	Poli	ice Use Only		Commonwea	alth d	of Massa	achu	setts			RM	V Docui	ment Number			
	Date of Crash 07/19/2022	Time of Crash 14:55	City/To	MIOTOI		icle Cra	sh [Number Vehicles			ed Limi		State Police Local Police MBTA Police	N N		
		24HR				Report		2	0		ngitude_		Other:			
		AT INTERSECTION: <					LOCATION >				NOT AT INTERSECTION:					
	SOU	TH CRAFT	S ST											2		
1	Route# Direction Name of Roadway/Street At WEST WATERTOWN ST					Route# Direction Address # Feet N S E W of -				Name of Roadway/Street — • or Mile Marker						
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of										
	Also at Intersection with					Route# Intersecting Roadway/Street							ndway/Street	- 3 ¹		
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of										
3	XVehicle1 2_#Occupants					<u> </u>										
	veincie i	2_#Occupants		(umber 22000652												
	License # St MA DOB/Age					Reg # 572WG8 Reg Type PAN Reg State MA 20										
	Sex_M Lic. Class D Lic. Restrictions 1 CDL Endorsment					Veh Year 2011 Veh Make HONDA Veh Config. 2										
⁴ 3	Operator CHEN ALBERT					Owner Game as operator) Last First Middle										
	Address 62 NORTH ST City NEWTON State MA Zip 02460					Owner (Same as operator) Last First Middle Address										
						City State Zip										
5	Insurance Company GEICO					Vehicle Action Prior to Crash Three Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three)										
1	Vehicle Travel	Direction: N	X E W Resp	oonding to Emergency? N	Event	Sequence 1	22 22 23	22	22		\bigcap		10 Undercar	rriage		
	`	ssued)			Most I	Harmful Event	1	24	(1	—	9	[5 11 Totaled	inage		
⁶ 1	1			2: ChSec		Contributing Co	ode 99				<u> </u>)	<i>)</i> 6			
1				4: ChSec	Under	nderride/Override Towed N							33			
		Please fill out for operator and all occupants involved ame (Last First Middle) Address				Age/DOB Sex Pos. System Status Switch Code Code Status Code Medic						ansp. ode Medical Faci	1 1			
	Operator	Operator See Abore CHEN, ANNABELLE 62 NORTH ST NEWTON, MA 02460						99	1 4	0	0	10 1	L			
	CHEN, ANNA						F 6	99	1 4	0	0	10 1	l l			
⁷ 2	Please Select C of the Followi		2 <u>1</u> #Occupan	ts Non-Motorist A Ty	rpe 1	Action 1	Locati	ion	16 Con	dition	17	Пн	it/Run Mo	ped		
	License#						Reg# 2LBF85					Reg Type PAN Reg State MA				
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2018 Veh Make KIA Veh Config. 2							onfig. 20			
8 1	Operator RENEAU MEREDITH Last First Middle Endorsment Middle					Owner RENEAU MICHAEL Last First Middle										
	Address 19 HARRIS ST (apt. 2)					Address 19 (apt. 2) HARRIS ST										
	City_BROOKI	LINE	City_B	City_BROOKLINE					State_MA Zip_02446							
	Insurance Company COMMERCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Thre								nree)		
	Vehicle Travel	Direction: N	Event Sequence 1 22 22 22 22 22 3 4							\						
	Citation # (If Is	Citation # (If Issued) Most Harmful Event 1 23 Q							$\left\{ \right\}$	10 Undercarriage 5 11 Totaled						
	Violation	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 99 24 24 7 6)						
	Violation	Violation 3: ChSec Violation 4: ChSec Underride/Override							<u>Y</u>		7	7 6				
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex			26 27 28 29 Seat Safety Airbag Airbag Pos. System Status Switch		30 31 32 33 ject Trap Injury Transp. Code Code Status Code			cility		
	Operator/	Non-Motorist		See Above				99	1 4	0	0	10 1	ı			

