Pol	ice Use Only		Comm	ionwea	lth o	of Mas	sach	iuse	etts			RM	V Doc	ument	t Number	
Date of Crash 05/10/2022	Time of Crash 07:58	City/I NEWTON	own	Motor					mber hicles	Num Injur		eed Lim	it <u>25</u>	Sta	ate Police ocal Police BTA Police	NA NA
	24HR					Report		2		0		ongitude		Ot	ther:	_
	AT INTER		< I	LOCAT	ATION >				NC	T A	AT INTERSI			ECTION:		
sou	TH ELM S	Γ														H
Route# Direc	tion	Name o	of Roadway/Street	;	I	Route# Direc	ction	Addres	s #		1	Name of I	Roadwa	ay/Stre	et	
1	WEBST	TER ST	At			Feet	N S	E W	of -			•	or			_
Route# Direc	etion N	Name of Intersect	ing Roadway/Stre	et			[NI al			Mile	Marke	r		Ex	kit Number	-
		Also at Int	ersection with		-  -		N S			Rout	e#	Intersec	ting R	oadway	y/Street	-
Route# Direc	tion	Name of Inters	secting Roadway/S	Etraat	-	Feet	N S	E W	of							
Route# Direc	tion	т —	<del>1</del>	street								La	ndmark	3		$\dashv$
XVehicle1	#Occupants	X Hit/Rui	n Mope	ed Case N	Number			22000	384							
License#		St_N	MA DOB/Age		Reg#	9KTT20				_Reg [	Гуре_Р	AN	Re	eg State	<sub>e</sub> MA	
Sex_F Lic.	Class D 18 1	Lic. Restriction	ons 1 CI	DL	Veh Ye	ear 2021	\	/eh Ma	ke_HC	ONDA				Config.	20	
Operator BAI	· · · · · · · · · · · · · · · · · · ·	MARY		dorsment	Owner	STRANGE		R	OBER							_
	ALMOUTH RD	First	1	Middle	Addres	110 FALM	OUTH I	RD		First			Mid	dle		- F
City NEWTON State MA Zip 02465					City_N	City NEWTON State MA Zip										
Insurance Company USAA CASUALTY INSURANCE COMPANY						Vehicle Action Prior to Crash  2 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel	Direction: N	X E W Re	sponding to Emer	rgency? N	Event S	Sequence 1	22	22	22	22	2	3	<u>λ</u>	4		
Citation # (If I	ssued)				Most H	∟ Harmful Event	1	23					$\langle    $		10 Undercarr	riage
Violation	1: ChSec	c Violatio	on 2: ChSe	ec	Driver	Contributing	Code	1 2	24	24				) 6	11 Totaled	
Violation 3: ChSecViolation 4: ChSec						Underride/Override 25 Towed N 8 7 6										
Please fill out for operator and all occupants involved							T			28 Airbag A	29 irbag Ej	30 31 ect Trap	32 Injury	33 Transp.		
Name (Last Fir	st Middle)			Above Above		Age/DOB	Sex	Pos.	System	Status Sv	vitch Co	ode Code	\$tatus	Code 1	Medical Facil	ity
1													10	_		
Please Select ( of the Followi		2 <u>1</u> #Occupa	nts Non-M	otorist A Typ	e 1	4 Action	15 Lo	ocation		Cor	ndition	17	X	Hit/Ru	n Mop	oed
License#_		St	DOB/Age		Reg#_	UNK				Reg	Гуре		Re	eg State	<sub>e</sub> MA	
Sex Lic.	Class 99 18 1	Lic. Restriction	ons 9 CI	DL	Veh Ye	ear_UNK	\	/eh Ma	ke_UN					Config.	20	
Operator		First		dorsment Middle	Owner	(Same as o	perator)									_
 Address	Last	First		Middle	Addres	ss	Last			First			Mid	dle		
City		S	stateZip_		City							State	:	_Zip_		_
Insurance Com	pany_UNK				Vehicle	e Action Prior	to Cras	sh	1 21	1	Dama	ged Area	Code:	(Circl	e Up to Thr	ree)
Vehicle Travel	Direction: N	<b>X</b> E W R	esponding to Eme	ergency?N	Event S	Sequence 1	22	22	22	22	2	3	<u> </u>	4		
Citation # (If I	ssued)				Most H	∟ Harmful Event	1	23				. 9	$\langle    $		10 Undercarr 11 Totaled	riage
Violatio	n 1: ChS	ec Violat	ion 2: ChS	Sec	Driver	Contributing	Code	5	24	24		. //		)	11 Totaled	
Violatio	n 3: ChS	ec Violat	ion 4: ChS	Sec	Underr	ride/Override		25 T	owed	N	В	7		6		
		operator and a	ll occupants inv				T	26 Seat	27 Safety	28 Airbag A	29 irbag Ei	30 31 ect Trap		33 Transp.		$\dashv$
Name (Last Fi	rst Middle) Non-Motorist			Above Above		Age/DOB		Pos.	System	Status S	witch C	Code Code	Status 99	Code 1	Medical Faci	ility
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