	Poli	ice Use Only		Commonweal	lth o	f Massa	achu	isetts			RMVI	Ocumei	nt Number		
	Date of Crash 07/19/2022	Time of Crash 16:39	NEWTON	Motor		icle Cra	sh	Number Vehicles	Injured	Latitu	Limit <u>3</u>	80 S I	State Police Local Police MBTA Police	XI	
		24HR	SECTION:		OCAT	Report	>	1	1 NOT		itude	RSECT	Other:		
		ATINIEN	SECTION:	, L	OCA I	IION			NOI	AII	NIED	SECI	ION:	2	
1	SOU														
1	Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Stree						reet	2 10		
	EAST	EAST WASHINGTON ST					Feet NSEW of orExit Number								
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet NSEW of									
2	Also a measceion will					Route# Intersecting Roadway/Street Feet N S E W of									
<sup>2</sup> 1	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	Myshicle 1 1 #Occupants														
	Wehicle 1 1_#Occupants												4		
	License # St MA DOB/Age  18 18 19 19					Reg # 7357PX         Reg Type PAN         Reg State MA           20									
	Sex_M_ Lic. Class D Lic. Restrictions 1 CDL_Endorsment					Veh Year 2016 Veh Make SUBARU Veh Config. 1									
4 1	Operator PRI	OR Last	Owner PRIOR JOHN  Last First Middle												
	Address 57 GROVE HILL					Address 57 GROVE HILL AVE									
	City NEWTON State MA Zip 02460					EWTON						IA Zip			
	Insurance Company LIBERTY MUTUAL					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)									
5	Vehicle Travel Direction: NSWW Responding to Emergency? N Event Sequence 20 22 21 22 22 22 22 22 20								3	3 4					
	Citation # (If Issued)					Most Harmful Event 20 23 10 Undercarriage 5 11 Totaled									
6	Violation	1: ChSec	C Violation 2	Driver Contributing Code 14 24 24 7 7 6											
<sup>6</sup> 1	Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed Y									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex S	26 27 Seat Safety Pos. System	28 29 Airbag Airba Status Swite	g Eject h Code	31 Trap Inju Code \$ta	32 33 ary Transp tus Code	Medical Facilit	y <b>20</b>	
	Operator			See Above				1	4 99	0	0 8	2	ST ES		
										+				_	
7	Diagram Calacte	)			14	4 1	15		16		17				
3	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Type		Action	Loca		Condi	tion		Hit/R	un Mope	∍d	
	License#StDOB/Age					Reg # Reg Type Reg State									
	Sex Lic. Class					Veh Year Veh Make Veh Config.							g. 20		
8 <b>99</b>	Endorsment Operator					Owner									
99	Last First Middle Address					Last First Middle Address									
	City State Zip					CityStateZip									
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 2 3 4									
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	`	n 1: Ch Se	Driver Contributing Code 24 24 5 11 Totaled												
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	Please fill out for operator and all occupants involved							26 27 Seat Safety	28 29 Airbag Airba	g 30 Eject	Trap Inju	32 33 ury Transp	o.	$\dashv$	
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. System	Status Swit	ch Code	Code St	atus Code		ty	
	- F 3744317													$\dashv$	
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