	Poli	ice Use Only		Commonwea	lth o	of Mass	achu	isetts	\$		RMV	V Docur	ment Number			
	Date of Crash 03/20/2022	Time of Crash	City/To	wn Motor	Veh	icle Cra	ısh [Number Vehicles			ed Limi tude		State Police Local Police MBTA Police	N X		
	03/20/2022	13.56 24HR				Report		2	0		gitude_		Other:			
		AT INTER	RSECTION:	<]	LOCA	ΓΙΟΝ	>		NO	T AT	INT	ERSE	CTION:			
	NOR	TH CHERR	RY ST											2		
$1 \ 1$	Route# Direction Name of Roadway/Street At WEST WEBSTER ST Route# Direction Name of Intersecting Roadway/Street					Route# Direction Address # Name of						Roadway/Street		2 ¹		
						Feet NSEW of • or								_ _		
						Mile Marker Exit Num								_		
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street										
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of										
3			Landmark									-				
	Wehicle 1 1_#Occupants															
	License# St MA DOB/Age					Reg # 1CLT19 Reg Type PAN Reg State MA										
	Sex_F Lic. Class D 18 18 Lic. Restrictions T 19 CDL_Endorsment					Veh Year 2015 Veh Make JEEP Veh Config. 20										
⁴ 3	Operator KOS	SS Last	Owner KOSS WILLIAM R													
	Address 142 LOWELL AV (apt. 1) City NEWTON State MA Zip 02460 Insurance Company LIBERTY					Address 142 LOWELL AVE.										
						City NEWTON State MA Zip 02460										
						Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
5 1	Vehicle Travel	Direction: N	S E X Resp	onding to Emergency? N	Event	Sequence 1	22 22		22 2	!	3		4			
	`	ssued)			Most I	Harmful Event	1 23		24	←	9		10 Undercar 5 11 Totaled	riage		
6	Violation	1: ChSec	C Violation	2: ChSec	Driver	Contributing C						\sum	6			
⁶ 1		Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed N									
		Please fill out for operator and all occupants involved ame (Last First Middle) Address				Age/DOB Sex Pos. System Status Switch Code Code Status Code Medica							ansp. ode Medical Facil	lity 1		
	Operator			See Above				1	4 4	0	0	10 1				
⁷ 2	Please Select C of the Followin	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Typ	pe 1	14 Action	Loca	ation	16 Con	dition	17	Пні	it/Run Mor	ped		
	License#						Reg # 5LH392 Reg T					Type PAN Reg State MA				
	Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2019 Veh Make HONDA Veh Config. 2							onfig. 20			
8 1	Operator WU	Operator WU SULLIN Endorsment Last First Middle					Owner (Same as operator)									
_	Address 80 FENWOOD RD					Last First Middle Address										
	City BOSTON	J	City State Zip													
	Insurance Com	pany ARBELLA		Vehicl	Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)											
	Vehicle Travel	Direction: N	Event Sequence 1 22 22 22 22 22 3 4													
	Citation # (If Issued) Most Harmful Event 1 23 9								$\left\{ \right\}$	10 Undercar 5 11 Totaled	riage					
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24)						
	Violation	Violation 3: ChSec Violation 4: ChSec Underride/Override									<u>'</u>	6				
	Plo Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag Air n Status Sv	29 30 bag Eject	31 Trap le Code		33 ansp. Code Medical Fac	eility		
		Non-Motorist		See Above				1	4	0		10 1				

