	Poli	ce Use Only		Comi	monweal	lth o	of Massa	ach	use	etts				RMV	Doci	umen	t Number		
	Date of Crash 03/10/2022	Time of Crash 14:30	City/ NEWTON	Town			icle Cra	sh		mber hicles	Nur Inju	ıred	Latitu	Limit		Si L M	tate Police ocal Police IBTA Police	XI XI	
		24HR	CT CTT CT				Report		2		0			tude_		- 0	ther:	긕	
	AT INTERSECTION: < L						LOCATION > NOT AT INTERSEC							ECT	ION:	$\dashv$	1 9		
							WEST 24 PROSPECT PL										ŀ		
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direction Name of Roadway/Street  At						Route# Direction Address # Name of Roadway/Stre							eet		<b>2</b> <sup>10</sup>			
	At						Feet NSEW of • or										.		
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with  Route# Direction Name of Intersecting Roadway/Street						n . [s	ılelr	· [xx/]	C	Mı	ile Marker Exit Number					xit Number	$\dashv$	
							Feet N	N S E	- W	ΟÎ	Route# Intersecting Roadway/Street						-	11	
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$							Feet NSEW of											_	4
3							Landmark												
	XVehicle1	1_#Occupants	Hit/Ru	n Moj	ped Case N	umber		2	22000	213									
	License#							Reg # 9DXX90 Reg Type PAN Reg State MA											
	Sex M Lic. Class D 18 18 Lic. Restrictions T 19 CDL						Veh Year 2020 Veh Make JEEP Veh Config. 20												
4	Operator FIGUEROA ABRAHAM JR Endorsment  Address 1386 WHIPPLE RD  City TEWKSBURY State MA Zip 01876  Insurance Company SAFETY INSURANCE COMPANY						Owner FIGUEROA ANGELA MARIE  Last First Middle										1	<b>1</b> <sup>12</sup>	
1							Address 1386 WHIPPLE RD									₋┟			
							City TEWKSBURY State MA							_Zip	01876	_			
							Vehicle Action Prior to Crash 9 21 Damaged Area Code: (Circle								le Up to Thre	e)			
5 <b>1</b>	Vehicle Travel	Direction: N	Event 5	Sequence 1 2	2 22 22			22 2			3 4		4	1					
	Citation # (If Is	ssued)				Most I	Harmful Event	1 2	3	•		1 4	_	9		5	10 Undercarri 11 Totaled	iage	
	Violation 1: ChSecViolation 2: ChSec						Driver Contributing Code 4 24 24												
<sup>6</sup> 1	Violation	3: ChSec	Violati	on 4: Ch	Sec	Underr	ride/Override	2	.5	Towed	1 <u>Y</u>	0		O	1	6			
	Please f	ill out for opera	ator and all oc	cupants involve	ed Address		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag	30 Eject Code	31 Trap 1 Code	32 Injury I Status	33 Fransp. Code	Medical Facilit		<b>1</b> 13
	Operator	st ivildule)		Se	ee Above		Age/DOB			1	4	4	0	0		1	NONE	<u>,</u>	
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7								=1					L	17				_	
1	Please Select C of the Followin	IX Vehicle	2 <u>5</u> #Occup	ants Non-l	Motorist A Type	. 1	4 Action 1		cation		16 C	onditio	on _	17	U.	Hit/Ru	un Mop	ed	
	License#		St	MA DOB/Ag	ge	Reg#_	BU43577				_Reg	Туре	BUN		Re	g Stat	e_MA		
	Sex_F Lic. Class D 18 18 Lic. Restrictions T 19 CDL					Veh Year 2017 Veh Make DODGE Veh Config. 20													
8 <b>4</b>	Operator ORS	SINI Last	KATHLEE	N O'B	Endorsment ERIEN Middle	Owner	PARK SHUT	TLE A	NI							.,		_	
