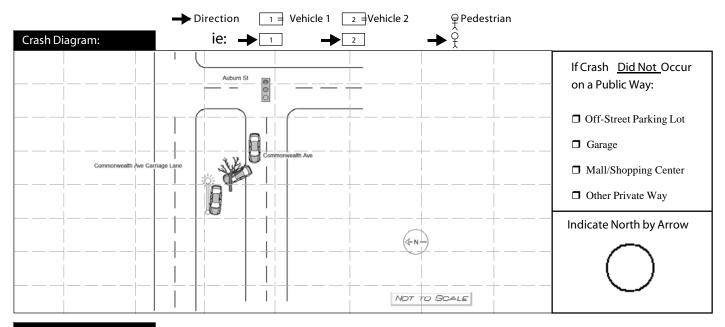
	Police Use Only	Common	ıwealth (	of Massa	chuset	ts		RMV Do	cument N	lumber	1
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		•		WEST	1917	COMM	ONIME	ALTH AVI	F		2 9
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4		At									<b>2</b> <sup>10</sup>
	D			Feet N	S E W of		· Iarker	or		Number	
		rsecting Roadway/Street t Intersection with		Feet N	S E W of						
2				Feet N	S E W of	Route	In	tersecting I	Roadway/S	treet	<b>1</b> 11
2	Route# Direction Name of Is	ntersecting Roadway/Street	:					Landmai	rk		
3	Vehicle 1 1_#Occupants	Run Moped	Case Number	•	19000002	234					Ĭ
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<sup>4</sup> <b>1</b>	Operator GOLDSTEIN ANDRE Last Firs  Address 140 GERRY RD			Last		First		Mi	iddle		1 12
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	Insurance Company COMMERCE INSUR.	_							_	Up to Three)	
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<sup>6</sup> 2	Violation 1: ChSec Vio			r Contributing Cod	de 99	( <u></u>		7	ر 6		
2	Violation 3: ChSec Vio		Under	rride/Override		wed <u>Y</u>	9 30	31 32	33		13
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7	Please Select One			14 15		16		17			
1	of the Following:	cupants Non-Motori	st A Type	Action	Location	Cond	ition		Hit/Run	Moped	
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<sup>8</sup> <b>2</b>	Operator	Endorsn st Middle	nent Owne	Last		First		M	iddle		
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	City	StateZip	City _					State	Zip		
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	Please fill out for operator as	nd all occupants involve	d		26 Seat Safe	27 28 2 ety Airbag Airb	9 30 Eject	31 32 Trap Injury	33 Transp.		1
	Name (Last First Middle)  Operator/Non-Motorist	Addre See Abo		Age/DOB		stem Status Sw	tch Code	Code Statu	s Code N	Medical Facility	1
	- r	255 1100									1



## **Crash Narrative:**

Placard

Material 1 digit #

(Continued on next page)

Operator of MV#1 stated he was travelling westbound on Commonwealth Ave with his dog in the front seat when he slid on ice and off the roadway. The roadway was wet from previous snow fall but was very well plowed and sanded. MV#1 hit a curb, drove through a snowbank, hit a tree with the left front of his vehicle and then hit a pole with the right front side of his vehicle. The car then came to a rest in the median. The operator appeared confused by the accident and did not realize the extent of the damage to his car. He asked what he had hit. He continuously asked if it was driveable even though the entire front end was totaled. He was able to provide me with his license and all pertinent information but spoke in a slow manner. There was no odor of alcohol. Operator declined medical attention. When asked if he was on any medication he stated he was on heart medication. We were able to contact the operator's son who was transported to the scene and stated the

Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # \_\_\_ (From Vehicle Section) \_\_\_\_\_ Carrier Issuing Authority Code Carrier Name \_ \_\_\_\_\_ City\_\_\_\_ Address\_ State Number\_ \_\_\_\_ Issuing State \_\_\_\_\_ ICC #:\_\_\_\_ US DOT #: \_\_\_ Gross Vehicle Weight Cargo Body Type Code Trailer Reg #:\_ Reg Type Reg State Reg Year Trailer Length Hazmat Information: \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

Material Name\_\_\_\_

	Direction 1	Vehicle 1	yehicle 2	₽ Pedestr	ian			
Crash Diagram:	ie: → 1	<b>→</b>	□ →	<b>₽</b> Ŷ				
		<u> </u> 				If Crash <u>Did Not</u> on a Public Way:	Occur	
						☐ Off-Street Parkin	g Lot	
						☐ Garage		
						☐ Mall/Shopping C	enter	
						☐ Other Private Wa	У	
						Indicate North by A	Arrow	
			+-					
			+-		- — — —			
Crash Narrative:	suffered a stroke	David Dona	hue arrived o	n scene t	owed the w	ehicle to Toda's		
licensed driver picked up								
the roadway. A request for	or Immediate Thre	eat License S	uspension/Revo	ocation w	as filed.			
Witnesses:							Statement	
Name (Last, First, Middle)	Address		F	Phone #				
Property Damage: Owner (Last, First, Middle)	Address	Address		34-Type	Description of Damaged Property			
			Phone #					
Truck and Bus Information:	Registration #		(From Veh	icle Section)				
Carrier Name	_				Carı	ier Issuing Authority Co	de 35	
Address			City		St_	Zip		
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36	
Cargo Body Type Code 37 G	ross Vehicle Weight	38						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39		
Hazmat Information:	<b>A1</b>						42	
Placard Material 1 digi	t # Material Na	ame		_ Material 4 o	ligit #	Release code	42	