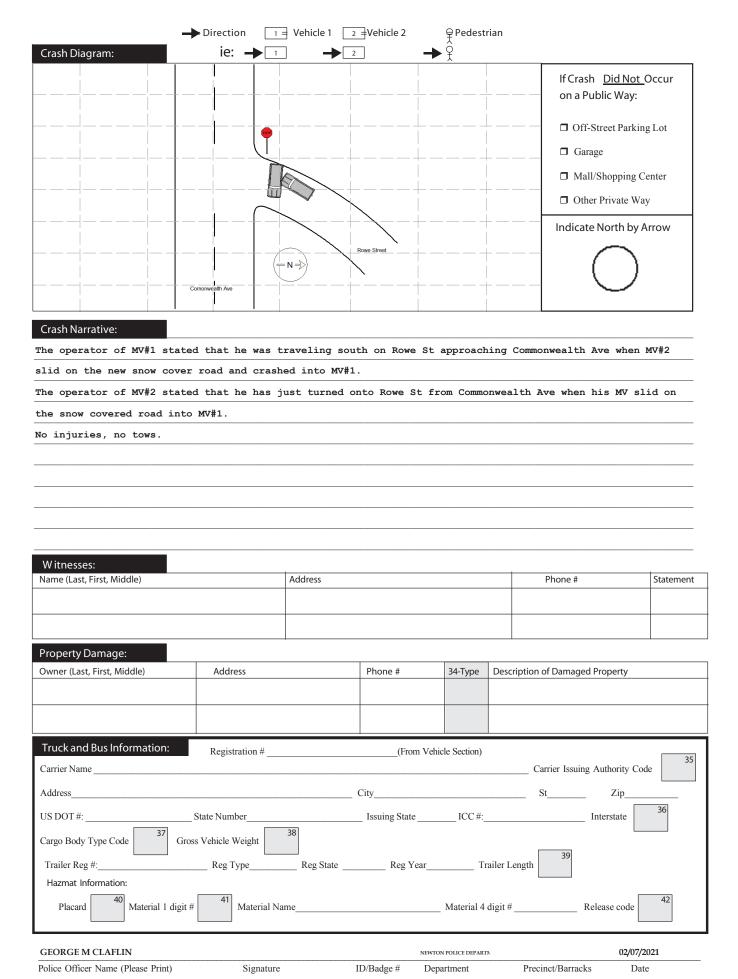
	Pol	ice Use Only		Commonwea	lth o	of Massa	achu	setts			RMY	V Docun	nent Number			
	Date of Crash 02/07/2021	Time of Crash 14:53 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		ed Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	XI D		
							LOCATION > NOT AT INTERSECTION:									
						WEST 135 ROWE ST								2		
1 <b>1</b>	Route# Direc	oute# Direction Name of Roadway/Street  At				Route# Direction Address # Name of Roadway/Street							Street			
						Feet NSEW of or Exit 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	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	XVehicle1	_1_#Occupants	s Hit/Run	Moped Case	Number		21	00000088								
	License # St MA DOB/Age					Reg # 1PJL95 Reg Type PAN Reg State MA										
	Sex_M Lic.	Class D 18	Lic. Restriction	S 9 19 CDL Endorsment	Veh Ye	ear_2018	Veh	Make_T	OYT			Veh Co	nfig. 20	- 1		
<sup>4</sup> 2		Operator GARCIA GABRIEL					Owner (Same as operator)  Last First Middle									
	Address 128 WEBSTER ST				Address  City StateZip											
	City NEWTON State MA Zip 02465 Insurance Company COMMERCE					e Action Prior to		2					Zip Circle Up to Thr			
5	1	Direction: N		onding to Emergency? N			22 22	22	22 2	2	3		4			
1		(ssued)		3 7		Harmful Event	23				9	A	10 Undercarr 5 11 Totaled	riage		
-	Violation	1: ChSe	ec Violation	2: ChSec	Driver	Contributing Co	ode 1	24	24		ZÍ					
<sup>6</sup> 3	Violation 3: ChSec Violation 4: ChSec					ide/Override	25	Towe	d <u>r</u>	9)	7		6			
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Sex	26 27 eat Safety os. System	28 Airbag Ai Status Sv	29 30 rbag Eject ritch Code	31 Trap Code	32 Injury Tra Status Co	33 insp. ide Medical Facil	ity 1		
	Operator			See Above				1	4 4	0	0	10 1				
7											1=7					
3	Please Select ( of the Followi	I X Vehicl	le2 1_#Occupant	s Non-Motorist A Typ	pe 1	4 Action 1	Loca	tion	Cor	dition	17	Hit	t/Run Mop	oed		
	License# St MA DOB/Age					Reg # 3ZBL80 Reg Type PAN Reg State MA							State MA	_		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions D 19 CDL					Veh Year 2010 Veh Make HOND Veh Config. 20										
8 1	Operator CHAO DUSTIN M					Owner (Same as operator)  Last First Middle										
	Address 778 WATERTOWN ST				Address											
	City NEWTON State MA Zip 02460  Insurance Company AMICA MUTUAL					City State Zip  Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Vehicle Action Prior to Crash  1 21 Damaged Area Code: (Circle Up to Three)  Event Sequence 1 22 22 22 22 3 4										
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled										
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 99 24 24										
	Violation 3: ChSecViolation 4: ChSec					ide/Override [	25	Towed			(D)	1 22 1	6			
	Pl Name (Last Fi		r operator and all	occupants involved Address		Age/DOB		26 27 eat Safety Pos. System	28 Airbag Ai Status S	29 30 rbag Eject witch Coo	31 Trap de Code	Injury Tra	33 insp. ode Medical Faci	ility		
	Operator/	Non-Motorist		See Above				1	4 4	0	0	10 1				



CDP1 11 ·24·00