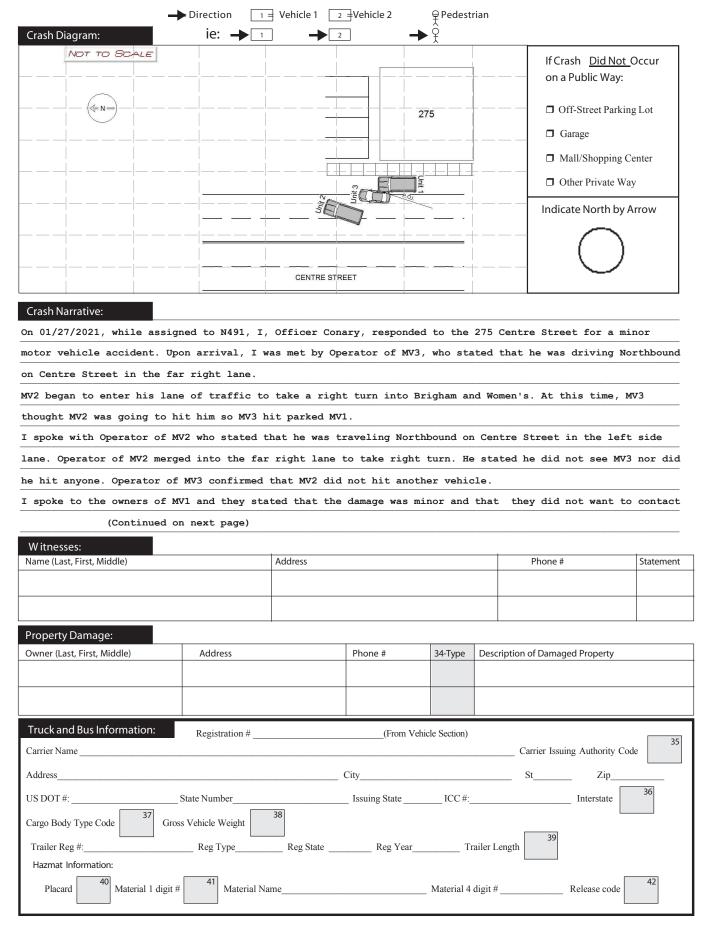
	Poli	ce Use Only		Commonwea	lth o	f Massa	ichi	iset	ts		RM	V Doci	ument	t Number		
	Date of Crash 01/27/2021	Time of Crash 12:19 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Numb Vehice 3		ired L	peed Limatitude _ ongitude		Sta Lo M Ot	ate Police cal Police BTA Police ther:]]]	
			RSECTION:		LOCAT		>		N		T INT		ECTI	ON:	2	
1						NORTH	27	5	CEN	TRE ST						
1	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street								et	_ 2		
		<u> </u>				Feet N	SE	W of	M	ile Marke	• —	or	Ex	kit Number		
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of										
²			Route# Intersecting Roadway/Street Feet N S E W of										4			
3	Route# Direct	tion	ing Roadway/Street	Landmark												
	XVehicle1	1_#Occupants	Hit/Run	Moped Case I	Number		2	1000000	59							
	License#	18	Reg # 187NH5 Reg Type PAN Reg State MA										7			
	Sex_M Lic. 0	Class D	Lic. Restrictions	B CDLEndorsment		ar_ 2011		h Make	ТОҮОТ	'A		_Veh C	Config.	20	1	
4 1	Operator SAL	Last	FRANCIS	Middle	Owner(Same as operator) Last First Middle											
	Address 31 LC City BROOKI	OVELAND ROA		MA 7: 0244E					State Zip							
		pany SAFETY I		e MA Zip 02445		Action Prior to			21					e Up to Three)	,	
5		Direction: X		nding to Emergency? N		Sequence 2 2	2 2	2 22		2	3		4			
1		ssued)		numg to Emergency I		armful Event	23	<u> </u>				A		10 Undercarriag	зе	
	Violation	1: ChSe	ec Violation 2	:: ChSec	Driver	L Contributing Co		1 24	24	1			ار	11 Totaled		
3	Violation	3: ChSe	ec Violation 4	: ChSec	Underri	ide/Override	25	To	wed N	0	(6			
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB		26 Z Seat Safe Pos. Syst	27 28 ety Airbag em Status	29 Airbag E Switch C	30 31 ject Trap ode Code	32 Injury Status	33 Fransp. Code	Medical Facility	2	
	Operator			See Above									1	NONE		
7 1	Please Select C of the Followi	I X Vehicle	e2 <u>1</u> #Occupants	Non-Motorist A Typ	pe 14	Action 1		ation	16 C	ondition	17		Hit/Ru	n Moped	k	
	License#	10						Reg State MA								
	Sex_M Lic. 0		Veh Year 2010 Veh Make CADILLAC Veh Config. 20													
⁸ 1		Operator SENECAL PAUL RENdorsment R Owner (Same as operator) Last First Middle Owner Last Last						Firs	First Middle							
	Address 345 CLINTON ROAD					Address										
	City BROOKLINE State MA Zip 02445 Insurance Company BANKERS STANDARD INS					City State Zip Vabiala Action Prior to Crash										
		_	venicie Action Phot to Clash 6 6 3 4 4													
	Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued)					Most Hampful Funct 23									ge	
	, i	/	lec Violation	2: Ch Sec		Most Harmful Event 2 2 5 11 Totaled Driver Contributing Code 19 24 24 1 5 11 Totaled										
			Underride/Override 25 Towed N 8 7 6													
ſ	Ple	ease fill out for	r operator and all o	occupants involved				26 2 Seat Safe	27 28 ety Airbag	29 Airbag E	30 31 ject Trap		33 Fransp.		7	
-	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex		stem Status	Switch 0	Code Code	Status	Code 1	Medical Facility NONE	-	
															1	
															_	

