	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	setts			RMV	/ Docun	ıent Number		
	Date of Crash 04/25/2022	Time of Crash 08:19	NEWTON	MIOTOI		icle Cra Report	sh [Number Vehicles 2	Number Injured	Latit	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	Xi	
		AT INTER	RSECTION:		LOCAT	_	>						CTION:	┥_	
	16 WES	T WASHI	INGTON ST											2	
$egin{pmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direction Name of Roadway/Street					Route# Direction Address #				Name of Roadway/Street					
1	SOUTH GREENOUGH ST Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of					• or				
						Mile Marker							_		
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street									
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of									
3	Route# Direc	uon	Landmark									\dashv			
	XVehicle1	#Occupants	Number	amber 22000341											
	License# St MA DOB/Age					Reg # N29074 Reg Type CON Reg State MA									
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 9 19 CDL_Endorsment					Veh Year 2005 Veh Make FORD Veh Config. 20									
4 1		PASQUALE	Owner (Same as operator) Last First Middle									- 1			
1	Last First Middle					Address									
						City State Zip									
	Insurance Company ARBELLA MUTUAL					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
5	Vehicle Travel Direction: NXEW Responding to Emergency? N Event Sequence 1 22 22 22 22 2 3 4														
	Citation # (If I	ssued)			Most I	Harmful Event	1 23		0	←	9	$\int \cdot $	10 Undercarr 5 11 Totaled	riage	
6	Violation	1: ChSec	C Violation	2: ChSec	Driver	Contributing Co		24	24		$\sqrt{1}$	$\sum_{i} f_{i}(x_{i})$	6		
⁶ 1	Violation 3: ChSecViolation 4: ChSec					ride/Override	25	Towed	1 N		,				
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB	Sex Se Po	26 27 at Safety s. System	28 2 Airbag Airb Status Swit	9 30 ag Eject ch Code	31 Trap Code	32 Injury Tra Status Co	nsp. de Medical Facili	ity 1	
	Operator			See Above				1	4 99	0	0	10 1			
⁷ 3	Please Select C of the Followi		2 <u>1</u> #Occupan	ss Non-Motorist A Typ	pe 1	Action 1	5 Locati	ion	Conc	ition	17	Hit	:/Run	ed	
	License# —— St MA DOB/Age					Reg # 7HBK710 Reg					g Type PAN Reg State MA				
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					eh Year 2015 Veh Make VOLK					Veh Config. 20				
8 1	Operator RICCI TANNER Endorsment					Owner RICCI ANTHONY								_	
1	Address 10919 SPICEWOOD CT First Middle					Address 10919 SPRUCEWOOD CT									
	City SAN DIE	EGO	Sta	City_S	City_SANDIEGO					State CA Zip 92130					
	Insurance Company AAA					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ee)	
	Vehicle Travel Direction: N S E N Responding to Emergency? N					Event Sequence 1 22 22 22 22 3 4									
	Citation # (If I	ssued)	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									riage			
	Violatio	n 1: ChSe	ec Violatio	Driver	Driver Contributing Code 99 24 24										
	Violatio	n 3: ChSe	ec Violatio	lation 4: ChSec		ride/Override [Towed N 8			7	7 6				
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB	Sex Po	26 27 at Safety . System	28 2 Airbag Airb Status Sw	9 30 ag Eject itch Cod	31 Trap e Code	Injury [Fra	33 nsp. ode Medical Faci	ility	
		Non-Motorist		See Above					4 4	0	0	10 1			

