operator ME	Last	Owner (Same as operator) Last First Middle													
	Address 93 CLAREMONT ST					Address										
	1 - 1	City NEWTON State MA Zip 02458					CityStateZip									
	Insurance Company STATE FARM MUTUAL AUTOMOBILE INSURANC Vehicle Travel Direction: NSWW Responding to Emergency? N					Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three) 22 22 23 4										
	Vehicle Travel		Event Sequence 22 22 22 22 3 10 Undercarriage									riage				
	Citation # (If Issued) Most Hammul Event 1								24	1 4 5 11 Totaled						
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 99										7	7 6				
			operator and al	Underride/Override												
	Name (Last Fi	rst Middle)	l speciation and an	Address		Age/DOB	Sex	Pos. Sys	tem Status	Switch C	Code Code	Status C	ansp. Code Medical Fac	ility		
	Operator/	Non-Motorist		See Above				1	4	99 0	0	10 1				
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