	Poli	ice Use Only		Commonwe	alth o	of Massa	achu	setts	\$		RM	V Docur	nent Number		
	Date of Crash 07/02/2022	Time of Crash	City/To	MIOTOI		icle Cra	sh	Number Vehicles			ed Limi		State Police Local Police MBTA Police	NA NA	
	, ,	24HR				Report		2	0		gitude_		Other:		
		AT INTER	SECTION:	<	LOCA	ΓΙΟΝ	>		NO	T AT	INT	ERSE	CTION:		
	WES	T WASHI	INGTON ST												
<b>1</b>	Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Street								2 <sup>1</sup>	
	NORTH BEACON STREET					Feet NSEW of or Mile Marker Exit Nur							Exit Number	_	
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet N S E W of									
2	Also at incisculon with					Route# Intersecting Roadway/Street									
<sup>2</sup> <b>3</b>	Route# Direction Name of Intersecting Roadway/Street					Landmark									
<sup>3</sup> <b>2</b>	XVehicle1	#Occupants	Number	•											
_												. 344	-		
	License#	18 1	Reg #         9ZY746         Reg Type         PAN         Reg State         MA           Veh Vear 2013         Veh Make         TOYOTA         Veh Config         1									-			
4		Class	Lic. Restriction	Endorsment	Veh Year 2013         Veh Make TOYOTA         Veh Config.           Owner RIZVI         AMINA								onfig.	-	
3	Operator ALI SHAMSHER  Last First Middle  Address 2071 WASHINGTON ST					Las A BAYLOR A			First			Middle	,	- 1	
	City NEWTON State MA Zip 02462 Insurance Company PLYMOUTH ROCK INS CO					vestboroug					State	MA	Zip 01581	-	
						City WESTBOROUGH State MA Zip 01581  Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)									
5 <b>1</b>	Vehicle Travel	Direction: N	Event	Event Sequence 1 22 22 22 22 23 4											
1	Citation # (If I	ssued)			Most l	Harmful Event	1 23		(i		9		10 Undercari 5 11 Totaled	riage	
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24								J						
<sup>6</sup> 2	Violation 3: ChSec Violation 4: ChSec Underride/Override										6				
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex Pos. System Status Switch Code Code Status (Code N						33 ansp. ode Medical Facil	$_{ity}$ $\begin{bmatrix} 1 \\ 1 \end{bmatrix}$		
	Operator			See Above				1	4 4	0	0	10 1			
<sup>7</sup> <b>2</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupan	nts Non-Motorist A Ty	ype 1	Action 1	Locat	ion	16 Con	dition	17	Hi	t/Run Mop	ped	
	License#St MA DOB/Age					Reg # 463 Reg Type MVN Re						Reg	State MA	_	
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2013 Veh Make EONE Veh Config. 7									
8 <b>1</b>	Operator MCNAMARA BRIAN  Last First Middle					Owner NEWTON FIRE DEPT  Last First Middle									
	Address 1164 CENTRE ST					Address 1164 CENTER ST									
	City NEWTO			ate MA Zip 02459	City NEWTON State MA Zip								-		
	Insurance Company NEWTON MA SELF INSURED					Vehicle Action Prior to Crash  3 21 Damaged Area Code: (Circle Up to Three)  22 22 22 22 22 3 4									
	Vehicle Travel		-	Event Sequence 1 10 Undercarriage											
	Citation # (If Issued) Most Harmful Event 1							1							
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1								7	7 6					
			operator and al	Under	Underride/Override								$\dashv$		
	Name (Last Fi	rst Middle)		Address See Above		Age/DOB	Sex P	os. Syster	n Status S	witch Co	de Code	Status C	ansp. Code Medical Faci	ility	
	Operator/	Non-Motorist		See Above			-	99	4 4	0	0	10 1		-	
						1		- 1							

