	Poli	ice Use Only		Commonwe	alth (	of Mass	achu	isetts	\$		RMV	V Docun	nent Number		
	Date of Crash 05/20/2022	Time of Crash 08:25	City/To	MIOTO		icle Cra	nsh [	Number Vehicles	Injure	d Lati	ed Limi tude		State Police Local Police MBTA Police	XX	
		24HR	RSECTION:	P(	LOCA	Report	>	2	0		gitude_		Other:		
		ATINIEN	SECTION:		LUCA	TION			NO	IAI	11111	LKSEC	CTION:	2	
1	SOU		OBEQUIN RD												
1	Route# Direction Name of Roadway/Street  At  WEST WASHINGTON ST					Route# Direction Address # Name of Roadw						Roadway	/Street	2	
						Feet NSEW of • or Mile Marker Exit 1							Exit Number	-	
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet N S E W of									
2							Route# Intersecting Roadway/Street Feet N S E W of								
<b>1</b>	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	X Vehicle 1	1 #Occupants		<u> </u>											
	License # St MA DOB/Age Reg # 6961RC Reg Type PAN Reg Str											_			
	License#	18 1		Reg # 6961RC											
	Sex_F Lic. Class D Lic. Restrictions 1 CDL					Veh Year   2010   Veh Make   FORD   Veh Config.   1									
<sup>4</sup> 2	Operator LIM	Last		Owner (Same as operator)  Last First Middle											
	Address 120 GROVER RD EXT  City MEDFORD State MA Zip 02155  Insurance Company ARBELLA					Address									
						CityStateZip									
5						Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)  Damaged Area Code: (Circle Up to Three)									
1	Vehicle Travel	Direction: N	S E X Resp	onding to Emergency? N	Event	Sequence 1	22 22 22		22 2		$\bigcap$		10 Undercarr	riage	
	`	ssued)			Most	Harmful Event	1	24		<b>—</b>	9		5 11 Totaled	lage	
<sup>6</sup> <b>1</b>	]			2: ChSec		r Contributing C	ode 5	·			7		6		
1		3: ChSec	Under	Underride/Override Towed N											
		Please fill out for operator and all occupants involved  Name (Last First Middle) Address										nnsp. ode Medical Facili	ity 1		
	Operator			See Above				1	4 4	0	0	10 1			
<sup>7</sup> <b>2</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A T	уре	14 Action	15 Loca	ation	16 Con	dition	17	Hi	t/Run Mop	oed	
	License#		St MA DOB/Age DOB/Age			Reg# FRMGRL				Reg Type_PAN			Reg State MA		
	Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL Endowment					Veh Year 2018 Veh Make St				UBURU Veh Config.					
8 <b>4</b>	Operator HANSEN MARLOW  Last First Middle					Owner (Same as operator)  Last First Middle									
	Address 36 DUDLEY RD				Addre	Address									
	City BILLERICA State MA Zip 01821					City State Zip									
	Insurance Com	pany COMMER	RCE		Vehicle Action Prior to Crash  3 21 Damaged Area Code: (Circle Up to Three)									ee)	
	Vehicle Travel	Direction: N	Event	Event Sequence 1 22 22 22 22 3 4											
	Citation # (If Issued) Most Harmful Event 1 23								+	10 Undercarriage  9					
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24									J					
	Violation 3: ChSecViolation 4: ChSec Underride/Override Towed N														
		Please fill out for operator and all occupants involved Name (Last First Middle) Address											33 ansp. Code Medical Faci	ility	
		Non-Motorist		See Above				1	4 4		0	10 1			

