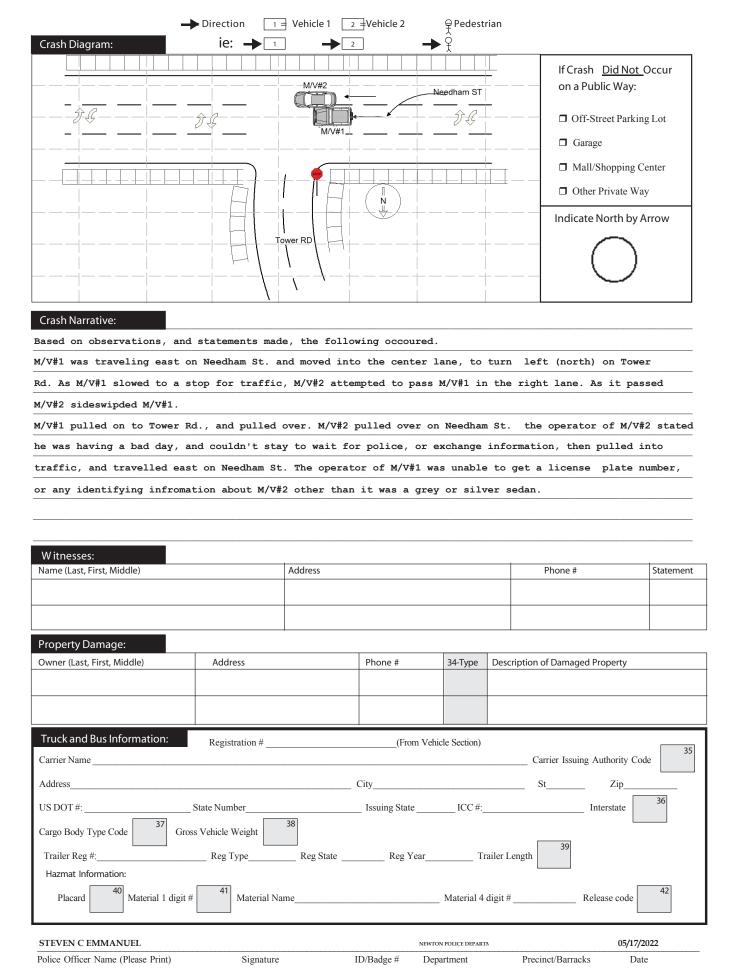
	Poli	ice Use Only		Commonwea	lth o	of Mass	ach	usett	S		RMV	/ Docur	nent Number		
	Date of Crash 05/17/2022	Time of Crash 17:38 24HR	NEWTON	1410101		icle Cra Report	sh	Numbe Vehicle 2		d Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	Xi	
			RSECTION:		LOCAT		>						CTION:	\neg	
	EAST	Γ NEEDH	IAM ST											2	
1	Route# Direction Name of Roadway/Street					Route# Direction	Name of Roadway/Street					$ 2^1$			
	NOR	At NORTH TOWER RD				Feet N S E W of • or								_ 4	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
	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	My 11 1 1 10 D D D D					Landmark									
	Wehicle 1 #Occupants												4		
	License # St MA DOB/Age 18 18 19 19					Reg # 5DGA20 Reg Type PAN Reg State MA									
	Sex_M_ Lic. Class D Lic. Restrictions 1 CDL Endorment					Veh Year 2014 Veh Make NISSAN Veh Config. 2									
4 1	Operator POI	DPALY Last	Owner Came as operator) Last First Middle												
	Address 392 MASSAPOAG AVE					Owner (Same as operator) Last First Middle Address									
	City SHARON State MA Zip 02067					City State Zip Vehicle Action Prior to Creek 21 Damaged Area Code: (Circle Up to Three)									
5	Insurance Company LM GENERAL INS Vehicle Travel Direction: X S E W Responding to Emergency? N					vehicle Action Filot to Clash 4									
]	ssued)		nding to Emergency?		Sequence 1 Harmful Event	2	3			\prod	\overline{A}	10 Undercari	riage	
		,		· Ch Sec		l	1 ode	1 24	24	+	9		5 11 Totaled		
⁶ 1	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed N 8 7 6									6					
	Please fill out for operator and all occupants involved							26 27 Seat Safety		29 30 bag Ejec) 31 t Trap	32 Injury Tra	33 ansp.	1	
	Name (Last First Middle) Operator			Address See Above				Pos. \$yster	n Status Sw	tch Code	Code 0	Status Co	ode Medical Facil	ity 1	
7					1	4	15		16		17				
3	Please Select C of the Followi	IX Vehicle	2 0_#Occupants	Non-Motorist A Type	e	Action		cation	Con	dition	17	X Hi	t/Run Mop	ped	
	License#StDOB/Age					Reg # Reg Type Reg State							_		
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					eh Year UNK Veh Make UNKNOWN Veh Config. 1							nfig. 20		
⁸ 1	Operator Last First Middle					Owner Last First Middle								_	
	Address					Address									
	City State Zip					CityStateZip									
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSWW Responding to Emergency?N					Event Sequence 122 22 22 22 3 4 10 Undercarriage									
	Citation # (If Issued) Most Harmful Event 1 23							24	1 9 5 11 Totaled						
		Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19									Q 6				
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ride/Override		Towe	d N 28 Airbag Air		31 t Trap	.32	33	\dashv	
	Name (Last Fi	Name (Last First Middle) Address				Age/DOB			Airbag Air m Status Sv	bag Ejec	ect Trap Injury Code Code Status		ansp. Code Medical Faci	ility	
	Operator/	Non-Motorist		See Above										\blacksquare	
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