7	Address 4 CLA	Address 4 CLAYBROOK FARM RD					Address 320 WILLIAM MCCLELLAN HWY										_		
	City MEDWAY State MA Zip 02053					City E. BOSTON State MA Zip 02128											_		
	Insurance Company ARBELLA PROTECTION INSURANCE COMPANY					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)											:е)		
	Vehicle Travel Direction: NSEX Responding to Emergency?												$\overline{}$	4					
	Citation # (If Is	ssued)				Most F	Harmful Event	1 2	3			o 🗸	_	9		5	10 Undercarri 11 Totaled	age	
	Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code 1 24 24												
	Violation	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed Y 8 7 6										]	
	Plo Name (Last Fi	ease fill out for	operator and	all occupants in	nvolved Address		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap 1 Code	32 njury 1 Status	33 Fransp. Code	Medical Facil	ity	
	Operator/	Non-Motorist			ee Above					1	2	4	0	0	10	1	NONE		
	GILL, BRODY			DOTTY'S CT NATICK, MA				М	8	1	2	4	0	0	10	1	NONE		
	GILL, BRODY			DOTTY'S CT NATICK, MA				M	7	1	2	4	0	0	10	1	NONE		
	BRAUER, TES	SFANESH	3	364 WASHINGT HOLLISTON, M				F	4	1	2	4	0	0	10	1	NONE		

Date of Cra	Police Use Only ash Time of Cras		Commonw					nber Spe			ent Number State Police
03/10/2022		NEWTON	14100		nicle Cras	Ve	hicles Inj	ured Lat	itude		Local Police MBTA Police
	24H			LOCA	Report	2			ngitude_		Other:
	ALINIE	ERSECTION:		LUCA	IION -	<u> </u>	IN	OI AI	INTE	ERSEC	HON:
Route# D	irection	Name	of Roadway/Street At		Route# Direction	1 Addres	s #	N	ame of R	oadway/St	treet
					Feet N	S E W	of — —	ile Marker	• — 0	or	Exit Number
Route# D	Direction		ting Roadway/Street ersection with		Feet N	SEW					Exit (valide)
		Also at Int	ersection with		Feet N	SEW		ute#	Intersect	ting Roadw	vay/Street
Route# D	irection	Name of Inter	secting Roadway/Street						Lan	ıdmark	
□ Vohic	le#Occupant	ts Hit/Ru	n Moped C						Lun	diffulk	
Venic	Te#Occupani	is	Mober C	Case Number		22000	213				
License#_	18	St	DOB/Age	Reg#			Re	д Туре		Reg St	ate
Sex I	Lic. Class		ons CDL Endorsment	Veh Y	ear	Veh Ma	ke			Veh Conf	ig.
Operator _	Last	First	Middle	Owne	erLast		Firs	t		Middle	
					ess						
City			StateZip	City_							p
Insurance (	Company			Vehic	le Action Prior to	L	21			`	rcle Up to Three)
Vehicle Tr	avel Direction:	N S E W Re	sponding to Emergency?	Event	Sequence 2		22 22	2	3	4	
Citation #	(If Issued)			Most	Harmful Event	23		1 4	9		10 Undercarriage 11 Totaled
Viola	tion 1: ChS	Sec Violatio	on 2: ChSec	Driver	r Contributing Co	de	24 24		<u>VŢ</u>	إللا	
Viola	tion 3: ChS	Sec Violatio	on 4: ChSec	Under	rride/Override		Towed	8	/	6	)
	ase fill out for ope	erator and all occ	cupants involved  Address		Age/DOB	Sex Pos.	27 28 Safety Airbag System Status	29 3 Airbag Ejer Switch Coo	0 31 ct Trap I le Code S	32 3 Injury Trans Status Code	3 pp. Medical Facility
Opera			See Above								
DI . C. I					14 15	1	16		17		
Please Sele of the Foll	I X I Vehic	cle2 <u>5</u> #Occupa	nnts Non-Motorist A	Туре	Action	Location	16 C	ondition	17	Hit/F	Run Moped
