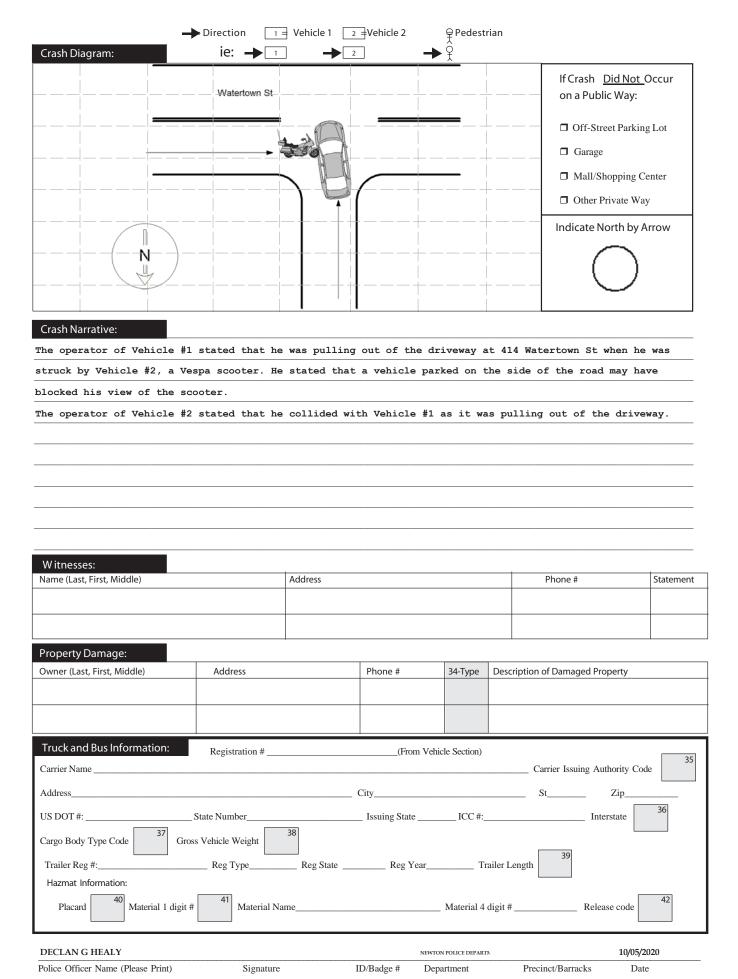
Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of Landmark 3 Wehicle 1 _ #Occupants	[Poli	ice Use Only		Commonwea	alth o	of Mass	achu	isetts	6		RM	V Docui	ment Number		
AT INTERSECTION: AT INTERSECTION:			17:51	NEWTON	1/10101			sh	Vehicles	s Inju	red Lat	itude _		State Police Local Police MBTA Police Other:	N N	
Route Direction Name of Readway/Street Al			1									CTION:				
Fee N E W of Mile Marker Fee N E W of Mile Marker Fee N E W of Readed Intersecting Readeway/Street Tandmurk					WEST 414 WATERTOWN ST								2			
Fee N E W of Mile Marker Fee N E W of Mile Marker Fee N E W of Readed Intersecting Readeway/Street Tandmurk	1 4	Route# Direc						Route# Direction Address # Name of Roadway/Street								
Routed Direction Name of Intersecting Roudway/Street Also at Intersecting Roudway/Street Feet N S E W of Routed Intersecting Roudway/Street S EN S E W of Routed Intersecting Roudway/Street S EN S E W of Routed Intersecting Roudway/Street License # — S; MA DOB/Age — — Reg # 385FH4 Reg Type PAN Reg State MA DOB/Age — — Reg # 385FH4 Reg Type PAN Reg State MA DOB/Age — — Reg # 385FH4 Reg Type PAN Reg State MA DOB/Age — — Reg # 385FH4 Reg Type PAN Reg State MA DOB/Age — — Reg # 385FH4 Reg Type PAN Reg State MA DOB/Age — — Reg # 385FH4 Reg Type PAN Reg State MA DOB/Age — — Reg # 385FH4 Reg Type PAN Reg State MA DOB/Age — — Reg # 385FH4 Reg Type PAN Reg State MA DOB/Age — — Reg # 385FH4 Reg Type PAN Reg State MA DOB/Age # Address \$2 (apt. 3) # 8AMA DOB/Age # Address \$2 (apt. 3)		At														
Foot N S E V		I														
Case Number 2000000578 Endomine Endo	2	Also at Intersection with					Route# Intersecting Roadway/Street									
Address Addr	1	Route# Direc	Route# Direction Name of Intersecting Roadway/Street													
License	3	XVehicle 1 1 #Occupants Hit/Run Moped Care					•									
Sex M Lic Class D 18 18 Lic Restrictions 1 19 CDL Endorment Endorment Endorment Endorment Endorment Crity NEWTON State DAVID Endorment Address 42 (apt. 3) BANKS ST Address 42 (apt. 3) BAN		_	•		345FH4		00000370		т РА	N		g. MA	_			
Operator AUERNACH DAVID Endocement Address Add		18 18 19					20									
Address 34 EMERSON S1 City NEWTON State MA Zip 02458 City SOMERVILLE State MA Zip 02454 Vehicle Action Prior to Crash I 21 Damaged Area Code: (Circle Up to Three) Event Sequence I 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4	Endorsment														
City NEWTON State MA Zip 02458 Insurance Company LIBERTY MUTUAL INSURANCE COMFANY Vehicle Travel Direction: X SE W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch. Sec Violation 2: Ch. Sec Underride Override Please fill out for operator and all occupants involved Age DOB Sex Nov Reg Type Reg State MA Age DOB Sex Nov Reg Type Reg State MA Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 Damaged Area Code: (Circle Up to Three) For It Totaled Priver Contributing Code 4 24 Driver Contributing Code 4 24 Driver Contributing Code 4 24 Please fill out for operator and all occupants involved Roberts Age DOB Sex Nov Reg Type Reg State MA Age DOB Sex Nov Reg Type Reg State MA Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) 10 Undercarriage Driver Contributing Code 4 24 Driver Contributing Code 4 24 Please fill out