	Poli	ice Use Only		Commonwea	lth c	of Mass	achu	setts			RMY	V Docun	nent Number		
	Date of Crash 06/22/2022	Time of Crash 19:11 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		ed Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	N N	
							OCATION >					NOT AT INTERSECTION:			
						EAST WASHINGTON STREET									
1 <b>1</b>	Route# Direc	Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Street							$ \begin{vmatrix} - \\ 2 \end{vmatrix}$	
	At					Feet NSEW of • or Mile Marker									
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Mile Marker Exit Number  15 YARI <sub>Feet</sub> N S W of CENTRE STREET									
2.	Also at mosection with					Route# Intersecting Roadway/Street Feet N S E W of									
<b>1</b>	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Landmark								
3	XVehicle1 1 #Occupants ☐ Hit/Run ☐ Moped Case														
	_														
	License # St MA DOB/Age Sex M Lic. Class D Lic. Restrictions 1 CDL					Reg #         TC16AK         Reg Type         PAN         Reg State         MA           Veh Year         Veh Make         TOYOTA         Veh Config.         1									
4	Operator CARVER THOMAS Endorsment					Owner CARVER CAROL									
1		Last First Middle ddress 64 HASTINGS ST					Address 64 HASTINGS ST								
	City WELLESLEY State MA Zip 02481					VELLESLEY					State	MA	Zip 02481	_	
	Insurance Company USAA					Vehicle Action Prior to Crash  State  Zip  Damaged Area Code: (Circle Up to Three)									
5	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency? N	Event	Sequence 1	22 22	22	22 2	2	3		4		
	Citation # (If I	ssued)			Most I	Harmful Event	1 23			_	9	$\langle   \   \  $	10 Undercarr 5 11 Totaled	riage	
	Violation	1: ChSe	ec Violation	2: ChSec	Driver	Contributing C	ode 18	3 24	24		ŹÍ				
1	Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed N 8 O 6									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Se	26 27 eat Safety os. \$ystem	28 Airbag Ai Status Sv	29 30 rbag Ejec ritch Code	) 31 Trap c Code	32 Injury Tra Status Co	33 nsp. de Medical Facili	ity 1	
	Operator			See Above				1	4 4	. 0	0	10 1			
<b>4</b>	Please Select ( of the Followi	IX Vehicle	e2 1_#Occupan	ss Non-Motorist A Typ	pe 1	Action	15 Locat	ion	16 Cor	dition	17	Hit	t/Run Mop	ed	
	License#St MA DOB/Age					Reg # 3FH243 Reg Type PAN Reg State MA							State_MA	_	
	Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2007 Veh Make HONDA Veh Config. 1									
4	Operator LOPEZ-REYES EVELIN Mendorsment M					Owner (Same as operator)  Last First Middle									
	Address 77 WILLOW ST (apt. 1)				Address										
	City WALTHAM State MA Zip 02453					CityStateZip									
	Insurance Company COMMERCE					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSWW Responding to Emergency?N					Event Sequence 1 22 22 22 22 22 22 10 3 4 10 Undercarriage									
	Citation # (If I	ssued)			Most I	Harmful Event	1 23	24]	24	<b>—</b>	9	Í	5 11 Totaled	lage	
	Violatio	n 1: ChS	Sec Violatio	n 2: ChSec		Contributing C	ode 1	24			<u> </u>		6		
			Sec Violatio		Under	ride/Override		Towed			)   21	32	33	_	
	Name (Last Fi		r operator and all	occupants involved Address		Age/DOB		26 27 eat Safety os. Systen	Airbag Ai Status S	29 Siper Biper Sipe Siper Siper Siper Siper Siper Siper Siper Siper Siper Siper Sipe	31 Trap de Code	Injury Tra	nsp. ode Medical Faci	ility	
	Operator/	Non-Motorist		See Above			-	1	4 4	0	0	10 1		_	
														$\exists$	

