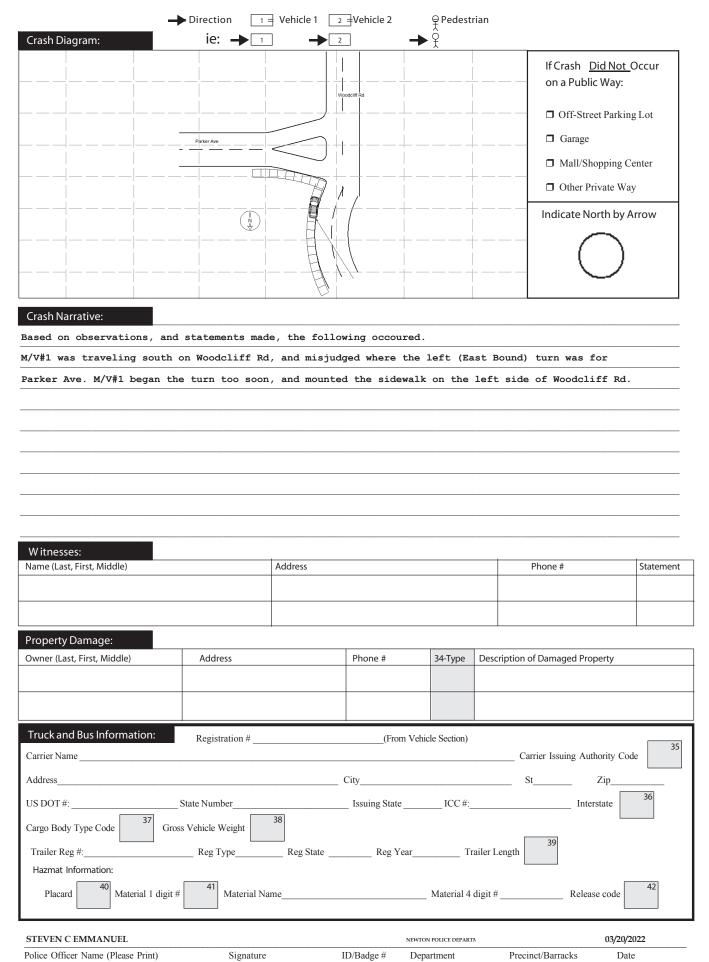
	Poli	ice Use Only		Commonweal	lth o	f Mass	achı	usetts	5		RMV	Docum	ent Number		
	Date of Crash 03/20/2022	Time of Crash 01:18 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		Latit	d Limit tude gitude_		State Police Local Police MBTA Police Other:	XI	
						TION		NOT AT INTERSECTION:				TION:	\neg \vdash		
	EAST	Γ PARKE	R AVE											2	
4	Route# Direction Name of Roadway/Street					Route# Direction Address #					Name of Roadway/Street				
_	At SOUTH WOODCLIFF RD Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of • or								2 ¹	
						Mile Marker Exit Num								_	
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street									
² 3	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
3			Landmark									\dashv			
	XVehicle1		2	2000236						_					
	License # St MA DOB/Age					Reg # 2LTL77 Reg Type PAN Reg State MA 20									
	Sex F Lic. Class D Lic. Restrictions B CDL Endorsment					Veh Year 2021 Veh Make HONDA Veh Config. 1									
4 1	Operator SHI		Middle	Owner (Same as operator)											
	Address 250 WOODCLIFF RD					Address									
	City NEWTON State MA Zip 02461					City State Zip									
[-	Insurance Company THE COMMERCE INS					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
5	Vehicle Travel	Direction: N	X E W Respon	nding to Emergency? N	Event S	Sequence 20			22 2		3		10.17		
	`	ssued)			Most E	Iarmful Event	20 23		24	←	9		10 Undercarr 5 11 Totaled	iage	
⁶ 2]			ChSec	Driver	Contributing C	ode 25	-1	07 \ 8		\bigvee_{7}		6		
2		Violation 3: ChSec Violation 4: ChSec						Towe	ed <u>Y</u>		21			1	
	Name (Last Fir					Age/DOB	Sex	26 Seat Safety Pos. System	28 2 Airbag Airb Status Swit	9 30 ag Eject ch Code	Trap I Code S	njury Tran Status Cod	isp. le Medical Facili	20	
	Operator			See Above				1	4 1	0	0	8 2			
⁷ 3	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	e 1	4 Action	15 Loc	ration	16 Cond	ition	17	Hit/	/Run Mop	ed	
	License#StDOB/Age					eg#Reg TypeReg State								_]	
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					h YearVeh MakeVeh Config.									
8 1	Operator Last First Middle					Owner Last First Middle								_	
	Address					Address									
	City		City State Zip									_			
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 3 4									
	Citation # (If I	ssued)	Most Harmful Event 23 10 Undercarriage 5 11 Totaled									nage			
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 24								24	24 8 7 6					
	Violation 3: ChSecViolation 4: ChSec					ide/Override	25	Tower	1	0 20	/				
	Pl Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB	Sex	26 Seat Safety Pos. System	28 2 Airbag Airb m Status Sw	9 30 ag Eject tch Cod	31 Trap I e Code	njury Tran Status Co		lity	
	Operator/	Non-Motorist		See Above											



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