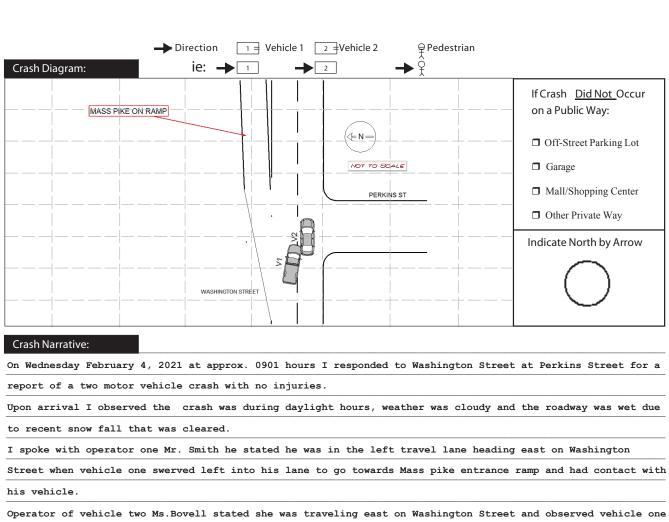
	Poli	ice Use Only		Commonwe	alth (of Mass	achı	usett	6		RM	V Docui	ment Number	
	Date of Crash 02/04/2021	Time of Crash 09:01 24HR	NEWTON	MIOTOI		iicle Cra Report	ash	Number Vehicle 2		ed Lat	ed Limitude _ ngitude_		State Police Local Police MBTA Police Other:	, Xi
			RSECTION:		LOCA		>		NC	ТАТ	INT	ERSE	CTION:	\sqsupset \vdash
		PERKIN	NS											2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc			Roadway/Street		Route# Directi	on A	ddress #		N	ame of I	Roadway	/Street	2
_	Route# Direction					Feet NSEW of or							_ 2	
					Mile Marker Exit Number								-	
	Also at Intersection with				Feet NSEW of Route# Intersecting Roadway/Street								- 1	
² 2	2 Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								
3			<u> </u>	, , ,	Landmark									\dashv
	XVehicle1	_1_#Occupants	Hit/Run	Moped Case	e Number		2	10000008	1					
	License#		St_M		_ Reg#				Reg	Гуре		Reg	State	
	Sex_M Lic.		Lic. Restriction		_ Veh Y	ear_2011	Ve	h Make_F	ORD			_Veh Co	onfig. 2	
4	Operator SMI	ITH Last	DEREK	Endorsment	Owne	(Same as ope	erator)		First			Middle	a.	- 1 ¹
3	Address 1897	COMM AVE	. 4131	uuic		SS								_ -
	City NEWTO	City NEWTON State MA Zip 02466												
	Insurance Company UNKNOWN				Vehicle Action Prior to Crash 3 Damaged Area Code: (Circle Up to Three)									ree)
5 1	Vehicle Travel	Direction: N	S X W Res	ponding to Emergency? N	Event	Sequence 1	22 2:		22	9	3		4	
	Citation # (If I	ssued) T2017265			Most	Harmful Event	1 23	<u> </u>		1	9	$\left\{ \right\}$	10 Undercar 5 11 Totaled	riage
6	1			1 2: ChSec	Driver	Contributing C		19 24	24		VŢ)	
⁶ 2	Violation 3: Ch_90/20 Sec Violation 4: Ch_Sec					Underride/Override 25 Towed Y 8 7 6								
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 27 Seat Safety Pos. Syster	28 Airbag A Status Sv	29 Sirbag Ejer vitch Coc	0 31 Et Trap le Code	32 Injury Tr Status C	33 ansp. ode Medical Faci	lity 1
	Operator			See Above				99	4 9	99 0	0	10 1		
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupan	ts Non-Motorist A Ty	ype	14 Action	15 Loc	ation	16 Con	ndition	17	Н	it/Run Mo	ped
	License# St MA DOB/Age				Reg # 8TE296 Reg Type PAN Reg State MA					State MA				
	Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL				Veh Year 2015 Veh Make TOYOTA Veh Config. 1									
⁸ 2	Operator BO	VELL	KIMBERLY	Endorsment	Owner (Same as operator)								_	
	Address 15 AUBURN ST First Middle					Last First Middle Address								_
	City W NEWTON State MA Zip 02465					City State Zip								_
	Insurance Company COMMERCE INS					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ree)
	Vehicle Travel Direction: NSWW Responding to Emergency? M					Event Sequence 1 22 22 22 2 3 4								
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							riage	
	Violation 1: ChSecViolation 2: ChSec					Driver Contributing Code 1 24 24								
	Violation 3: ChSecViolation 4: ChSec					Underride/Override 25 Towed N 8 7								
	Pl Name (Last Fi		operator and al	l occupants involved		Age/DOB	Sex	26 27 Seat Safety Pos. Syste	28 Airbag A m Status S	29 Switch Co	0 31 Trap de Code		33 ansp. Code Medical Fac	eility
		Non-Motorist		See Above				99		99 0	0	10 1		
														_



traveling in the middle of both east bound lanes of Washington Street. She stated he then merged left

