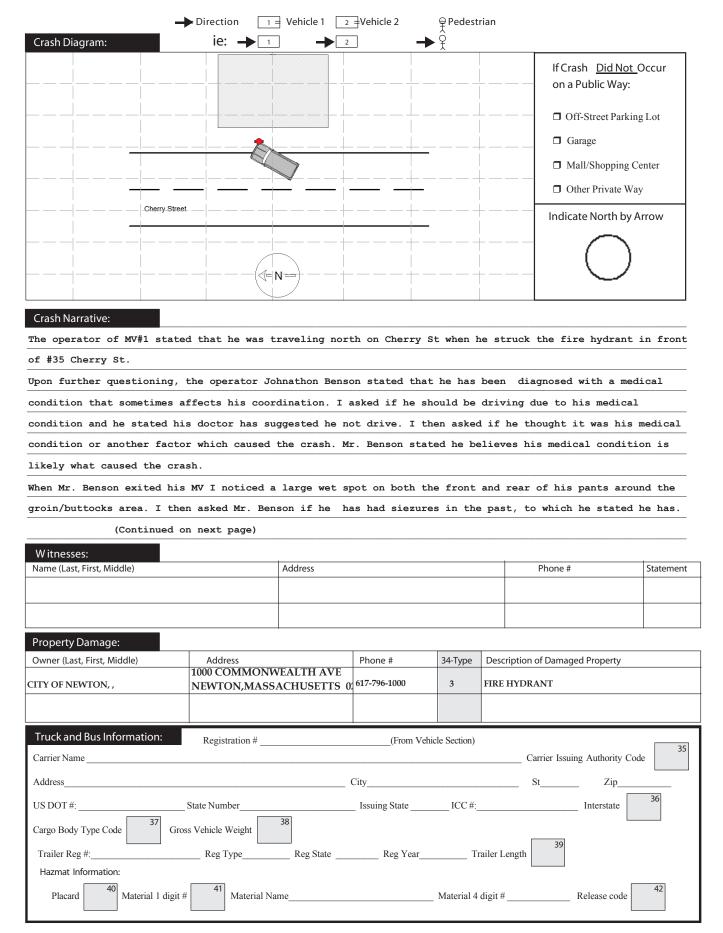
	Poli	ice Use Only		<u>Com</u> monweal	lth o	f Mass	ach	usett	S		RMV	/ Docum	ient Number	
	Date of Crash 03/07/2021	Time of Crash 13:39 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicle		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	XI
			RSECTION:		OCAT		>	_					CTION:	7
						NORTH	и 35		CHE	RRY ST				$\vdash$
	Route# Direc	tion		adway/Street	F	Route# Directi	on A	ddress #		Na	ame of R	Roadway/	Street	
_	At				Feet NSEW of orExit Number								_  -	
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Mile Marker Exit Number  Feet N S E W of								_
$\neg$	Also at Intersection with					Route# Intersecting Roadway/Street								
	Route# Direction Name of Intersecting Roadway/Street				Landmark									_ -
	XVehicle1 1 #Occupants ☐ Hit/Run ☐ Moped Case					Number 2100000164								
	T:#		St MA			HVY7642		10000010		г РА	N	D (	State TX	-
	19 CPL				Reg # HVY7642         Reg Type PAN         Reg State TX           Veh Year 2008         Veh Make DODGE         Veh Config.         2									-
$\neg$	Operator BEN		JOHNATHON	Endorsment W		PARKS		DELII	NA.		D	-	mg.	_
		6 BRIGHT ST (apt. 11)				6109 SHAW	NEE DI	R	First			Middle		-  -
	City WALTH.		State	MA Zip 02454		AYNE SPRING					State	TX Z	Zip <u>75156</u>	
	Insurance Com					Action Prior to		1	21	Damage	ed Area	Code: (C	Circle Up to Thre	ee)
	Vehicle Travel	Direction: X	S E W Respon	ding to Emergency?_N	Event S	Sequence 20	22 23 2	2 22	22	Ð	3		4	
	Citation # (If I	ssued)_T2080897	7		Most H	Iarmful Event	23	3		n <b>4</b>	9	$\{\mid \cdot \mid$	10 Undercarr 5 11 Totaled	iage
	Violation	1: Ch <u>90.9</u> Se	ec Violation 2:	ChSec	Driver	Contributing C		14 24	24		VŢ			
	Violation 3: ChSec Violation 4: ChSec					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 Pos. \$ystem Status Switch Code Code Status Code Medical Facility							ity		
	Operator			See Above				1	4	1 0	0	10 1	NONE	
L	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist A Type	2	4 Action	Loc	ation	16 Co	ndition	17	Hit	:/Run Mop	ed
	License#	License#StDOB/Age				Reg #							_ ]	
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Ye	Yeh Year   Veh Make     Veh Config.								
	Operator	Last	First	Endorsment	Owner	Las	st		First			Middle		_
	Address				Address								-	
	City State Zip					City Zip								-
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 3 4 10 Undercarriage								
	Citation # (If Issued)					Most Harmful Event 9 5 11 Totaled								
	Violation 1: ChSecViolation 2: ChSec					Driver Contributing Code 8 7 6								
	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					ide/Override	1 1	Towe		29   30	)   31		33	_
	Name (Last Fi	rst Middle)	operator and all oc	Address		Age/DOB	Sex	26 Seat Safety Pos. Syste	Airbag A	29 Ejec Switch Co	0 31 Trap de Code	Injury Tra	nsp. ode Medical Faci	lity
	Operator/	Non-Motorist		See Above										
									$\perp \perp$					



-	Direction 1	Vehicle 1	2 =Vehicle 2	Pedestri	an				
Crash Diagram:	ie: → 1	<b>→</b>	2	Ŷ					
					If Crash Did Not on a Public Way:	Occur			
					Off-Street Parkin	g Lot			
					☐ Garage				
					☐ Mall/Shopping C	antar			
				+					
					☐ Other Private Wa	У			
				+	Indicate North by A	Arrow			
				+					
	_				\				
Crash Narrative:									
I then asked Mr. Benson is	f its possible t	that he may h	nave had a seiz	ure while	driving today and he sta	ted it			
was.					, all 1 and				
Mr. Benson did not sustain	n any injuries,	his MV was t	towed by Tody's	and the	Newton Fire Dept. was not	ified.			
At this time due to the in									
operates a MV, I am filing	g an Immediate !	Threat with t	the RMV.						
On 3/8/21 I mailed citation	on #T2080897 to	Johnathon Be	enson for opera	ting Tx.	Reg. HVY7642, which was				
unregistered at the time of	of the crash.								
Witnesses:									
Name (Last, First, Middle)		Address		Phone #	Statement				
Day and a Day and									
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property				
Owner (East, First, Middle)	Address		THORE #	эч турс	Description of Damagea Froperty				
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		35			
Carrier Name					Carrier Issuing Authority Cod	Carrier Issuing Authority Code			
Address			City		St Zip				
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36			
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38							
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39				
Hazmat Information:									
Placard 40 Material 1 digit	# 41 Material N	[ame		Material 4 d	igit# Release code	42			
GEORGE M CLAFLIN				N POLICE DEPARTA	03/07/2	1001			

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)