Pol Date of Crash	Time of Crash		Commonwea Motor		i massa icle Cra	sh [Number		Speed	l Limit		State Police		
01/27/2021	12:19 24HR	NEWTON			Report	311	Vehicles 3	Injured 0		ide itude		State Police Local Police MBTA Police Other:		
		RSECTION:		LOCAT		>	3				RSECT			
Route# Direc	ction	Name of Ro	adway/Street	R	Route# Directio	n Ado	lress #		Nan	ne of Ro	adway/St	reet		
		At			Feet N	N S E V	W of		•	01	r			
Route# Direc	ction	Name of Intersecting R	oadway/Street	— <u> </u> -	rcc	' S E	01 -	Mile M	arker	UI		Exit Number		
		Also at Intersect	ion with	Feet NSEW of Route# Intersecting Road						ng Roadw	vav/Street			
			D 1 (7)	Feet N S E W of										
Route# Direc	ction	Name of Intersectin	g Roadway/Street	Landmark										
XVehicle3	1_#Occupants	s Hit/Run	Moped Case I	Number		210	00000059							
License#		St MA	DOB/Age	Reg#_1	RSE13			_ Reg Tyj	e PAN	Ī	Reg Sta			
Sex_M Lic.	Class D 18	Lic. Restrictions	1 CDL	Veh Ye	ar_2006	Veh	Make_AC	CURA			Veh Conf	ig. 20		
	RNANDEZ		E Endorsment E Middle	Owner	(Same as oper	ator)		First			Middle			
Address 26 K	ATHERINE ST	REET			S									
City LAWRE	NCE	State	MA Zip 01841	City						_State	Ziړ	p		
Insurance Com	npany SAFETY I	INSURANCE		Vehicle	Action Prior to		1 2		amaged		` _	rcle Up to Thre		
Vehicle Travel	l Direction:	S E W Respond	ling to Emergency? N	Event S	Sequence 2 2	2 22	22	22 2		③ \	7			
`	Issued)			Most H	armful Event	2 23	24	24	←	9	´	10 Undercarria 11 Totaled		
			ChSec	Driver	Contributing Co	ode 1				4	\bigcup_{6}			
	3: ChSe	Underri	de/Override		Tower	1 <u>N</u>	20							
Name (Last Fi		rator and all occupar	Address		Age/DOB	Sex Se	26 27 eat Safety os. System	28 29 Airbag Airba Status Swite	g Eject h Code	31 Trap In Code Si	32 July Trans tatus Code	Medical Facility		
Operator			See Above				1	4 4	0	0 1	10 1	NONE		
Please Select (of the Followi	Vehicl	le# Occupants	Non-Motorist A Typ	ne 14	Action	5 Locat	tion	16 Condi	tion	17	Hit/F	Run Mope		
License#		St	DOB/Age	Reg#_				Reg Ty _l	ne		Reg Sta			
Sex Lic.	Class 18	Lic. Restrictions	19 CDL	Veh Ye	ar	Veh	Make				Veh Conf	ig. 20		
Operator	Last	First	Endorsment	Owner	Last			First			Middle			
Address		A 11/00			S			- 1100						
City		Zip												
Insurance Com	npany													
Vehicle Travel	Direction: N	Event Sequence 22 22 22 22 3 4												
Citation # (If I	itation # (If Issued)				Most Harmful Event 23 10 Undercarriage 5 11 Totaled									
Violatio	on 1: ChS	Sec Violation 2	Driver Contributing Code 8 7 6											
			: ChSec	Underri	de/Override		Towed		30	31	32 \ 33			
Name (Last F		r operator and all oc	cupants involved Address		Age/DOB		26 27 eat Safety System	28 29 Airbag Airba Status Swit	g Eject ch Code	Trap In Code S	jury Trans Status Code	p.		
Operator	/Non-Motorist		See Above			-								
									+					



→	► Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestriar	า	
Crash Diagram:	ie: → 1	→ □	2	→ĝ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	ng Lot
					Garage	
					☐ Mall/Shopping (Center
	· — — — — — 			- — — — — —	Other Private Wa	ay
	-			- — — 🕂 -	Indicate North by	Arrow
Crash Narrative:						
insurance. There was minor the minor damage on the r						
attention in which the dec						medical
Witnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From	Vehicle Section)		
Carrier Name					Carrier Issuing Authority Co	ode 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State _	ICC #:	Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Yea	r Traile	er Length 39	
Hazmat Information: 40	41				Г	42
Placard Material 1 digit #	Material Na	ame		Material 4 dig	it # Release code	
VDICTINA CONTADA					0. fa=1	2021
RRISTINA CONARY Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Da	

CDP1 11 ·24·00