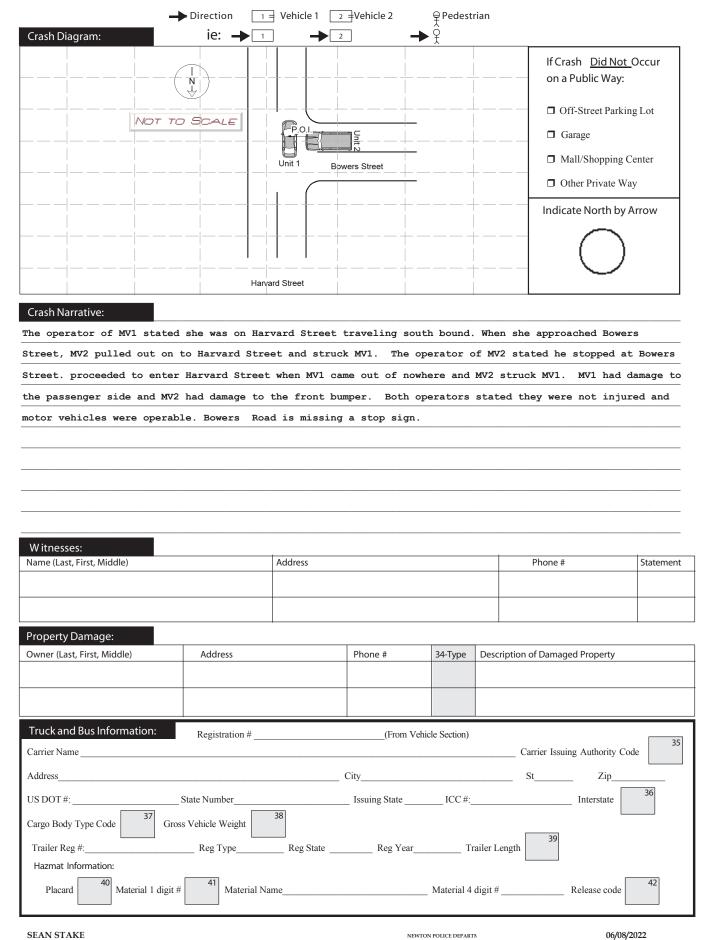
	Poli	ce Use Only		Commonw	ealth	of Mass	ach	use	tts			RMV	/ Docu	ıment l	Number		
	Date of Crash 06/08/2022	Time of Crash 17:39	City/T	Moto Moto	or Vel	hicle Cr	ash			Number Injured		d Limi		Stat	te Police cal Police BTA Police	<u> </u>	
	00/08/2022	17:39 24HR		I	Report				0	1	itude_	MBTA F Other:		TA Police ier:	olice 🔲		
		AT INTER	LOCA	ATION		NOT AT INTERSECTION:					ON:		2				
	EAST	BOWEI	RS														_
1 1	Route# Direction Name of Roadway/Street					Route# Direction Address#						Name of Roadway/Street					2 10
	At SOUTH HARVARD ST					Feet NSEW of or										_ -	
	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											11
2 1			Feet N S E W of														
	Route# Direc	tion		Landmark													
3	XVehicle 1	ase Numbe	Number 22000503														
	License#	Reg	Reg # 963JB0 Reg Type PAN Reg State MA														
	License # St MA DOB/Age Sex F Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2013 Veh Make MINI Veh Config. 1											
4	Operator JEREMKO CATHERINE J Endorsment																
2	Address 95 MADISON AVE					Owner (Same as operator) Last First Middle Address											
	City NEWTONVILLE State MA Zip 02460					CityStateZip											
		_{pany} AMICA M					21						Up to Thre				
5_	1	Direction: N		Vehicle Action Prior to Crash Event Sequence 1 22 22 22 22 22 2 2													
2		ssued)		ponding to Emergency? <u>N</u>		Harmful Event	1 2	23			ſ	$\backslash \bot$	Λ		0 Undercarr	iage	
	`	·		n 2: ChSec		er Contributing (1 2	4	24	←	9		5 1	1 Totaled		
⁶ 1	1				erride/Override		25	 Γowed _	N 8		7		6				
_	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved									28 29 rbag Airbag	30 Eject	31 Trap	32 Injury T	33 ransp.		\dashv	. 13
	Name (Last First Middle) Address Operator See Above					Age/DOB	Sex	Pos. \$	System St	atus Switch	Code	Code	Status C	Code 1	Medical Facili	ity 1	1
	Орегаю			See Above					1 4	4	0	0	10	1		\dashv	
									-					-		_	
⁷ 3	Please Select C of the Followi		22 <u>1</u> #Occupar	Non-Motorist A	Туре	14 Action	15 Lo	cation	16	Condit	ion	17	□⊦	lit/Run	Мор	ed	
	License# St MA DOB/Age					52SH40		Reg Typ	1	Reg State MA			_]				
	Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL					Veh Year 2012 Veh Make HONDA							Veh Config. 2 20				
⁸ 2	Operator BAKER NATHANIEL Endorsment Last First Middle					Owner LAZAR EMILY Last First Middle										_	
_	Address 100 CENTRAL AVE					ess 100 CENTR	AL AV	E								_	
	City NEWTON State MA Zip 02460					City NEWTON State MA Zip 02460										_	
	Insurance Company COMMERCE INSURANCE					cle Action Prior	to Crasl	n (6 21	Da	maged	l Area	Code:	(Circle	Up to Thre	ee)	
	Vehicle Travel Direction: NSWW Responding to Emergency? N					t Sequence 1	22	22	22	22 0		3		4			
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriag 5 11 Totaled											
	Violatio	Drive	Driver Contributing Code 19 24 24 5 11 Totaled														
	Violatio	n 3: ChSe	Unde	Underride/Override 25 Towed N 6													
	Please fill out for operator and all occupants involved					,	Ī	26 Seat	27 Safety Air	28 29 rbag Airbag	30 Eject	31 Trap		33 ransp.			
	Name (Last Fi Operator/	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos.	System S 1 4	Status Switc	h Code 0	Code 0		Code 1	Medical Facil	iity	
	*																
								\vdash									
												1					



CDP1 11 ·24·00

Police Officer Name (Please Print)

Department