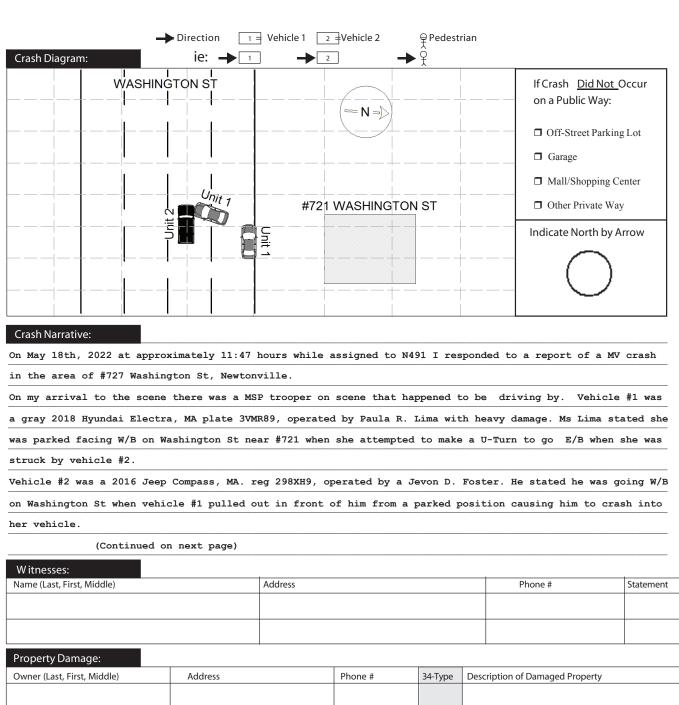
	Poli	ice Use Only		Commonw	ealth	of Mas	sacl	ıuse	etts			RM	V Doci	umen	t Number	
	Date of Crash 05/18/2022	Time of Crash 11:47 24HR	NEWTON	141011		hicle Ci Report		Nu Vel 2	mber hicles	Number Injured	Lati	ed Limitude _		St Lo M O	ate Police ocal Police IBTA Police ther:	XI D
			RSECTION:	<		TION	>					INT		ECT	ION:	_
						WES	т !	721		WASH	INGTO	ON ST				
1 1	Route# Direc	Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						eet				
	At					Feet NSEW of or Exit Number								F		
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Mile Marker Exit Number Feet N S E W of								-		
2						Route# Intersecting Roadway/Street Feet NSEW of										3
1	Route# Direction Name of Intersecting Roadway/Street					Landmark									- -	
3	XVehicle1 1_#Occupants					Number 22000419								7		
										Dog Tr	ma PA	N	Da	a Stat	_a MA	-
	License # St MA DOB/Age Sex_F Lic. Class D					Reg # 3VMR89 Reg Type PAN Reg State MA Veh Year 2018 Veh Make HYUND Veh Config. 1										
ļ	Operator LIM		PAULA	Endorsment R		er LIMA			ARLO:	s			_ ven e	Johns		1
1	Address 110 H	Address 110 HIGH ST (apt. 2)				Address 110 (apt. 2) HIGH ST										F
	City WALTH.			ate_MA Zip_02453		City WALTHAM State MA Zip 02453										
	Insurance Com	npany GOVT EN	MPLOYEES	-		cle Action Prio	r to Cras	sh	8 21] [Damage	ed Area	Code:	(Circl	le Up to Three	()
	Vehicle Travel	Direction: N	Res	ponding to Emergency?_N	Even	t Sequence	22	22	22	22 2		3		4		
	Citation # (If I	ssued)			Most	Harmful Ever	t 1	23			4	9	$\langle $		10 Undercarria (1) Totaled	ge
	Violation	1: ChSe	ec Violation	1 2: ChSec	Drive	er Contributing	Code	6	24	24			$\sqrt{}$		Q	
1	Violation 3: ChSecViolation 4: ChSec					Underride/Override 25 Towed Y 8 7 6										
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 Seat Pos.	27 Safety A System	28 2 irbag Airt Status Swi	9 30 ag Ejec ch Code	31 t Trap c Code	32 Injury Status	33 Fransp. Code	Medical Facility	1
	Operator			See Above			-		1 3	3 99	0	0	10	1	NONE	
1	Please Select C of the Followi	I X Vehicl	le2 <u>1</u> #Occupar	Non-Motorist A	Туре	14 Action	15 L	ocation	1	6 Cond	lition	17		Hit/Ru	ın Mope	d
	License#	License#St MA DOB/Age				Reg # 298XH9 Reg Type PAN Reg State MA						e MA				
	Sex_M Lic.	Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL				Veh Year 2016 Veh Make JEEP Veh Config. 20										
1	Operator FOSTER JEVON Last First Middle Middle				Own	Owner (Same as operator) Last First Middle										
	Address 230 WALNUT ST				Addr	Address										
	City NEWTON State MA Zip 02460				City	CityStateZip										
	Insurance Company HANOVER				Vehic	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) 22 22 22 2 3 4								;)		
	Vehicle Travel Direction: NSEN Responding to Emergency?N				Even	Event Sequence 1 22 22 22 22 2 2 4 10 Undercarriage								ge		
	Citation # (If Issued)					Most Harmful Event 1 24 1 5 11 Totaled										
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1										
		Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						1	owed_	28 2 irbag Airt	9 30	31	32	33		4
	Name (Last Fi	irst Middle)	operator and at	Address		Age/DOE		Pos.	System	Status Sw	itch Coo	de Code	Injury I Status	Code	Medical Facilit	у
	Operator/	Non-Motorist		See Above			-		1 4	4 99	0	0	10	1	NONE	\dashv
							+			\perp	_					_



Truck and Bus Information: Registration #_____(From Vehicle Section) 35 Carrier Name _ ____ Carrier Issuing Authority Code Address___ US DOT #: ____ State Number ____ Issuing State ____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #: Hazmat Information: Material 4 digit # Release code Placard Material 1 digit # Material Name

THOMAS J MCCARTHY

Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks Date

•	Direction	1 dehicle 1 2	2_≢Vehicle 2	₹ Pedestr	ian	
Crash Diagram:	ie: →□	1 - 2	2	≥ Ŷ		
	Ie: ->			**************************************	If Crash Did N on a Public Wa Off-Street Pa Garage Mall/Shoppi Other Private Indicate North	ny: urking Lot ng Center Way
Crash Narrative:						
Both vehicles were towed	by Todys and th	ere were no r	eported injur	ies.		
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (Last, First, Middle)		Address			Priorie #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	,
Owner (East, 111st, Middle)	Address		THORE #	эттурс	Description of Duringen Property	<u> </u>
Truck and Bus Information:	D :		(F. 11)	1:10 : \		
				hicle Section)	Camian Iannina Andhanit	35
Carrier Name					Carrier Issuing Authority	Code
Address			City		St Zip_	
US DOT#:	State Number		Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
					39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length	
Hazmat Information:						
Placard 40 Material 1 digi	t # 41 Material N	Name		Material 4 o	digit # Release coo	de 42
THOMAS J MCCARTHY			NEW	TON POLICE DEPARTM	05	5/18/2022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)