	Poli	ice Use Only		Commonw	ealth	of Mass	achı	ısett	S		RM	V Docui	ment Number		
	Date of Crash 06/29/2022	Time of Crash 12:11	NEWTON	MION		nicle Cra	ash	Numbe Vehicle 2		red La	eed Lim		State Police Local Police MBTA Police Other:	Xi D	
						lice Report 2 LOCATION >					Longitude Other: CAT INTERSECTION:				
	COLE				<u> Locii</u>						1111		C1101\.	2	
1 1	Route# Direction FAXON ST Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street								2 1	
1	16 WEST WATERTOWN ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of or								_ 2	
						Mile Marker Exit Number									
				Feet N S E W of Route# Intersecting Roadway/Street							idway/Street	$ \frac{1}{3}$			
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
3	X Vehicle 1	#Occupants	N. 1	Number 22000586											
	_					2000380		D	A C		~ MA	_			
	License#	Class D 18 1		Reg # 12S530 Reg Type PAS Reg State MA Veh Year 2012 Veh Make TOYOTA Veh Config. 1											
4				Owner (Same as operator)											
2	Operator PAWLUSKIEWICZ MONIKA Last First Middle Address 16 EVERETT ST (apt. 3)											Middle	e	- 1	
	City NEWPORT State RI Zip 02840					Address City State Zip									
	Insurance Company GOVT EMPLOYEE					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									
5 1	Vehicle Travel	Direction: N	S E X Res	oonding to Emergency? N	Event	t Sequence 1	22 22		22	O	<u> </u>		4		
	Citation # (If Is	ssued)			Most	Harmful Event	1 23		24	1	9		10 Undercarr 5 11 Totaled	riage	
6]			2: ChSec	Drive	er Contributing C		1 24	24	8	7	\sum	6		
⁶ 1		Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed Y								
	Name (Last Fir	ame (Last First Middle) Address				3.7						ode Medical Facili	ity 1		
	Operator			See Above				1	4	99 0	0	10 1	NONE		
7															
3	Please Select One of the Following: Vehicle 2 1 # Occupants Non-Mor				Туре	Action Action	Loc	ation	16 Co	ondition	17	Ні	it/Run Mop	oed	
	License#	License#St MA DOB/Age 18 18 19 19					·					pe_PAS Reg State_MA			
	Sex_M Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2022 Veh Make CADILLAC Veh Config. 1									
8 1	Operator HOFFMAN RYAN G					Owner COMMONWEALTH LIMO SERVICES Last First Middle									
	Address 185 CHESTNUT HILL AVE					Address 191 HIGH ST									
	City BRIGHTON State MA Zip 02135 Insurance Company LANCER INSURANCE COMPANY					City WALTHAM State MA Zip 02453 Vehicle Action Prior to Crosh 21 Damaged Area Code: (Circle Up to T								ee)	
	Vehicle Travel Direction: N X E W Responding to Emergency?N					Venicie Action Prior to Clash 1 1 22 22 22 23 4									
	Citation # (If Issued)					Most Harmful Event 1 23									
	`	n 1: Ch Se		Driver Contributing Code 19 24 24 5 11 Totaled											
	Violation		ecViolatio	-	Underride/Override 25 Towed Y 8 7 6										
		Please fill out for operator and all occupants involved Name (Last First Middle) Address					26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.						ansp.	lity	
		Non-Motorist		See Above				1	99	99 0	0	10 1		inty	