		St_ <sup>I</sup>	MA DOB/Age	Reg#	BU43577		Res	<sub>z Type</sub> BL	JN	Reg St	ate_MA
License#	18	18	19							Veh Conf	20
License#_ Sex F I	ic. Class D	Lic. Restricti		Veh Y	ear 2017	Veh Ma	ke DODG	E			
Sex_F I	Lic. Class D	KATHLEEN	Endorsment O'BRIEN			Veh Ma	ke_DODG	<u> </u>			
Sex_F I	ORSINI	KATHLEEN		Owne	PARK SHUTT	LE ANI	Firs	it		Middle	
Sex_F I	ORSINI Last CLAYBROOK FA	KATHLEEN First ARM RD	Endorsment O'BRIEN	Owne	r PARK SHUTT	LE ANI	Firs	it	State		p 02128
Sex_F I Operator _ Address _4 City _MED	ORSINI  CLAYBROOK FA	KATHLEEN First ARM RD	N Endorsment O'BRIEN Middle  State MA Zip 02053	Owne Addre City 1	PARK SHUTT Last 320 WILLIAM E. BOSTON	LE ANI I MCCLEL	First LAN HWY	it		MA Zi	p 02128rcle Up to Three)
Sex_F I Operator _ Address 4 City MED Insurance C	ORSINI  Last CLAYBROOK FA  WAY  Company ARBELL	KATHLEEN First ARM RD  APROTECTION	N O'BRIEN Middle  State MA Zip 02053 N INSURANCE COMPAN	Owne  Addre  City 1  Y Vehicle	PARK SHUTT Last 320 WILLIAN E. BOSTON	LE ANI I MCCLEL	Firs LAN HWY	it		MA Zi	rcle Up to Three)
Sex_F_ I Operator _ Address _4 City _MED Insurance C Vehicle Tra	ORSINI Last CLAYBROOK FA WAY Company ARBELL avel Direction:	KATHLEEN First ARM RD  APROTECTION	N Endorsment O'BRIEN Middle  State MA Zip 02053	Owne  Addre  City 1  Vehicl  Event	PARK SHUTT Last 320 WILLIAM E. BOSTON  Last Last 22 Last 24 Last 25 Last 26 Last 26 Last 27 Last 28 Last 28 Last 29 Last 20 La	Crash Crash 2 22 23	LAN HWY	Damag	ed Area	MA Zij	rcle Up to Three)  10 Undercarriage
Sex_FI Operator Address _4 City MED Insurance C Vehicle Tra Citation # 6	ORSINI  Last CLAYBROOK FA  WAY  Company ARBELL  avel Direction:  [If Issued]	KATHLEEN First  ARM RD  S A PROTECTION  N S E X F	N Endorsment O'BRIEN  Middle  State MA Zip 02053  N INSURANCE COMPAN  Responding to Emergency? N	Owne  Addre  City 1  Vehicl  Event  Most	PARK SHUTT Last 2SS 320 WILLIAM E. BOSTON  Le Action Prior to Sequence 1  Harmful Event [	Crash Crash C 22 22 1 23	LAN HWY	Damag  O	ed Area	MA Zij	rcle Up to Three)
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Sex_FI Operator  Address _4 City _MED Insurance C Vehicle Tra Citation # (	ORSINI  CLAYBROOK FA  WAY  Company ARBELL  avel Direction:  (If Issued)  ation 1: Ch  Please fill out for	KATHLEEN First  ARM RD  SA PROTECTION  SEC Violat  Sec Violat  or operator and a	N OBRIEN  State MA Zip 02053  NINSURANCE COMPAN  Responding to Emergency? Notes ion 2: Ch Sec	Owne  Addre  City 1  Vehicl  Event  Most  Driver	PARK SHUTT Last 320 WILLIAM E. BOSTON  Le Action Prior to Sequence 1 Tr Contributing Co	Crash 22 22 1 23 de 1 25 7 25 Seat	1 21 22 22 22 24 24 24 24 24 25 25 25 25 26 27 28 27 28 26 27 28 27 28 26 27 28 27 28 26 27 28 27 28 26 27 28 27 28 26 27 28 27 28 28 26 27 28 27 28 26 27 28 27 28 26 27 28 27 28 26 27 28 27 28 26 27 28 27 28 26 27 28 27 28 26 27 28 27 2	Damag  O  Airbag Ejec	ed Area (g) 9 7 0 31 Trap I de Code	MA Zil Code: (Cir	rcle Up to Three)  10 Undercarriage 5 11 Totaled