for operator and all occupants involved Roberts Age DOB Sex Nov Reg Type Reg State MA Age DOB Sex Nov Reg Type Reg State MA Vehicle Action Prior to Crash 1 20 Damaged Area Code: (Circle Up to Three) Address 229 E 79*TH ST (apt. 14C) Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Action Prior to Crash 1 22 Veh Make VESPA Veh Config 97 Damaged Area Code: (Circle Up to Three) Vehicle Action Prior to Crash 1 22 Vehicle Action Prior to Crash 1 22 Damaged Area Code: (Circle Up to Three) Vehicle Action Prior to Crash 1 22 Vehicle Action Prior to Crash 1 22 Damaged Area Code: (Circle Up to Three) Vehicle Action Prior to Crash 1 22 Damaged Area Code: (Circle Up to Three) Vehicle Action Prior to Crash 1 23 Damaged Area Code: (Circle Up to Three) Vehicle Action Prior to Crash 1 23 Damaged Area Code: (Circle Up to Three) Vehicle Action Prior to Crash 1 23 Damaged Area Code: (Circle Up to Three) Vehicle Action Prior to Crash 1 23 Damaged Area Code: (Circle Up to Three) Vehicle Action Prior to Crash 1 23 Damaged Area Code: (Circle Up to Thre	1		Last	First	Middle	Addres	42 (apt. 3) BA	NKS S	 Г	First				е	_ 1	
Insurance Company LIBERTY MUTUAL INSURANCE COMPANY Vehicle Travel Direction: X S E W Responding to Emergency? N Vehicle Travel Direction: X S E W Responding to Emergency? N Vehicle Travel Direction: X S E W Responding to Emergency? N Violation 1: Ch Sec Violation 2: Ch Sec Direct Contributing Code 4 24 24 24 24 24 24 24 24 24 24 24 24 2				Sta	te MA Zip 02458							State	MA	Zip 02144	_	
Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 2 2 2 2 2 2 2 2 3 4 4 10 Undercarriage Citation # (If Issued) Violation 1: Ch. Sec Violation 2: Ch. Sec Driver Contributing Code 4 2 2 2 2 2 2 2 2 3 4 10 Undercarriage Please fill out for operator and all occupants involved Name data Finer Middle) Pease Select One of the Following: Vehicle 2 1 # Occupants		,						o Crash	1					•	ree)	
Citation # (If Issued) Violation 1: Ch. Sec Violation 2: Ch. Sec Driver Contributing Code 4 24 24 24 24 24 25 3 11 Totaled Totaled Sec Violation 2: Ch. Sec Violation 2: Ch. Sec Underride/Override 25 Towed N Please fill out for operator and all occupants involved Address Age Don Sex Sec	5									22	O	3		4		
Violation 1: Ch. Sec. Violation 2: Ch. Sec. Driver Contributing Code 4 24 24 24 24 24 24 24 24 24 24 24 24 2					3 3 7		^	23]				<u> </u>	1	riage	
Violation 3: Ch. Sec Violation 4: Ch. Sec Underride/Override Please fill out for operator and all occupants involved Address Age/DOB Set Post System Status Swints Color Status Swints Sw		,			2: ChSec		l		24	24	U			5 11 Totaled		
Please fill out for operator and all occupants involved Address AgeDOB Sex Pox. System Status Switch Code Name (Last First Middle) Operator See Above Pox. System Status Switch Code System Status Switch Switch Code System Status Switch	⁶ 1	Violation	3: ChSe	c Violation	4: ChSec		١		Tow	ed N	0	7		6		
Operator See Above Please Select One of the Following: See Above Non-Motorist A Type Action See Above Non-Motorist A Type Action See Above Reg # XXXXX Reg Type Reg State Non-Motorist A Type License # St. NY DOB/Age Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2021 Veh Make VESPA Veh Config. 97 Operator Russo RAPHAEL M Endorsment Address Operator RUSSO RAPHAEL M Endorsment Address 229 E 79 TH ST (apt. 14C) City NEW YORK State NY Zip 10075 City State Xip Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 24 24 24 24 24 24 24 24 24 24 24		1 1							26 27 Seat Safety	28 Airbag	29 3 Airbag Ejec	0 31	32 Injury Tr	33 ansp.	1	
