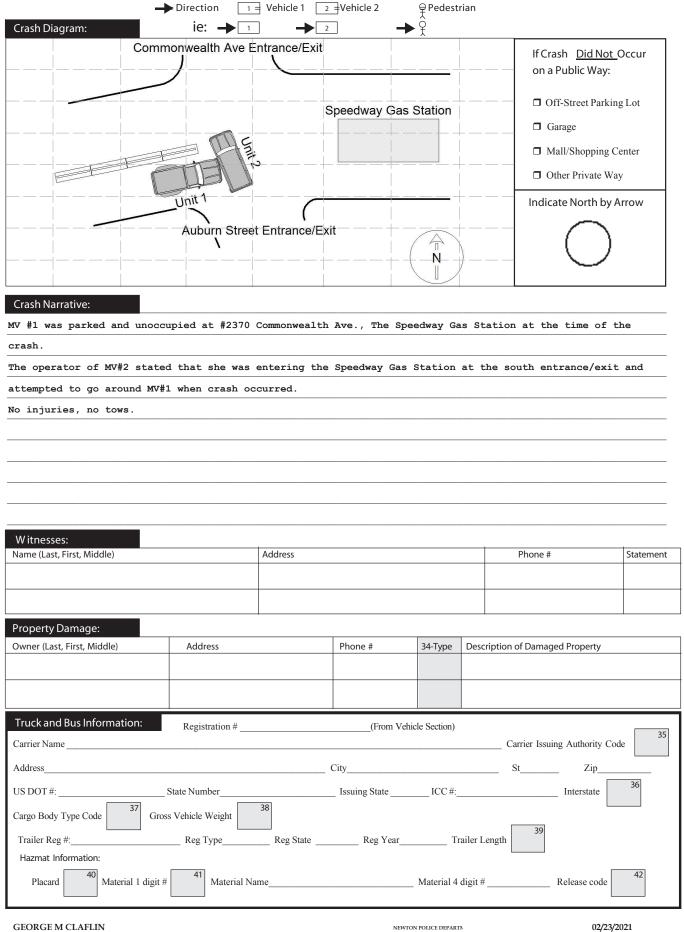
	Poli	ice Use Only		Commonwea	lth o	f Massa	ichu	setts	,		RMV	V Docun	ıent Number		
	Date of Crash 02/23/2021	Time of Crash 12:05 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		red Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	XI	
						LOCATION > NOT AT INTERSECTION							CTION:	2	
						EAST 2370 COMMONWEALTH AVE								2	
1 1	Route# Direc	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Stree							$ 2^1$	
	At					Feet NSEW of orExit Number									
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of									
2	- Iso at Intersection with					Route# Intersecting Roadway/Street Feet N S E W of									
² 2	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	XVehicle1 0_#Occupants ☐ Hit/Run ☐ Moped Case I					Number 2100000148									
	License # St DOB/Age					Reg # 4261957 Reg Type CON Reg State NH Veh Year 2019 Veh Make FORD Veh Config. 2									
4	Endorsment					Owner GREENWOOD RECOVERY SYSTEM									
1	Operator					Address PO BO 96									
	City State Zip					ONDONDERR	Y				State	NH Z	Zip 03053	_	
	Insurance Company PROGRESSIVE					City LONDONDERRY State NH Zip 03053 Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)									
5	Vehicle Travel	Direction: N	Event Sequence 1 22 22 22 22 2 3 4												
	Citation # (If I	ssued)			Most H	Iarmful Event	1 23				9	$\langle \ \ $	10 Undercarr 5 11 Totaled	riage	
	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co	ode 1	24	24		ŹÍ				
⁶ 1	Violation	3: ChSec	Underride/Override 25 Towed Y 6												
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex Pos. System Status Surich Code Code Status Code Medical Facility 2									1 2	
				See Above									status Code Medical Facility		
									\vdash						
⁷ 9	Please Select C of the Followi		2 <u>1</u> # Occupants	Non-Motorist A Typ	e 14	4 Action 1	5 Locat	tion	16 Co	ndition	17	Hit	:/Run	ped	
	License# St MA DOB/Age					Reg # 9LZ798 Reg Type PAN Reg State MA								┫.	
	Sex F Lic. Class D 18 18 Lic. Restrictions 9 CDL												20	_	
8 1	Operator STOLZENTHALER HANNAH G					Owner STOLZENTHALER VIRGINIA C									
1	Address 9 CL	AFLIN PL	Address	Address 9 CLAFLIN PL											
	City NEWTON State MA Zip 02460					City NEWTON State MA Zip 02460									
	Insurance Company_STANDARD FIRE INS					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 2 22 22 22 2 3 4									
	Citation # (If Issued)					Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled									
	Violatio	n 1: ChSe	Driver Contributing Code 99 24 24												
	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed Y 8 6									
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex I	26 27 eat Safety Pos. System	28 Airbag A	29 30 Lirbag Eject Switch Coo) 31 t Trap de Code	Injury [Fra	33 nsp. ode Medical Faci	ility	
		Non-Motorist		See Above				1		4 0	0	10 1			
														\dashv	



CDP1 11 ·24·00

Police Officer Name (Please Print)