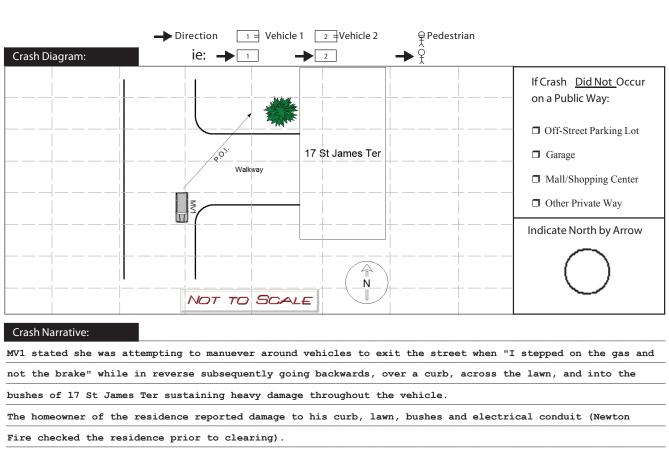
[Poli	ice Use Only		Commonwo	ealth o	of Mass	achi	isetts	\$		RMV	V Docu	ıment	t Number	
	Date of Crash 01/01/2021	Time of Crash	NEWTON	171010		icle Cra Report	sh	Number Vehicles		ed Latin	ed Limi tude gitude_		Sta Lo M	ate Police ocal Police BTA Police ther:	N XI
		AT INTE	RSECTION:	<	LOCA		>	1		T AT					\neg
						SOUTH	17			MES TE					
	Route# Direc	tion	Name of I	Roadway/Street		Route# Direction		ldress #				Roadwa	y/Stre	et	
\dashv	At					Feet NSEW of or									
	Route# Direc	etion	Name of Intersecting	g Roadway/Street					Mil	e Marker		or	Ex	xit Number	
			Also at Inters	ection with		Feet	N S E	W of	Rou	ie# I	Intersec	ting Ro	adway	y/Street	
L	Route# Direc	<u> </u>	Name of Internet	ting Roadway/Street		Feet	N S E	W of				_			
\exists	Route# Direc	uon	Name of Intersec	· ·							Laı	ndmark			\dashv
	XVehicle1	_1_#Occupant	s Hit/Run	Moped Ca	se Number		21	100000001							
	License#		St MA		Reg#	8EL741			Reg	Type_PAI	N	Re	g State		
	Sex_F Lic.		Lic. Restrictions	CDLEndorsment	Veh Y	ear_2012	Vel	n Make_H	ONDA			_Veh C	Config.	20	
1	Operator RAI	MU Last	JANE First	Endorsment	Owner	(Same as ope	rator)		First			Midd	lle		- 1
	Address 25 ST	JAMES TER				ss									. -
	City NEWTO	N	Sta	te_MAZip_02458	City_										
	Insurance Com	npany_ARBELL	A			e Action Prior to		10	21	Ü	_		(Circl	e Up to Thre	e)
	Vehicle Travel	Direction: N	X E W Respo	onding to Emergency? N	Event	Sequence 20			22	2)	(4)		
	Citation # (If I	ssued)			Most 1	Harmful Event	20 23		24	1	9			10 Undercarri 11 Totaled	age
	Violation	1: ChSe	ec Violation	2: ChSec	Driver	Contributing C		19 24	24	8			6		
L				4: ChSec	Under	ride/Override	25	Towe	ed Y		,	T T			
	Please : Name (Last Fir		rator and all occup	ants involved Address		Age/DOB	Sex 1	26 27 Seat Safety Pos. System	28 Airbag A Status S	29 30 irbag Eject witch Code	31 Trap Code	32 Injury T Status C	ransp. Code	Medical Facilit	y 2
	Operator			See Above				1	2	99 0	0	10	1		
1	Please Select C of the Followi	I Vehic	le# Occupants	Non-Motorist A	Type 97	Action 97	Loca	ation 99	16 Co	ndition	17 97	□⊦	Hit/Ru	n Mope	ed
	License#StDOB/Age				Reg#	Reg # Reg Type Reg State									
	Sex_M Lic.		Lic. Restrictions		Veh Y	ear	Vel	n Make				_Veh C	Config.	. 20	
	Operator CEI	DRONE	WILLIAM	Endorsment	Owner	Las	et .		First			Midd	lle.		.
	Address 15 ST					SS									
	City NEWTO	N	Sta	te MA Zip 02458	City_						_State		_Zip_		
	Insurance Company				Vehicl	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							e)		
	Vehicle Travel	Direction: N	S E W Res	oonding to Emergency?	Event	Sequence	22 22	22	22	2	3		4		
	Citation # (If I	ssued)			Most	Harmful Event	23			1 4	9	$\left\{ \right\}$		10 Undercarri: 11 Totaled	age
Violation 1: ChSecViolation 2: ChSec					Driver	Driver Contributing Code 24 24									
	Violatio	n 3: ChS	Sec Violation	4: ChSec	Under	ride/Override	25	Tower	i	8	7		6		
	Pl Name (Last Fi		or operator and all	occupants involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag A n Status	29 30 irbag Eject Switch Cod	Trap Code		ransp. Code	Medical Facili	ity
		Non-Motorist		See Above									1		
								-							



Fire checked the residence prior to clearing).

Todys Towing responded and removed the vehicle from the lawn and leaving it on the street as the owner wanted AAA to respond.

Due to airbag deployment, Fallon Ambulance responded to the scene, however the driver refused to be evaluated (also refused to sign a refusal).

W itnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property CEDRONE, WILLIAM, , BY LANDSCAPE

Truck and Bus Information:	Registration #	(From Vehi	cle Section)		25
Carrier Name				Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT #: S	State Number	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code Gross	Wehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

GREGORY P HELMS

Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks Date