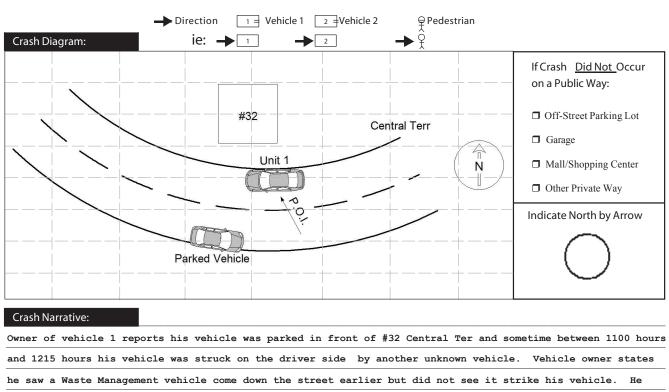
	Pol	ice Use Only		<u>Com</u> monweal	th o	f Mass	achu	isetts			RMV	Docum	ent Number	
	Date of Crash 01/04/2021	Time of Crash 12:32 24HR	NEWTON	Motor Poli		icle Cra Report	sh	Number Vehicles 1		Latit	d Limit ude gitude_	25	State Police Local Police MBTA Police Other:	Xi D
			RSECTION:		OCAT		>		NO			RSEC	TION:	
						WEST	32		CENTR	AL TE	R			
1	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street									
					Feet NSEW of or Exit Number								-	
	Route# Direc	etion	Name of Intersecting R Also at Intersect			Feet	N S E	W of					10.	
1]					Feet	N S E	W of	Route	1	ntersect	ing Koadv	way/Street	9
	Route# Direction Name of Intersecting Roadway/Street				Landmark								4	
3	XVehicle1	#Occupants	S Hit/Run	Moped Case N	umber		21	.00000006						
	License # St DOB/Age				Reg#4	134TL			_ Reg Ty	pe_PAN	N	Reg S		_
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year 2017 Veh Make SUBA Veh Config. 20									
1	Operator	Last	First	Middle	Owner .	MURPHY	st	MICH	AEL First			Middle		- 1
	1				Address 234 (apt. 2) HARRIS AVE								-	
	City State Zip Insurance Company PLYMOUTH ROCK												-	
5	1	Direction: N		ling to Emergency? N		Action Prior to	22 22	11	22 2	zamago	3	2 couc.	-	
]	ssued)		ing to Emergency:		armful Event	1 23				M.		10 Undercarr	iage
	`	·		ChSec		Contributing C		24	24 1	+	9	\	5 11 Totaled	
1	Violation 3: ChSecViolation 4: ChSec					Underride/Override 25 Towed N 8 O 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							tv 1		
	Operator			See Above										
7 1	Please Select (of the Followi	I Vehicl	e#Occupants	Non-Motorist A Type	14	Action	Loca	ation	16 Cond	ition	17	Hit/	Run Mop	ed
	License#StDOB/Age				Reg#_	Reg #							-	
	Sex Lic. Class Lic. Restrictions CDL					eh Year Veh Make Veh Config.								
1	Operator Last First Middle					Owner Last First Middle								-
	Address					Address								-
	City State Zip Insurance Company				City State Zip Damaged Area Code: (Circle Up to Three)								ee)	
	Vehicle Travel Direction: N S E W Responding to Emergency?					Event Sequence 22 22 22 22 3 4								
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled							iage	
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24								
	Violation 3: ChSec Violation 4: ChSec					Underride/Override								
	Pl Name (Last F		r operator and all oc	cupants involved Address		Age/DOB		26 27 Seat Safety Pos. Systen	28 2 Airbag Airb Status Sw	9 30 ag Eject itch Code	31 Trap I e Code	32 3 njury Trans Status Coo		lity
	Operator/	Non-Motorist		See Above										



	Parked Venicle						
Cua de Navestiros			-				
Crash Narrative:							
Owner of vehicle 1 reports							
and 1215 hours his vehicle			-				
he saw a Waste Management	vehicle come do	wn the stree	et earlier but	did not	see it st	rike his vehicle	. Не
asked the operator of the	garbage truck w	ho denied st	criking the ve	hicle. Th	ere were	no witnesses to	the
incident.							
Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:			T 81	217			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	of Damaged Property	
Truck and Bus Information:	D		(F	1:1.0.4:			
Carrier Name	Registration #		(From Ve		C	arrier Issuing Authority Co	35
							Suc
Address			City			St Zip	36
	_ State Number		Issuing State	ICC #:_		Interstate	30
Cargo Body Type Code Gro	oss Vehicle Weight	38			_		
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length	39	
Hazmat Information:					L		
Placard 40 Material 1 digit	# 41 Material Na	me		Material 4 c	ligit #	Release code	42
	<u> </u>						

MICHAEL ANTHONY IAROSSI	I		NEWTON POLICE DEPARTM		01/04/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date