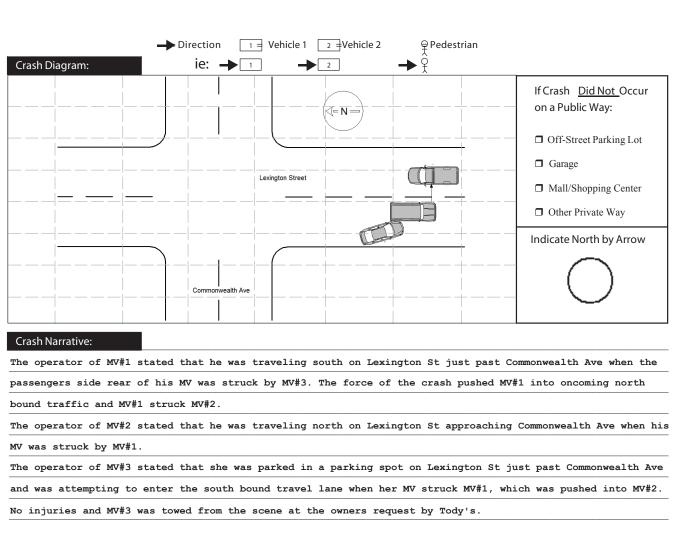
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	isett	S		RM	V Doc	cumen	nt Number	
	Date of Crash 01/21/2021	Time of Crash 14:19 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicle		ured La	need Lim natitude _ ngitude		Si L M O	tate Police ocal Police MBTA Police other:	[] 
						LOCATION > NOT AT INTERSECTION:									2
						NORTH 411 LEXINGTON ST									
1 1	Route# Direc	Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Street								2
						Feet NSEW of or Mile Marker Exit Number									
	Route# Direc	ction ]	Name of Intersecting Also at Inter	·		Feet [	N S E	W of							1
<sup>2</sup> <b>2</b>					-	Feet [	N S E	W of	Ro	ute#	Interse	cting R	loadwa	y/Street	3
	Route# Direc	tion	Name of Interse	cting Roadway/Street							La	ndmar	k		┰
<b>4</b>	XVehicle1	_2_#Occupants	Hit/Run	Moped Case	Number		21	.0000003	4						ı
	License#		St_M		Reg#_1	IVSF84			Re	g Type_P	AN	R	eg Stat		1
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4 1	Operator GR	EEN Last	Owner (Same as operator)  Last First Middle										1		
	Address 25 AS					s									
	City NEWTO			nte_MAZip_02462					21					le Up to Three)	
5		npany COMME		ı ı F		Action Prior to	Crash 22 1 22	1	22	2	geu Area	Code	. (Che	ie Op to Tillee)	
		(ssued)		oonding to Emergency? N		Sequence 1 2	1 23					$\overline{A}$		10 Undercarriage	e
	`	· · · · · · · · · · · · · · · · · · ·		2: ChSec		Contributing Co		24	24	1 -	9	4	0	11 Totaled	
<sup>5</sup> 2	Violation 3: ChSecViolation 4: ChSec					ide/Override	25		ed Y	8	7		6		
			rator and all occu	1		4 (DOD	5	26 27 Seat Safet	28 Airbag	29 Airbag Ej	30 31 lect Trap	32 Injury	33 Transp.	W.F. IF. Tr	1
	Name (Last Fir Operator			Address See Above		Age/DOB	Sex F	os. \$yste	1 Status	Switch Co	ouc couc	\$tatus	Code 1	NONE	1
	GREEN, IAN		I .	ASHVILLE RD WTON, MA 02462			M 6	1	4	4 0	0	10	1	NONE	
7	Please Select (	One		T	10	4 1	5		16		17				1
1	of the Followi		e2 1_#Occupan	ts Non-Motorist A Typ	pe	Action	Loca	ntion	C	ondition			Hit/Ru	un Moped	
	License # St NV DOB/Age					Reg # K12909 Reg Type CON Reg State MA									
	Sex_M Lic.	Class 99	18 18 19												
8 1	Operator REI	Last	First	Middle		Las	t	PHIL	Fir	t	R	Mic	ddle		
		HIGH NOON I		. NV 00110		S 136 PINE ST.	•					MA		02466	
	City LAS VEGAS State NV Zip 89118  Insurance Company ARBELLA				City NEWTON State MA Zip 02466  Vehicle Action Prior to Crash										
	Vehicle Travel Direction:   X   S   E   W   Responding to Emergency? N				Vehicle Action Prior to Crash  Event Sequence  1 22 22 22 22 22 2 2 2 2 2 2 2 2 2 2 2										
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	Pl Name (Last Fi		r operator and all	occupants involved		Age/DOB	Sex	26 27 Seat Safet Pos. Syst	28 Airbag em Statu	29 Airbag Ej Switch C	30 31 Trap Code Code	32 Injury Status	33 Transp. Code	Medical Facility	1
		Non-Motorist		See Above		Age/DOB		· 1	4	4 0		10	1	NONE	1
