	Poli	ice Use Only		Commo	nwealth	ı of	Mass	ach	iuse	etts			RM	V Doc	umen	t Number			
	Date of Crash 03/27/2021	Time of Crash 17:35	City/I NEWTON	own <b>M</b>	lotor V			ash		mber hicles	Numb Injure	d Lat	eed Lim		Si L	tate Police ocal Police IBTA Police	XI		
		24HR					Report			2			ongitude		0	Other:			
		AT INTERSECTION: <					LOCATION >						NOT AT INTERSECTION:						
	EAST	T DERBY	ST														2		
<b>1</b>	Route# Direction Name of Roadway/Street  At					Route# Direction Address #						Name of Roadway/Street							
	NORTH RANGELEY RD					Feet NSEW of • or											2		
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number  Feet N S E W of											_		
	Also at Intersection with						Route# Intersecting Roadway/Street												
2 <b>1</b>	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of													
3						Landmark													
	XVehicle1	Case Num	Jumber 2100000211																
	License#St MA DOB/Age						Reg # 623YV7 Reg Type PAN Reg State MA												
	Sex_M Lic. Class D 18 18 Lic. Restrictions T 19 CDL					Veh Year 2014 Veh Make FORD Veh Config. 20													
4	Operator FRENGEL MICHAEL C Endorsment						Owner Came as operator)  Last First Middle												
1	Address 48 RA	Last First Middle Address 48 RANGELEY RD					Last First Middle Address												
	City NEWTON State MA Zip 02459					CityStateZip													
	Insurance Company METROPOLITAN PROPERTY CASUALTY						Vehicle Action Prior to Crash  10  Damaged Area Code: (Circle Up to Three)												
5	Vehicle Travel	Direction: N	<b>X</b> E W Re	sponding to Emergen	cy?N Ev	vent Se	quence 1	22	22	22	<b>22</b> 2	!	3	<u>λ</u>	4				
	Vehicle Travel Direction: $\boxed{N \times E W}$ Responding to Emergency? $\boxed{N}$ Event Sequence Citation # (If Issued) Most Harmful E						rmful Event	Event 1 23 10 Undercarriage									iage		
	Violation	1: Ch Sec	· Violatio	n 2: Ch Sec	Dı	river C	ontributing C		1 2	24	24	-		$\langle  $	၂၅	11 Totaled			
<sup>6</sup> <b>1</b>	Violation	3: Ch Sec	· Violatio	n 4: Ch Sec			e/Override		25	Towed	8   N		7	у_	6				
	Please fill out for operator and all occupants involved										28 Airbag Air	29 3 bag Eje	30 31	32 Injury	33 Transp.				
	Name (Last Fir	st Middle)		Addre See Abo		+	Age/DOB	Sex		System	Status Sw 4 9	itch Coo	de Code 0	Status 10	Code 1	Medical Facili	ty 1		
	CROCIANI, R	OMINA	4	RANGELEY RD				F	3		4 4		0	10	1				
	CROCIANI, K	OWINA	N	EWTON, MA 02465				1	3	1	4 4	0	U	10	1				
<sup>7</sup> <b>2</b>	Please Select One of the Following: Vehicle 2 1_#Occupants Non-			nts Non-Motor	ist A Type	pe Action 15 Locat					Condition			17 Hit/Run Mopeo			ed		
	License#	Re	Reg# 2H8243						Reg Type_MCNRe				g State_MA						
	Sex_M_ Lic. Class   99   18   Lic. Restrictions   19   CDL					Veh Year 2017 Veh Make KAWASAKI Veh Config. 3								3 20					
8 <b>1</b>	Operator MARTINEZ EDWIN Endorsment						OLSON	ıst	E	RIC	First			Mic	Idla		_		
1	Address 5 RIPLEY RD (apt. 1)					ddress_	5 (apt. 1) RI	PLEY I	RD		rirst			MIC	idie		_		
	City BELMONT State MA Zip 02478					City BELMONT State MA Zip 02478								02478	_				
	Insurance Company COMMERCE					Vehicle Action Prior to Crash 21							Damaged Area Code: (Circle Up to Three)						
	Vehicle Travel Direction:     N   S   W   Responding to Emergency? N					vent Se	equence 1	22	22	22	<b>22</b> 2		3	λ	4				
	Citation # (If Issued) T2012954					Most Harmful Event 1 23													
				olation 2: Ch <sup>89/8</sup> Sec Dr		Driver Contributing Code 19 24 24 5 11 Totaled													
	Violation 3: Ch Sec Violation 4: Ch Sec					Underride/Override  25 Towed N  8 7 6													
	Please fill out for operator and all occupants involved							Т			28 Airbag Air	29 3 bag Eie	0 31 Ct Trap	32 Injury	33 Transp.		$\neg$		
	Name (Last Fi	rst Middle) Non-Motorist	Addr See Abo			Age/DOB S		Sex Pos. System		Status Switch Co		Code Code State		Code 1	Medical Facil	lity			
	Орегатоп	1 1011-1410101131		See Auc	,,,				+	3				10	1				
									+										

