	Poli	ice Use Only		Commonweal	lth o	f Massa	ach	uset	ts		RM	V Docun	nent Number	
	Date of Crash 03/25/2022	Time of Crash 01:18 24HR	NEWTON	Motor		icle Cra Report	sh	Numb Vehicl		ired La	eed Limititude _ ngitude_		State Police Local Police MBTA Police Other:	XI D
		AT INTE	RSECTION:		OCAT		>		N	OT A	INT	ERSEC	CTION:	2
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4 1	Operator GRO	Last	MICHAEL	Middle		(Same as oper			Firs			Middle		- 1
		ERNDALE RD		MA - 02446		S								-
	City BROOKLINE State MA Zip 02446 Insurance Company PLYMOUTH ROCK				City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
5				r . F . a N				2 22		6	3	couc. (c	4	
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⁶ 2	1					Contributing Contr	2		wed Y	8	7		6	
	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved				Onderri	lde/Override [Π	26 2 Seat Safe		29 Airbag Eje	30 31 Ect Trap	32 Injury Tra	33 nsp.	+-
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos. Syst	em Status	Switch Co	de Code	Status Co	de Medical Facil	ity 2
	Орегию			See Hoove				1	-	1 0		10 1		\dashv
7														
1	Please Select One of the Following: Vehicle 2 0_#Occupants			14	Action 1						:/Run Mop	ed		
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	Sex Lic.		Lic. Restrictions	CDL Endorsment	Veh Ye	ar_2017	Ve	eh Make_	VOLKS	WAGON	1	_Veh Co		
8 1	Operator	Last	First	Middle		TAYLOR	t	ANN	VE Firs	t		Middle		-
	Address					Address 3000 SQUIRES RD								-
	CityStateZip				City UPPER ARLINGTON State OH Zip 43220								-	
	Insurance Company UNKNOWN					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)								ee)
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	l out for operator and all o	dress	Age/DOB	Sex Pos. Sys	27 28 29 fety Airbag Airba stem Status Switc	9 30 31 Eject Trap ch Code Code	1 32 3 Injury Tran Status Code	33 le Medical Facility				
Operator		See Al	bove									
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Please Select One	9	<u> </u>		14 15		16	17		<u> </u>			
of the Following:		eupants Non-Moto	orist A Type	Action	Location	Condi	tion	Hit/	/Run Moped			
License#		StDOB/Age	Reg	# 6LC374		Reg Ty	pe_PAN	Reg S	state_MA			
Sex Lic. Clas	ass 18 18 Lic. Restri			Year 2015	Veh Make	MERCEDE	3	_ Veh Con	fig. 20			
Operator	Last First		rsment Owne	er FINOCCHIAR	O LOU			3.21 4 44				
Address	Lust First	Addr	Address 12 LEDGEWOOD RD									
City	City State Zip				City SAUGUS State MA Zip 01906							
Insurance Company COMMERCE				Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Dire		Responding to Emerge	ency?N Even	at Sequence 97 22	2 22 22		3	,	4			
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Violation 3: ChSec Violation 4: ChSec				Underride/Override 25 Towed N 8 7 6								
Please		nd all occupants involv	ved		26 Seat Saf	27 28 29 fety Airbag Airba	9 30 31 Eject Trap	32 3 Injury Tran	33 isp.			
Name (Last First M	se fill out for operator an	Add See Ab	bove	Age/DOB		ystem Status Swit	tch Code Code	e Status Coo				
эрогатог/1401	Middle)	BCC At				1 1	1 1	1 1	1			
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