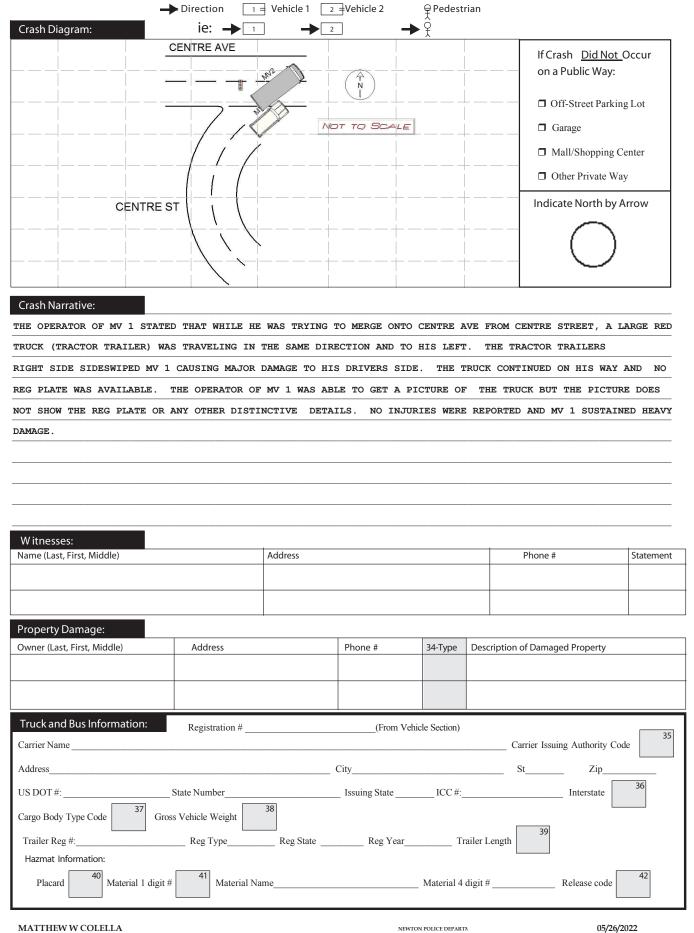
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	isetts			RMV	Docume	ent Number		
	Date of Crash 05/26/2022	Time of Crash 07:56 24HR	City/Town NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		Latitu	l Limit <u>:</u> ıde itude		State Police Local Police MBTA Police Other:	XI	
			SECTION:		LOCA	_	>		NOT	AT	INTE	RSEC	ΓΙΟN:	⇉┈	
	EAST	Γ CENTR	E AVE											2	
1 <b>1</b>	Route# Direc	tion		oadway/Street		Route# Direction	on Ad	dress #		Nan	ne of Ro	adway/St	reet	$ 2^1$	
	Route# Direction					Feet NSEW of or								_   4	
						Mile Marker Exit Number									
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street									
<b>1</b>	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
3	My 11 1 1 10 DV D					Landmark									
	Wehicle 1 1_#Occupants												4		
	License # St MA DOB/Age 19 19					Reg # 354T20         Reg Type PAS         Reg State MA									
	Sex_M Lic. Class D Lic. Restrictions 1 CDL					Veh Year Veh Config. 1									
<sup>4</sup> 3		TERENTAL Last	Owner	Owner Game as operator)  Last First Middle											
	Address 27 TIMSON PATH					Address									
	City NEWTON State MA Zip 02459					CityStateZip									
5	Insurance Company FARMERS PROPERTY AND CASUALTY					Vehicle Action Prior to Crash  3 21 Damaged Area Code: (Circle Up to Three)									
1	Vehicle Travel	Direction:	S E W Respor	ding to Emergency? N	Event	Sequence 1	22 22 23		22 2		Ť,	$   \sqrt{1} $	10 Undercarri	iage	
	`	ssued)				Harmful Event	1	24	24 1	←	9	5	11 Totaled	age	
<sup>6</sup> <b>1</b>	1			ChSec		Contributing Co	ode 9	]			( ) ( )	$\bigcup_{6}$	i		
1	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					ride/Override		Towe		9 30		32 3	3	1	
	Name (Last First Middle) Address					Age/DOB	Sex I	26 27 Seat Safety Pos. System	28 29 Airbag Airba Status Swite	9 30 Eject Code	Trap In Code St	32 Trans atus Code	Medical Facili	1 1	
	Operator			See Above				1	4 99	0	0 1	0 1		_	
										-					
<sup>7</sup> <b>3</b>	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Typ	pe 1	Action 1	Loca		16 Cond	tion	17	Hit/F	Run Mop	ed	
	License# St DOB/Age					g # Reg Type Reg State <b>20</b>								_	
	Sex Lic. Class					h YearVeh MakeVeh Config.									
8 <b>4</b>	Operator Last First Middle				Owner	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: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 2 3 4 10 Undercarriage									
	Citation # (If I	ssued)	Most Harmful Event 9 5 11 Totaled									age			
	Violatio	n 1: ChSe	ec Violation 2	Driver	Driver Contributing Code 24 24 7 6										
		n 3: ChSe	Under	ride/Override		Towed		20	21			_			
	Pl Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB		26 Seat Safety Pos. System	28 29 Airbag Airba Status Swi	g Eject tch Code	Trap In	32 33 jury Trans tatus Cod	p.	ity	
	Operator/	Non-Motorist		See Above										_	



NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date