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Poli Date of Crash	Ce Use Only Time of Crash		Commonwea Motor		i Massa cle Cra		Tumber	Number		RMV l Limit		State Police		
01/21/2021	14:19	NEWTON			cie Cra Report	\	ehicles	Injured 0	Latitu	ide itude		State Police Local Police MBTA Police Other:	• <b>X</b>	
	AT INTEL	RSECTION:		LOCAT		>	3					TION:		
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At														
Route# Direc	tion	Name of Intersecting Ro	oadway/Street	L	Feet [	NSEW	ot –	Mile M	arker	o	or	Exit Number		
Routen Birec	adoli I	Also at Intersecti			Feet	N S E W	of	Route#	- In	targage	ing Dood	way/Street	_	
<b></b>					Feet [	S E W	of	Routen	111	iterseet.	ilig Koau	way/Street		
Route# Direction Name of Intersecting Roadway/Street				Landmark										
XVehicle 3	#Occupants	Hit/Run	Moped Case	Number		2100	000034							
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Sex_F_ Lic.	18	Lic. Restrictions	9 19 CDL	Veh Ye	ar 2012	Veh N	lake_HC	ND			Veh Con	fig. 20		
Operator WA	LSH	CAROL	Endorsment M	Owner	(Same as oper	rator)		Eisot			Middle		_	
	LINGTON RD	Owner (Same as operator)  Last First Middle  Address												
City NEWTO	N	State_N	MA Zip 02466	City						State_	Z	ip	_	
Insurance Company GEICO				Vehicle Action Prior to Crash  4 21 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel	Direction: N	X E W Respond	ling to Emergency? N	Event S	sequence 1 2	22 22	22	22 2		3		4		
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Violation	1: ChSe	ec Violation 2: 0	ChSec	Driver (	Contributing Co		24	24				6		
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Please : Name (Last Fir		rator and all occupan	ts involved Address		Age/DOB	Sex Pos	6 27 Safety A System	28 29 Airbag Airba Status Switch	30 Eject Code	31 Trap I Code S	32 njury Tran Status Cod	isp. le Medical Facil	ility	
Operator			See Above				- 1	1 4	0	0	10 1	NONE		
Please Select C	I Vehicle	e#Occupants	Non-Motorist A Tyr	ne 14	Action 1	5 Locatio	n 1	6 Condit	ion	17	Hit/	/Run Mop	ned	
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Operator	Last	First	Middle		Las	t		First			Middle		_	
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1	Direction: N		iding to Emergency?			22 22	22	22 2		3	,	4	-,	
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		Sec Violation 4:			de/Override	25	Towed	8		7		6		
Pl	ease fill out for	r operator and all occ	cupants involved		L	2 Sea	5 27 Safety	28 29 Airbag Airba	30 Eject	31 Trap I	njury Tran	33 isp.		
Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex Po	System	Status Swite	h Code	Code	Status Co		ility	
1												+		
									_					



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) 35 Carrier Name \_ \_\_\_ Carrier Issuing Authority Code Address\_\_ US DOT #: State Number \_\_\_ Issuing State \_\_\_\_ ICC #:\_\_\_ Cargo Body Type Code Gross Vehicle Weight Reg Type\_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year\_\_\_\_ Trailer Length Trailer Reg #: Hazmat Information: Material 4 digit # Release code Placard Material 1 digit # Material Name