	Poli	ice Use Only		Commonwe	alth o	of Mass	achu	setts			RM	V Docur	ment Number			
	Date of Crash 05/04/2022	Time of Crash 17:34 24HR	NEWTON	1410101		icle Cra Report	sh	Number Vehicles 2		ed Lati	ed Limitude _		State Police Local Police MBTA Police Other:	X		
						LOCATION > NOT AT INTERSECTION:								2		
						EAST 999 WATERTOWN ST										
1 1	Route# Direc	oute# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street							/Street			
						Feet N S E W of or Exit Number										
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of										
² 3							Route# Intersecting Roadway/Street Feet N S E W of									
	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	XVehicle1 1 #Occupants ☐ Hit/Run ☐ Moped Case					Number 22000371										
	License#St MA_DOB/Age					Reg # 3YE812 Reg Type PAN Reg State MA										
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2017 Veh Make HONDA Veh Config. 1										
4	Operator POI	Deerator POPAS VALERIE Endorsment					Owner (Same as operator) Last First Middle									
1	Address 110 PUTNAM ST				Address									_ 1		
	City WATERTOWN State MA Zip 02472										State	·	Zip	_		
	Insurance Company THE COMMERCE INSURANCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
5	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency? N	Event	Sequence 1	22 22	22	22	2	3		4			
	``	ssued)			Most l	Harmful Event	1 23	24	24	1 👉	9		10 Undercar 5 11 Totaled	rriage		
⁶ 2	1			2: ChSec	Driver	Contributing C	ode 1			9	$\frac{\sqrt{1}}{7}$		<i>)</i> 6			
2	Violation 3: Ch Sec Violation 4: Ch Sec					ride/Override		Towe	d_N		0 31	32		_		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Se	26 27 eat Safety os. System	28 Airbag A Status \$	29 30 Lirbag Ejec witch Cod	0 31 Trap e Code	32 Injury Tra Status Co	33 ansp. ode Medical Faci	1		
	Operator			See Above				1	4	4 0	0	10 1				
7 1	Please Select C of the Followi	IX Vehicle	e2 <u>1</u> #Occupan	s Non-Motorist A T	Type 1	Action 1	Locat	tion	16 Co	ndition	17	Hi	it/Run Mo	ped		
	License# St MA DOB/Age					Reg # 8JY590 Reg Type PAN Reg State						State MA				
	Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2011 Veh Make TOYOTA Veh Config. 20										
1	Operator NIELSON MARY THERESA Last First Middle					Owner (Same as operator) Last First Middle										
	Address 84 CLINTON PL					Address										
	City NEWTON CENTER State MA Zip 02459					CityStateZip										
	Insurance Company THE COMMERCE INSURANCE					Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: NSWW Responding to Emergency?N					Event Sequence 23 4 10 Undercarriage										
	Citation # (If Issued)					Most Harmful Event 1 24 24 5 11 Totaled										
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 4										
	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					ride/Override		Towed	<u>N</u>) 31	32	33	\square		
	Name (Last Fi	rst Middle)	operator and all	Address		Age/DOB		26 27 eat Safety Pos. System	Airbag A	29 Ejec Switch Co) 31 Trap de Code	Injury Tra	ansp. Code Medical Fac	cility		
	Operator/	Non-Motorist		See Above			-	1	4	4 0	0	10 1				

