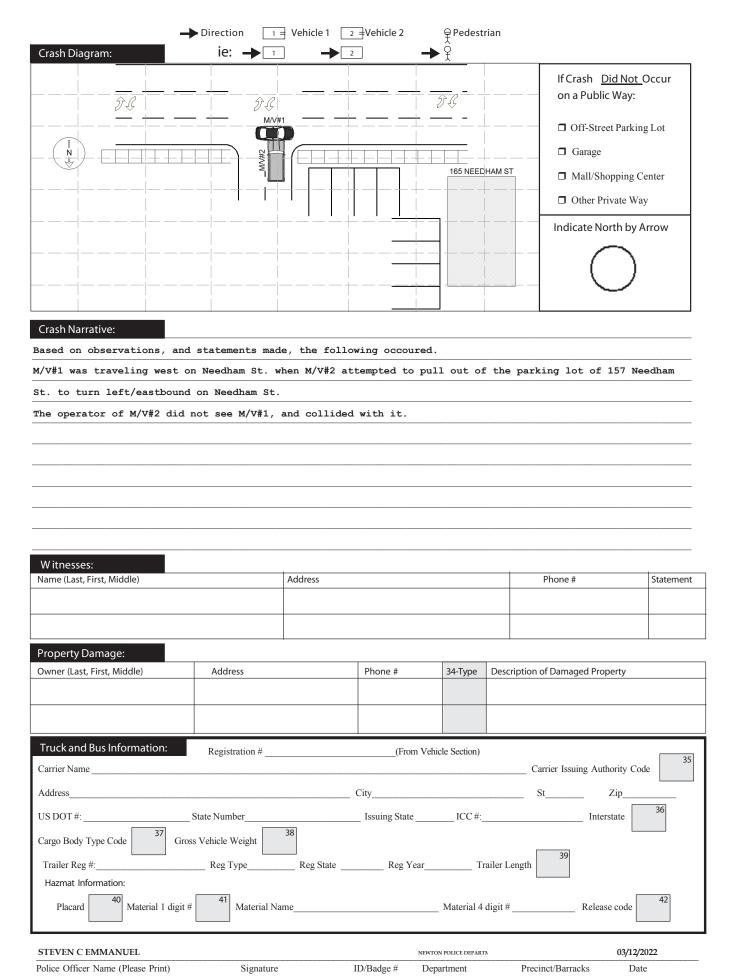
	Pol	ice Use Only		Commonwe	ealth o	of Mass	achu	isetts	\$		RM	V Docur	nent Number		
	Date of Crash 03/12/2022	Time of Crasl 16:12 24HI	NEWTON	171010		icle Cra Report	ash	Number Vehicles		ed Lat	ed Limi itude _ ngitude_		State Police Local Police MBTA Police Other:	Xi D	
							LOCATION > NOT AT INTERSECTION:								
						WEST 165 NEEDHAM ST								<u> </u>	
1 1	Route# Direc	toute# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street							/Street		
	At					Feet NSEW of or Mile Marker Exit Number								_	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of									
2	Also at intersection with					Route# Intersecting Roadway/Street Feet N S E W of									
² 3	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	X Vehicle 1 1 #Occupants														
	_				se Number					D.4	.		251	4	
	License # St MA DOB/Age Sex M Lic. Class D Lic. Restrictions 1 D CDL					Reg # 2HRD31 Reg Type PAN Reg State MA Veh Year 2017 Veh Make TOYOTA Veh Config. 1									
4			Lic. Restriction	CDLEndorsment								_ Veh Co	nfig. 1	- [
1		Operator FINKLEY CURTIS Last First Middle 1515 FRANCIS AVE					Owner (Same as operator) Last First Middle								
	City MANSFIELD State MA Zip 02048					Address City State Zip									
	Insurance Company STATE FARM					le Action Prior t			21				Circle Up to Thr		
5	1	Direction: N		oonding to Emergency? N	_		22 22		22	2	•		(4)		
		ssued)			Most 1	. Larmful Event	1 23				9	/ `	10 Undercarr	riage	
	Violation	1: ChS	ec Violation	2: ChSec	Driver	Contributing C	ode 1	24	24			$\sqrt{}$	5 11 Totaled		
2	Violation 3: ChSec Violation 4: ChSec					ride/Override	25	Towe	ed Y	8	7		6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex I	26 27 Seat Safety Pos. System	28 Airbag A Status S	29 3 irbag Ejec witch Cod	0 31 Trap e Code	32 Injury Tra Status Co	33 ansp. ode Medical Facil	ity 1	
	Operator			See Above				99		4 0	0	10 1			
⁷ 3	Please Select (of the Followi	I X Vehic	le2 1_#Occupan	ts Non-Motorist A T	Type	14 Action	15 Loca	ation	16 Co	ndition	17	Hi	t/Run Mop	oed	
	License#St MA DOB/Age					Reg # 277SF7 Reg Type PAN Reg State MA							State MA		
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2021 Veh Make LEXS Veh Config. 2							nfig. 20		
1	Operator ANDREWS JUDITH Last First Middle					Owner (Same as operator)									
	Address 40 ROOSEVELT RD				_ Addre	Address									
	City NEWTON State MA Zip 02459					City State Zip									
	Insurance Company PROGRESSIVE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSWW Responding to Emergency?N					Event Sequence 1 22 22 22 22 22 3 4 10 Undercarriage									
	Citation # (If Issued)					Most Harmful Event 1 24 5 11 Totaled									
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 19									
	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					ride/Override		Tower 26 27 Seat Safety	1 <u>Y</u>	29 30 irbag Ejec	0 31 Trap] 32	33	_	
	Name (Last Fi	irst Middle)		Address		Age/DOB	Sex	Pos. Syste	n Status S	Switch Co	de Code	Status C	nnsp. Code Medical Faci	ility	
	Operator/	Non-Motorist		See Above			-	99	4	4 0	0	10 1		\dashv	
														-	



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