	Poli	ice Use Only		Commonwe	alth o	of Massa	achu	isetts	6		RM	V Docur	ment Number		
	Date of Crash 01/26/2021	Time of Crash 10:46 24HR	City/To NEWTON	MIOTOI		icle Cra Report	sh [Number Vehicles 2		ed Lat	eed Limititude _ ngitude_		State Police Local Police MBTA Police Other:	XI E 🔲	
		AT INTER	SECTION:	<				1			INT	TERSECTION:		2	
		CHAN	NING ST											2	
1 1	Route# Direc	tion		Roadway/Street		Route# Direction	on Ad	dress #		N	ame of I	Roadway	/Street	2	
	At WEST WASHINGTON ST					Feet NSEW of or								_ 4	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number Feet N S E W of								_	
			Also at Inter	section with				_	Rou	te#	Intersec	ting Roa	idway/Street	_	
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
3						Landmark									
	XVehicle1	1_#Occupants	Hit/Run	Moped Case	e Number		21	.00000046	5						
	License # St MA DOB/Age					Reg # VTKL60 Reg Type_PAS Reg State_MA									
	Sex_M_ Lic.	Class D 18 1	Lic. Restriction	S 19 CDL	_ Veh Y	ear_2016	Veh	Make_C	HEVY			_ Veh Co	onfig. 2		
4	Operator WELLS GREGORY MELLS Lic. Restrictions T CDL Endorsment Middle					Owner (Same as operator) Last First Middle									
1	Address 4 CIR	RRUS DR (apt. 4	4108) Address					iuult		_					
	City ASHLAND State MA Zip 01721										State	:	Zip	_	
	Insurance Company GEICO					Vehicle Action Prior to Crash 5 Damaged Area Code: (Circle Up to Three)									
5	Vehicle Travel	Direction: N	S E X Resp	onding to Emergency? N	Event	Sequence 1	22 22	22	22	O	<u> </u>		(4)		
	Citation # (If I	ssued)			Most l	Harmful Event	1 23			1 4	9	$\langle \rangle$		rriage	
	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co			24)		
⁶ 1	Violation	3: ChSec	Violation	4: ChSec	Under	ride/Override	25	Tow	ed N	8	7		6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex S	26 27 Seat Safety Pos. System	28 Airbag A Status \$	29 Eje witch Coo	30 31 ct Trap de Code	32 Injury Tra Status Co	33 ansp. ode Medical Faci	ility 1	
	Operator	·		See Above				99	4	4 0	0	10 1	<u>.</u>		
⁷ 3	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupant	s Non-Motorist A Ty	ype 1	14 Action 1	I5 Loca	ution	16 Co	ndition	17	Н	it/Run	ped	
	License#St MA_ DOB/Age					Reg # 1KRH44					Reg Type PAN F				
	Sex M Lic. Class D M Lic. Restrictions 1 CDL					Veh Year 2014 Veh Make BMW					5 11				
8	Operator DERMOVSESIAN ARTO Endorsment					Owner COUTINHO DORIO JOSE									
4	Last First Middle Address 38 PARSONS ST					Last First Middle Address 63 CAREY AVE									
	City_NEWTON State_MA Zip 02465					City WATERTOWN State MA Zip 02472									
	Insurance Company GEICO					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSEN Responding to Emergency?N					Event Sequence 1 22 22 22 2 3 4									
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									
	Violatio	n 1: ChSe	ec Violatio	n 2: ChSec	Driver	Contributing Co	ode 1	24	24			\bigvee	Tip		
	Violatio	n 3: ChSe	Under	Underride/Override 25 Towed N 6											
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						S	26 27 Seat Safety	28 Airbag A	29 3 irbag Eje	0 31 Trap		ansp.		
		rst Middle) Non-Motorist		See Above		Age/DOB	Sex	Pos. Syste		Switch Co	ode Code 0			cility	

