	Poli	ice Use Only		<u>Com</u> monweal	th o	f Massa	ichi	isetts	\$		RMV	/ Docum	ent Number			
	Date of Crash 05/17/2022	Time of Crash 14:37 24HR	NEWTON	Motor Poli		cle Cra Leport	sh	Number Vehicles 2		ed Lati	ed Limit tude gitude_		State Police Local Police MBTA Police Other:	N N		
						LOCATION > NOT AT INTERSECTION:										
1							NORTH 1188 CENTRE ST									
1	Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Street										
	Don't District					Feet N S E W of or Exit Number										
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street										
2 <b>1</b>	Poute# Direction Name of Interest in D. Landing					Feet NSEW of										
3	Route# Direction Name of Intersecting Roadway/Street    XVehicle1_0_#Occupants   X Hit/Run   Moped   Case					Landmark										
	XVehicle1	#Occupants	Number 22000413													
	License # St DOB/Age					Reg #         6GW636         Reg Type PAN         Reg State MA										
	Sex Lic.	Class	Veh Year 2020 Veh Make TOYOTA Veh Config. 1													
4 <b>1</b>		Last	Middle	Owner LEW JEAN S Last First Middle S AND S Last First Middle												
	Address State Zip					Address 21 MYERSON LN  City NEWTON State MA Zip 02459										
	Insurance Company MAPFRE					Value Action Prior to Creek 21 Damaged Area Code: (Circle Up to Three)										
5	1	Direction: N	Event Sequence 1 22 22 22 22 2 3 4													
	Citation # (If I	ssued)			Most Ha	rmful Event	1 23				9		10 Undercarri 5 11 Totaled	iage		
	Violation	1: ChSec	c Violation 2:	ChSec	Driver (	Contributing Co	ode :	1 24	24		VÍ					
1	Violation 3: ChSecViolation 4: ChSec					Underride/Override 25 Towed N 8 7 1										
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex 1	26 27 Seat Safety Pos. System	28 Airbag Ai Status Sv	29 30 rbag Eject vitch Code	) 31 t Trap c Code	32 Injury Tran Status Cod	sp. e Medical Facili	<sub>ty</sub> 2		
	Operator			See Above												
1	Please Select C of the Followi	IX Vehicle	e2 <u>0</u> #Occupants	Non-Motorist A Type	14	Action		ation	16 Cor	ndition	17	Hit/	Run Mop	ed		
	License#StDOB/Age					Reg # UNK Reg Type PAN Reg State N							tate MA	-		
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					h YearVeh Make_UNKNOWNVeh Config										
<b>1</b>	OperatorLast First Middle					Owner										
	Address					Address										
	CityStateZip					City State Zip  Vahiala Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)										
	Insurance Company					Vehicle Action Prior to Crash  Sequence 222 22 22 22 22 22 22 22 22 22 22 22 2										
	Citation # (If Issued)					Most Harmful Event 2 23										
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 99 24 24 5 11 Totaled										
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6										
	Pl Name (Last Fi	cupants involved  Address		Age/DOB		26 27 Seat Safety Pos. Syster	28 Airbag Ai n Status S	29 30 rbag Eject witch Coo	31 Trap	32 Injury Tran Status Co		ity				
		Non-Motorist		See Above					- Janua 3			J		,		

