	Pol	ice Use Only		Commonweal	lth o	f Massa	achı	isetts	5		RMV	/ Docum	ent Number	
	Date of Crash 02/23/2021	Time of Crash 02:11 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		ed Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	N N
			RSECTION:		OCAT		>		NC				CTION:	
1						NORTH	I 14		ST JA	MES TE				
5	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street									
					Feet NSEW of orExit Number								-	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street								
²					-	Feet [N S E	W of	Kout	e#	Intersec	ting Koad	way/Street	6
3	Route# Direction Name of Intersecting Roadway/Street				Landmark									\dashv
	XVehicle1	_1_#Occupants	Number 2100000145											
	License # St NH DOB/Age				Reg # 1049854 Reg Type PAS Reg State NH 20									
	Sex_M Lic.	Class D	Lic. Restrictions	B CDL		ar_2008						Veh Con		L
⁴	Operator LOI Address 4 CL		TREVOR	A Middle	Owner LONGO FRANCIS Address 4 CLARK CIR									- 1
			Stata	HI zin 03076							Stata	NH ₇	03076	-
	City PELHAM State HI Zip 03076 Insurance Company UNKOWN				City PELHAM State NH Zip 03076 Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ree)	
5 2		Direction: X		ding to Emergency? N		Sequence 24		2 22	22	D	3		4	
4	Citation # (If I	ssued) T2014877	7		Most H	armful Event	24				9	$\langle \ \ $	10 Undercari 5 11 Totaled	riage
6	Violation	1: Ch90/24/Je	c Violation 2:	Ch_90/24/Fec	Driver	Contributing Co		10 24	24		VŢ			
⁶ 4	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override								
	Name (Last Fir		rator and all occupar	Address		Age/DOB	Sex	26 27 Seat Safety Pos. System	28 Airbag A Status Sv	29 Significant Specific Cod) 31 t Trap e Code	32 Injury Tran Status Cod	1sp. le Medical Facil	ity 2
	Operator			See Above				99	4 4	0	0	10 1		_
7									15					
1	Please Select (of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	: 14	Action	Loc	ation	Coi	ndition	17	Hit,	/Run Mop	ed
	License#StDOB/Age				Reg#_	Reg # Reg Type Reg State						_		
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Ye	Veh YearVeh MakeVeh Config.								
8 1	Operator	perator			Owner Last First Middle								-	
	Address					Address								-
	CityStateZip				City State Zip Damaged Area Code: (Circle Up to Three)								ree)	
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 23 4								
	Citation # (If Issued)				Most Harmful Event 23							riage		
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24								
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed 8 7 6								
	Pl Name (Last Fi		r operator and all oc	cupants involved Address		Age/DOB		26 27 Seat Safety Pos. Syste	28 Airbag A m Status S	29 Signature 29 Signature 29 Eject 20 Co) 31 t Trap de Code	Injury Tran	33 nsp. ode Medical Faci	ility
	Operator/	Non-Motorist		See Above										

		Vehicle 1 2	_=Vehicle 2	Pedesti	rian			
Crash Diagram:	ie: 🕕 🛚	2	→	· }				
Crash Diagram:	ie: 1	St James Terrace				If Crash Did Not Coon a Public Way: Off-Street Parking Garage Mall/Shopping Cool Other Private Way Indicate North by A	g Lot	
		11						
Crash Narrative:								
Mv 1 was traveling north	on St James Ter	when operato	r lost control	of his	vehicle a	nd crashed into a	wooden	
guardrail at the end of S	t James Ter (dea	d end street). Mv was towe	d. Opera	tor was a	rrested OUI (see		
report #21008159)								
Witnesses								
W itnesses: Name (Last, First, Middle)		Address				Phone #	Statement	
Property Damage:								
Owner (Last, First, Middle)		Phone #	34-Type	Description				
,,	,			1	GUARD RA			
Truck and Bus Information:								
	Registration #		(From Vehic	Co	Carrier Issuing Authority Code			
Carrier Name							е	
Address			City		S	StZip	36	
US DOT #:	_ State Number		Issuing State	ICC #:_		Interstate	30	
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38			_			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39		
Hazmat Information:	-		-					
Placard 40 Material 1 digit	# 41 Material Na	nme		Material 4	digit#	Release code	42	
DANIEL ANDERSON		32456	NEWTO	N POLICE DEPART	N	02/23/20)21	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)