Please Select One of the Following: Vehicle 2 1 # Occupants Non-Motorist A Type							Age/DOB	Sex I	os. Systen	n Status S	witch Coc	c code	status C	ode Medical Facil	lity	
Condition Cond																
Condition Cond												+				
Condition Cond												+				
Condition Cond	7															
Sex_M_Lic. Class D 18 18 Lic. Restrictions 1 19 CDL	9		I X Vehicle	e2 1_#Occupant	s Non-Motorist A Ty	/pe 1			ntion	16 Co	ondition	17	Пн	it/Run Mor	ped	
Sex_M_Lic. Class D 18 18 Lic. Restrictions 1 19 CDL		License # St NY DOR/Age					Reg # XXXXX Reg Type Reg State M							State MA		
Operator RUSSO RAPHAEL M First Middle Address 229 E 79 TH ST (apt. 14C) Owner (Same as operator) Address Address City NEW YORK State NY Zip 10075 Insurance Company PROGRESSIVE DIRECT INSURANCE CO. Vehicle Travel Direction: N S E Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2		18 18 19														
Address 229 E 79 TH ST (apt. 14C) Address City NEW YORK State NY Zip 10075 City State Zip Insurance Company PROGRESSIVE DIRECT INSURANCE CO. Vehicle Action Prior to Crash Vehicle Travel Direction: N S E Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address State Zip Damaged Area Code: (Circle Up to Three) To Undercarriage 10 Undercarriage 11 Totaled Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 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 Medical Facility	8	Operator RUSSO RAPHAEL M Endorsment					Owner (Same as operator)									
Insurance Company PROGRESSIVE DIRECT INSURANCE CO. Vehicle Travel Direction: NSEX Responding to Emergency? NET Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	2	Last First Middle					Last First Middle									
Vehicle Travel Direction: NSEN Responding to Emergency? NEvent Sequence 122 22 22 22 22 22 22 22 20 3 4 10 Undercarriage 11 Totaled Wiolation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 24 24 24 24 24 24 24 24 24 24 24		City_NEW YORK State_NY Zip_10075					City State Zip									
Vehicle Travel Direction: NSEX Responding to Emergency? NEvent Sequence 122 22 22 22 22 22 22 22 20 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Insurance Company PROGRESSIVE DIRECT INSURANCE CO.					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									
Citation # (If Issued)		Vehicle Travel Direction: NSEX Responding to Emergency?N					21 21 21 3 A									
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 24 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. System Status Switch Code Code Status Code Medical Facility		Citation # (If Issued)					Most Harmful Event 1									
Violation 3: ChSec Violation 4: ChSec Underride/Override		Violatio	n 1: ChS	ec Violatio	n 2: ChSec	Driver	Contributing C	ode 1	24	24			\bigvee) 3 11 Totaled		
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility		Violatio	n 3: ChS	Under	Underride/Override Z5 Towed N 8 7 6											
		1 1					4 /505			28 Airbag	29 3 Airbag Ejec	O 31 Trap	Injury I r	ansp.	:1:6-	
		-														
									+							
									_							



CDP1 11 ·24·00