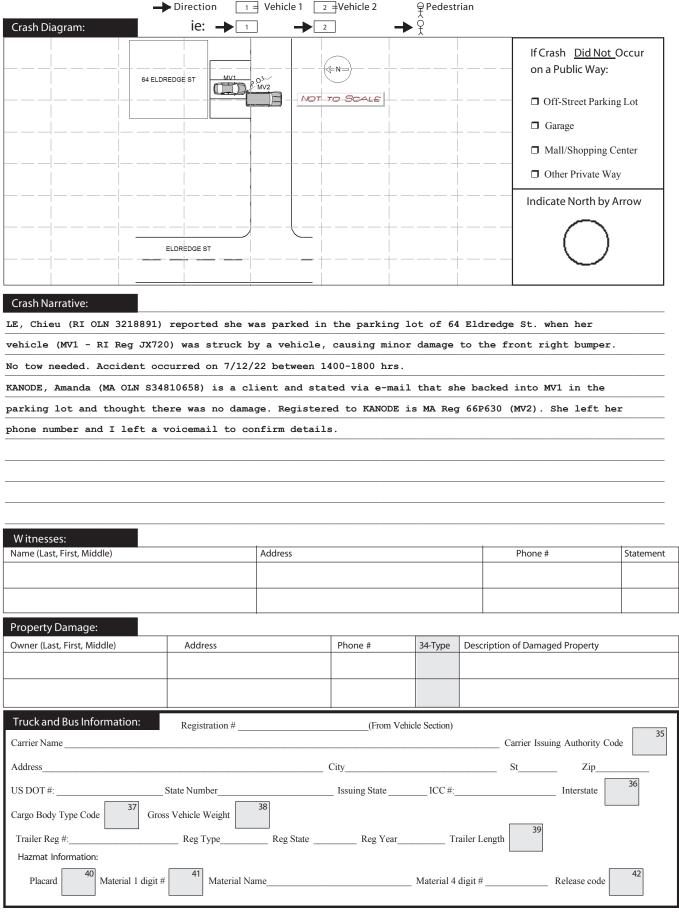
	Poli	ce Use Only		Commonweal	lth o	f Massa	achus	setts			RMV	/ Docun	nent Number			
	Date of Crash 07/19/2022	Time of Crash 16:40 24HR	NEWTON	MIOTOI		icle Cra Report	sh [Number Vehicles 2		ed Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	XI		
						LOCATION > NOT AT INTERSECTION:								\neg \vdash		
			NORTH 64 ELDREDGE ST									2				
1 99	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street								$ 2^1$		
	At					Feet N S E W of • or										
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number										
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street										
² 99			Feet NSEW of													
3	Route# Direc	tion	Landmark									4				
	XVehicle1	#Occupants	Number 22000653													
	License # St DOB/Age					Reg # JX720 Reg Type PAN Reg State RI										
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					Veh Year 2011 Veh Make NISSAN Veh Config. 1										
4	OperatorEndorsment					Owner LE CHIEU Last First Middle										
1	Address State Zip Insurance Company ESURANCE					Address 88 SANDY BROOK RD										
						City NORTH SCITUATE State RI Zip 02857										
						Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)										
5	Vehicle Travel	Direction: N	S E W Respo	onding to Emergency? N	Event S	Sequence 2 2	22 22	22	22	9	3		4			
	Citation # (If I	ssued)			Most H	armful Event	2 23			1 📥	9	$\left(\mid \cdot \mid \cdot \right)$	10 Undercard 5 11 Totaled	riage		
6	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co		24	24		VŢ					
⁶ 99	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6										
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Pos		28 Airbag A Status S	29 irbag Ejec witch Code	31 Trap c Code	32 Injury Tra Status Co	33 nsp. de Medical Facil	lity 2		
	Operator			See Above												
														\dashv		
7 1	Please Select C of the Followi	I X Vehicle	2 1_#Occupants	Non-Motorist A Type	e 14	Action 1	5 Locati		16 Co	ndition	17	Hit	t/Run Mor	ped		
	License# — St MA DOB/Age — —					Reg # 66P630 Reg Type PAN Reg State MA								_		
	Sex_F Lic.	Class D 18 1				Veh Year 2019 Veh Make							Veh Config. 20			
8 99	Operator KA	Departor KANODE AMANDA Endorsment					Owner (Same as operator)									
99	Address 4 HUDSON ST					Last First Middle Address										
	City WATERTOWN State MA Zip 02472															
	Insurance Company_THE COMMERCE INS CO					Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: NSEW Responding to Emergency?N					Event Sequence 2 22 22 22 2 3 4										
	Citation # (If I	ssued)	Most Harmful Event 2 23 1 1 9 10 Undercarriage 5 11 Totaled									riage				
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 99 24 24															
	Violation 3: ChSec Violation 4: ChSec					Underride/Override Z5 Towed N 8 7 6										
	Pl Name (Last Fi	ease fill out for		Age/DOB	Sex Po	26 27 Safety System	28 Airbag A Status S	29 Switch Coo) 31 t Trap de Code	Injury Tra	33 nsp. ode Medical Fac	ility				
		Non-Motorist		See Above		AgdDOB		· - 99		99 0	0	10 1	Madieni Pate			



KAYLA PATRICIA DONAHUE

Police Officer Name (Please Print)

Signature

ID/Badge # Department

Precinct/Barracks

Date

CDP1 11 :24:00