(Continued on next page)

Witnesses:										
Name (Last, First, Middle)		Address				Phone #		Statement		
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	of Damage	d Property			
Truck and Bus Information: Registration #										
Address			City			St	Zip			
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36		
Cargo Body Type Code 37 Gross	s Vehicle Weight	38			Γ	39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length					
Hazmat Information:										
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit #	I	Release code	42		

_	→ Direction 1 =	Vehicle 1 2	₹Vehicle 2	₽Pedestrian	
Crash Diagram:	ie: → 1	2	→	Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
		- — — <u> </u>			Off-Street Parking Lot
					Garage
	i i				☐ Mall/Shopping Center
					— — ☐ Other Private Way
	 		- — — — —	+	Indicate North by Arrow
					indicate North by Arrow
					-
	-			+	
Crash Narrative:					
traveling in the left lane	e of Washington St	treet and sh	ne traveled in	the right la	ane. She stated while
traveling vehicle one merc	ged into her lane	and side sv	wiped her in the	he left rear	
Upon obtaining all documen	nts, vehicle one o	operated by	Mr. Smith was	missing his	registration plates,
registration and any docum	ments of status of	f the vehic	le.		
Upon further investigation	n Mr. Smith had a	suspended 1	license of Jan	uary 26, 202	1, in addition the vehicle vin
number(1FT7X2B68BEC58523	- 2011 FORD TRUCK) came back	k inactive on	December 16,	2020, which was
allegedly sold to Mr. Smit	th. in the middle	e of Decembe	er 2020. Mr. Si	mith had no p	paperwork on the vehicle,
therefore vehicle one was	towed by Todys To	owing 1354 W	Washington Str	eet Newton an	nd will be impounded until
proper documents on owner	ship are verified	d.			
(Continued o	on next page)				
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type Descr	iption of Damaged Property
Truck and Bus Information:	Registration #		(From Vehic	-1- C+i)	
Carrier Name			`	ne section)	Carrier Issuing Authority Code 35
Address			City		St Zip
US DOT#:	State Number		_ Issuing State	ICC #:	Interstate 36
37		38			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Le	ength 39
Hazmat Information:		_ 5	&		
Placard 40 Material 1 digit	# 41 Material Name	e		Material 4 digit #	Release code 42
ROCCO D MARINI		13963	AHHAPPON	N POLICE DEPARTN	02/04/2021
Police Officer Name (Please Print)	Signature			artment	Precinct/Barracks Date

-	→ Direction 1	ı ≢ Vehicle 1	≥ ≢Vehicle 2	₽Pedestri	ian			
Crash Diagram:	ie: → 🛚	→ [2	_	▶ ♀				
				 		Crash <u>Did Not</u> (a Public Way:	Occur	
						Off-Street Parking	g Lot	
						Garage		
						Mall/Shopping Co	enter	
		+						
						Other Private Way		
					Ind	icate North by A	rrow	
	<u> </u>	i i		+				
	_							
						$\overline{}$		
Crash Narrative:	'		-		<u> </u>			
Mr. Smith was issued in h	and citation nu	mber # T20172	65 for the fe	ollowing				
90/23 oper w/ susp lic								
90/9 oper w/unreg mv								
90/20 insp sticker								
All parties advised of th	e process and n	o injuries re	ported at the	is time.				
I filled out the proper p	aper work for t	cowed vehicle.						
Witnesses:								
Name (Last, First, Middle)		Address			Phone	Phone #		
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	agad Proporty		
Owner (Last, First, Middle)	Address		FIIOTIE #	34-1ype	Description of Dame	aged Froperty		
Truck and Bus Information:	Registration #		(From V	ehicle Section)			25	
Carrier Name					Carrier Iss	Carrier Issuing Authority Code 35		
Address		City St Zip						
US DOT#:	_ State Number		Issuing State	ICC #:		Interstate	36	
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38						
The State of the S		D == Ct=t=	D V	Т	39			
Trailer Reg #: Hazmat Information:	reg Type	Keg State	keg Year_	1ra	mei Length			
40	41 M-413	Jama		Motori-1 / 1	ligit#	Poleogo sa da	42	
Placard Material 1 digit	# Material N	vaiile		iviaieriai 4 d	ligit #	_ Kelease code		
I								

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)