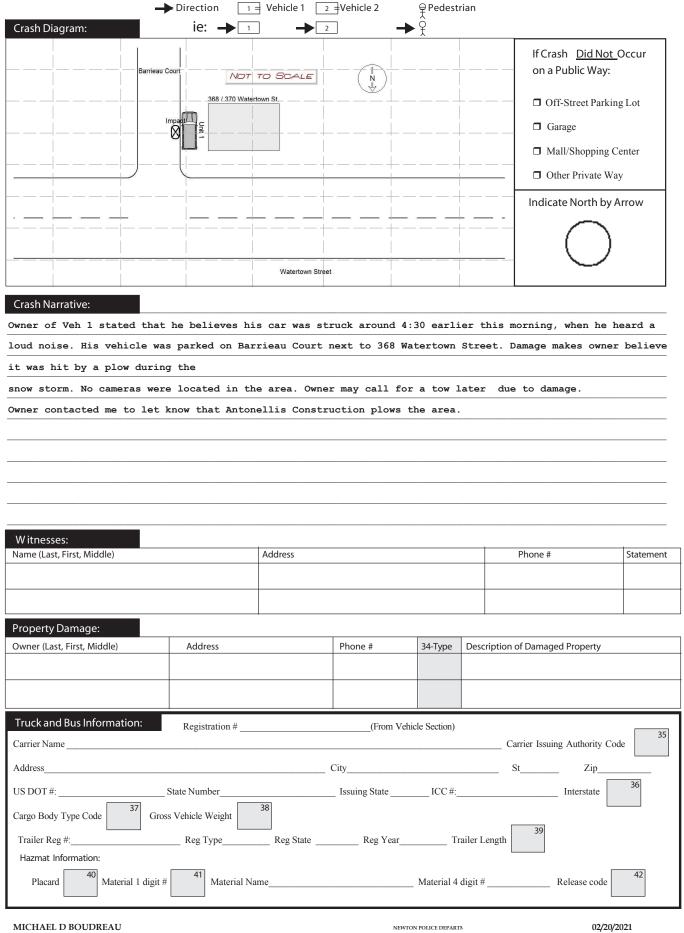
	Poli	ice Use Only		Common	wealth	of Mas	ssach	usetts	5		RMV	Docum	ent Number			
	Date of Crash 02/20/2021	Time of Crash	City/Tow NEWTON	n M	otor Ve	hicle C	rash	Number		er Spee	d Limit		State Police Local Police MBTA Police	<u> </u>		
	02/20/2021	24HR	NEWTON			Report	t	1	0	Longitude_			Other:			
		AT INTER	LOC	OCATION > NOT AT INTERSEC						TION:						
		WATER	RTOWN ST											2		
1 99	Route# Direc	· · · · · · · · · · · · · · · · · · ·				Route# Direction Address #				Name of Roadway/Street						
	At SOUTH BARRIEAU COURT					Feet NSEW of or								2		
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number								_		
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street										
4	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of										
3	Route# Direction Name of intersecting Roadway/street					Landmark										
	XVehicle1	_0_#Occupants	X Hit/Run	Moped	Case Numb	er		2100000139	9							
	License#		Reg	Reg # 341FE9 Reg Type PAN Reg State MA												
	Sex Lic. Class					Veh Year 2017 Veh Make TOYOTA Veh Config. 20										
4	Operator		First	Endorsm		ner DRISCOI	ĹĹ	JOSEI	Ή		A	Middle		- 3		
1	l		First			ress 468 WAT	ERTOW!	N ST	First							
	CityStateZip					City NEWTON State MA Zip 02460										
	Insurance Company SAFETY					icle Action Pri	or to Cras	h 11	21	Damage	d Area	Code: (C	ircle Up to Thr	ee)		
5	Vehicle Travel	Direction: N	S E W Respon	nding to Emergency	y? N Eve	nt Sequence	1 22	22 22	22 2		3	,	4			
		ssued)				t Harmful Eve	ent 1	23					10 Undercar	riage		
	Violation	1: Ch Sec	Violation 2	: Ch Sec	Driv	er Contributing		1 24	24	•	9		5 11 Totaled			
⁶ 3	1		 Violation 4			erride/Override)	ed N		O		6			
					26 27 Seat Safety		29 30 Pag Fiect	31 Trap I	32 Tran	33						
	Name (Last Fir	•		11 occupants involved			status Cod	e Medical Facil	ity 1							
	Орегию			566 7100												
							_									
⁷ 3	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motoris	st A Type	14 Action	15 Lo	ocation	16 Cond	lition	17	Hit/	/Run Mor	oed		
	License # St DOB/Age					rg#Reg TypeReg State							tate			
	Sex Lic. Class 18 18 18 19 CDL					eh YearVeh MakeVeh Config.						fig. 20				
8 1	Endorsment					wner										
1	Last First Middle Address					Last First Middle Address										
	City State Zip					City State Zip										
						Sehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel		ent Sequence 22 22 22 22 2 2 3 4													
	Citation # (If I	-	act Hermful Frant 23													
	`	24 24 1 5 11 Totaled														
	l			Most Harmful Event						8 7 6						
	Pl				26 27 Seat Safety		9 30 Fiect	31 Trap I	32 3 njury Tran	33 ISD.	\dashv					
	Name (Last Fi	irst Middle) Non-Motorist	·	Addre See Abov		Age/DO			m Status Sw	itch Code	e Code	Status Co		ility		
	Operator/	TSTTOTOTOTIST		See Abov	ve					-						
							_									



CDP1 11 ·24·00

Police Officer Name (Please Print)