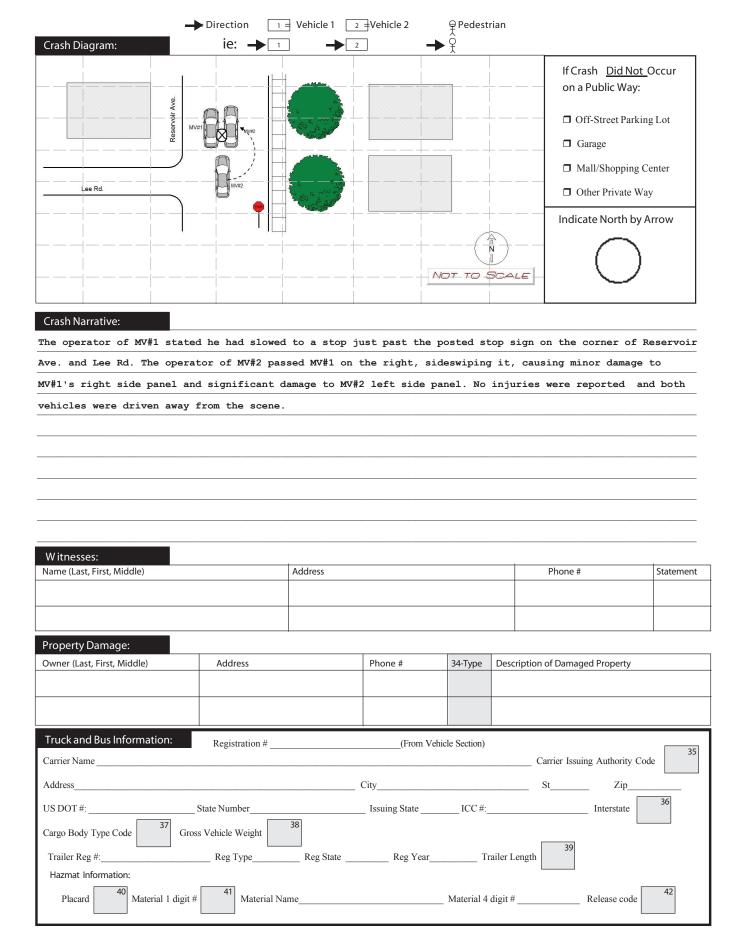
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	setts			RMV	V Docun	ment Number		
	Date of Crash 01/24/2021	Time of Crash 15:07	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		ed Lati	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	XI I	
			RSECTION:		LOCAT		>		N(				CTION:		
						NORTH 48 RESERVOIR AVE								_	
l	Route# Direc	tion	Route# Direction Address # Name of Roadway/Street							Street					
•	At					Feet NSEW of or									
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street									
1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
_						Landmark									
	XVehicle1	1_#Occupants	Hit/Run	Moped Case	Number		210	00000040							
	License #St MA DOB/Age					Reg # 395FD9 Reg Type PAN Reg State MA									
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions T 19 CDL_Endorsment					Veh Year 2008 Veh Make TOYOTA Veh Config. 1 20									
1	Operator TA	MBASCIO	Owner (Same as operator)  Last First Middle												
1	Address 22 EMERSON PL				Owner (Same as operator)  Last First Middle  Address										
	City NEEDHAM State MA Zip 02492												Zip		
	Insurance Company SAFETY INSURANCE					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel	Direction:	S E W Resp	onding to Emergency? N	Event S	Sequence 1	22 22	22	22	2	<u> </u>		4		
	Citation # (If I	ssued)			Most F	Harmful Event	1 23	24	24	1	9	[ ]	5 11 Totaled	riage	
	]			2: ChSec	Driver	Contributing Co	ode 1			8	1		6		
1	Violation 3: Ch Sec Violation 4: Ch Sec					ide/Override		Towe	d <u>N</u>		,	1 22 1		4	
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Se	26 27 eat Safety os. System	28 Airbag A Status S	29 Ejec witch Cod	0 31 Et Trap e Code	32 Injury Tra Status Co	33 ansp. ode Medical Facil	lity	
	Operator			See Above				99	4	99 0		10 1			
1	Please Select C of the Followi	I X Vehicl	e2 <u>1</u> #Occupan	s Non-Motorist A Typ	pe 1	4 Action 1	Locat	tion	16 Co	ndition	17	Hi	t/Run Mor	oed	
	License#St MA DOB/Age					Reg # 8RR252 Reg Type PAN Reg State MA							State MA	_ ]	
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2014 Veh Make VOLK Veh Config. 1									
Į.	Operator ARORA ROHAN  Last First Middle Middle					Owner (Same as operator)  Last First Middle									
	Address 85 STRATHMORE RD (apt. 2)					Address									
	City_BOSTON State_MA_Zip_02465					City State Zip									
	Insurance Company ESURANCE					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)									
	$\begin{tabular}{ l l l l l l l l l l l l l l l l l l l$					Event Sequence 23 2 2 2 4 10 Undercarriage									
	Citation # (If Issued)					Most Harmful Event 1 9 5 11 Totaled									
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 99									
ı	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					ride/Override		Towed	N		) 21	] 32	33		
	Pl Name (Last Fi		r operator and all	occupants involved Address		Age/DOB	Sex I	26 27 eat Safety Pos. System	28 Airbag A n Status S	29 irbag Ejec Switch Co	O 31 Trap de Code	Injury [Fra	ansp. Code Medical Fac	ility	
	Operator/	Non-Motorist		See Above			-	99	4	99 0	0	10 1			



DANIEL SOHN 01/24/2021 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge# Department Precinct/Barracks Date