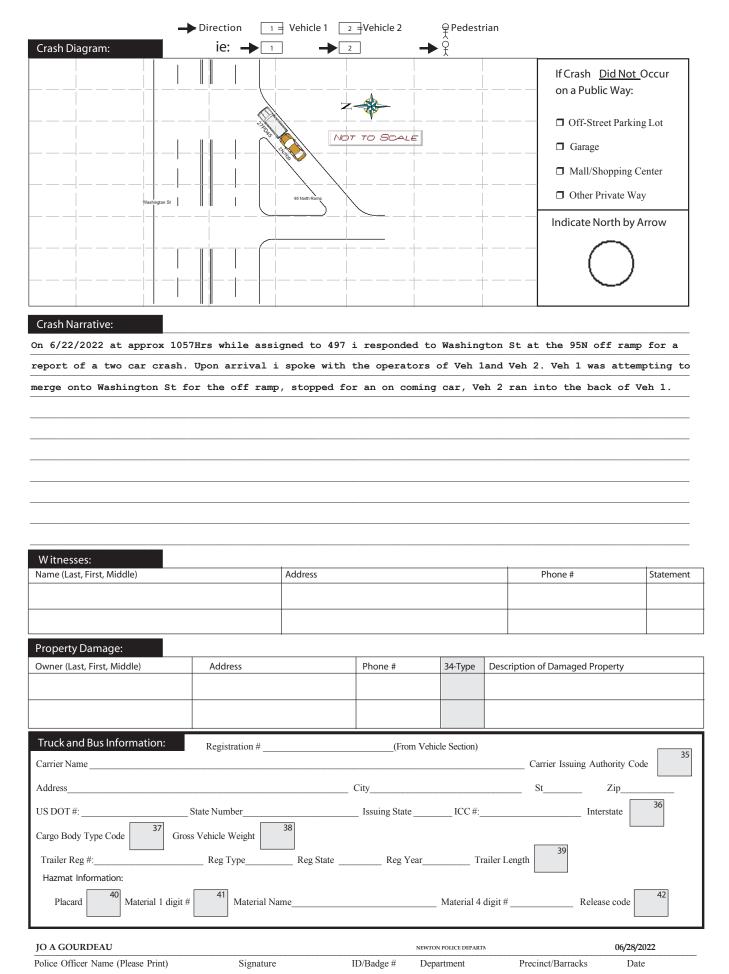
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	setts			RMV	V Docur	nent Number		
	Date of Crash 06/22/2022	10:57	NEWTON	1410101		icle Cra Report	sh	Number Vehicles 2		d Latin	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	XI O	
		AT INTER	SECTION:		LOCA'		>						CTION:	— —	
	EAST		INGTON ST											<u>2</u>	
$egin{array}{c} 1 \\ 1 \end{array}$	Route# Direc			Roadway/Street		Route# Direction	on Add	lress #		Na	me of F	Roadway	/Street	$ 2^1$	
1	At NORTH 95 NORTH OFF RAMP Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or								2	
						Mile Marker Exit Number									
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street									
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
3	Route# Direc	tion	Landmark									\dashv			
	XVehicle1	_1_#Occupants	Number	Tumber 22000579											
	License#St MA DOB/Age					Reg # 27PD45 Reg Type PAN Reg State MA									
	Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment					Veh Year 2012 Veh Make LEXS Veh Config. 20									
⁴ 2	Operator LUI	Last	Owner (Same as operator) Last First Middle									$ 1^1$			
	Last First Middle					Address									
						City State Zip									
	Insurance Company METROLPITAN					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
5 1	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency? N	Event	Sequence 1	22 22	22	22 2		3		4		
	Citation # (If I	ssued)			Most I	Harmful Event	1 23		1	+	9	<u> </u>	10 Undercarr 11 Totaled	riage	
6	Violation	1: ChSec	C Violation	2: ChSec	Driver	Contributing Co		24	24		$\sqrt{1}$	\sum	6		
⁶ 1									1 00 1						
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex Sex System Status Switch Code Status Code Medical Fig.							33 ansp. ode Medical Facil	1^{1}	
	Operator			See Above				0	4 3	0	0	10 1			
4	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Ty	rpe 1	Action 1	Locat		16 Cond	lition	17	Hi	t/Run Mop	ped	
	License#						Reg # 2NJ39 Reg Type PAN Reg State M								
	Sex_M Lic.	Class D 18 1	Veh Year 2005 Veh Make TOYT Veh Config. 1												
8 1	Operator BLOXHAM WILLIAM Last First Middle Middle				Owner	Owner (Same as operator) Last First Middle									
_	Address 473 SUMNER ST Middle				Addre	Last First Middle Address									
	City BOSTON	N	City_	City State Zip											
	Insurance Com	npany STANDAI	RD FIRE	Vehicl	Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel	Direction: N	ponding to Emergency?N	Event Sequence 1 22 22 22 2 3 4											
	Citation # (If Issued) Most Harmful Event 1 23 9								$\langle \cdot \cdot \rangle$	10 Undercarriage 5 11 Totaled					
	Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 5 24 24 Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N														
										7					
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 eat Safety os. System	28 Airbag Airl Status Sw	29 30 Eject citch Cod	31 Trap e Code		33 ansp. code Medical Faci	ility	
		Non-Motorist		See Above				1	4 3	0	0	10 1			



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