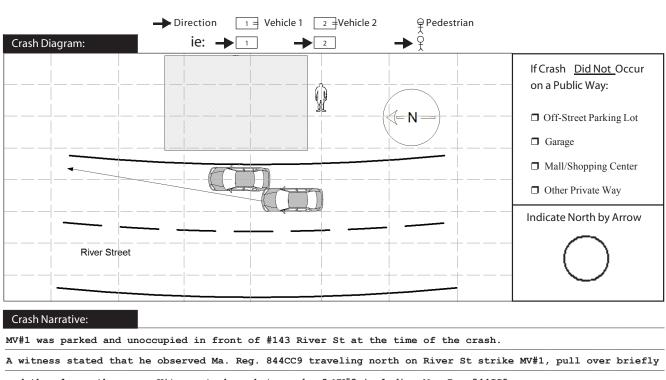
	Poli	ice Use Only		Commonwe	alth (of Massa	achus	setts			RMV	V Docur	ment Number			
	Date of Crash 03/30/2021	Time of Crash 11:48	NEWTON	Motor		icle Cra Report	\	Number /ehicles 2	Numb Injure 0	ed Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	N N		
		1	RSECTION:	<	LOCA'		>						CTION:			
						NORTH	143		RIVE	R ST						
1 [Route# Direc	tion	Name o	f Roadway/Street At		Route# Direction	on Addr	ress #		Na	ime of F	Roadway	/Street			
	At				Feet NSEW of or Exit Number									-		
	Route# Direction Name of Intersecting Roadway/Street				Feet NSEW of											
	Also at Intersection with					Route# Intersecting Roadway/Street Feet N S E W of										
1	Route# Direction Name of Intersecting Roadway/Street				Feet NSEW of Landmark											
3											Lai	iuiiaik		\neg		
	Venicie	#Occupants	Hiykun	Moped Case	e Number			0000216						_		
	License # St DOB/Age					1XNG83				ype_PA		Reg	State MA 20	-		
	Sex Lic.		Lic. Restriction		_	ear_2006						Veh Co		_ 1		
1	Operator	Operator			_ Owner	Owner CASADO FRANYELIS Last First Middle										
						SS 18 ALDEN P	L					344	20.470	- [
				ateZip		NEWTON							Zip <u>02459</u>	-		
	1	npany_ALLSTA				e Action Prior to		11 2 22	22 2	_	a Area	Code: (C	Circle Up to Thr	ree)		
']			ponding to Emergency? N		Sequence 1	23	22			$\overline{\bigcap}$	$\overline{\mathcal{A}}$	10 Undercari	riage		
	`	ssued)				Harmful Event	1	24	24	←	9		5 11 Totaled	nuge		
1				1 2: ChSec		Contributing Co	ode				7		6			
1				n 4: ChSec	Under	ride/Override	2 Sea	Tower		29 30) 31 t Trap	32	33	_		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Pos	. \$ystem	28 Airbag Ai Status Sw	29 30 rbag Eject ritch Code	t Trap e Code	32 Injury Tra Status Co	33 ansp. ode Medical Facil	ity 2		
	Operator			See Above				-								
7 1	Please Select (of the Followi	I X Vehicl	le2 <u>1</u> #Occupar	Non-Motorist A Ty	ype 1	Action 1	5 Location	on	Con	dition	17	Hi	t/Run Mop	oed		
	License#		St M		Reg#	Reg # 844CC9 Reg Type PAN Reg State MA								_]		
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL				Veh Y	Veh Year 2010 Veh Make TOYT Veh Config. 1										
1	Operator MCQUIGGAN JENNIFER Last First Middle				Owner (Same as operator) Last First Middle									_		
	Address 7 ENDICOTT ST					Address								_		
	City WALTHAM State MA Zip 02453												_			
	Insurance Company PERMANENT GENERAL INS				Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ree)			
	$ \begin{tabular}{lllllllllllllllllllllllllllllllllll$					Event Sequence 2 22 22 22 22 33 4										
	Citation # (If Issued)					Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled								riage		
	Violation 1: ChSecViolation 2: ChSec					Driver Contributing Code 19 24 24 7 6										
	Violation 3: ChSecViolation 4: ChSec					ride/Override	25	Towed			/	1 22 1	6			
	Pl Name (Last Fi		r operator and al	l occupants involved Address		Age/DOB	Sex Po	6 27 t Safety s. System	28 Airbag Ai Status S	29 Siperification 29 Eject) 31 t Trap de Code		33 ansp. Code Medical Faci	ility		
	Operator/	Non-Motorist		See Above				- 99	4 4	0	0	10 1	NONE			
								+			+					



and then leave the area. Witness took a photograph of MV#2 including Ma. Reg 844CC9.

I was eventually able to make contact with the operator/owner of MV#2, who stated that she was operating her MV north on River St at the time of the crash, though wasn't aware that she struck another MV. Operator stated her MV had mechanical issues and she thought she struck just the curb.

I was also able to make contact with the owner of MV#1.

No injuries, no tows.

W itnesses:											
Name (Last, First, Middle)	Addres	S		Phone #	Statement						
MORRISON, CHRISTOPHER,		VER ST FON,MA			Y						
Property Damage:											
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damag	ged Property						
Truck and Bus Information: Registration #											
Address		City		St	Zip						
US DOT #:	_State Number	Issuing State	ICC#:_		Interstate 36						
Cargo Body Type Code 37 Gro	oss Vehicle Weight 38			39							
Trailer Reg #:	Reg Type Reg	State Reg Year_	Tr								
Hazmat Information:											
Placard 40 Material 1 digit	# 41 Material Name		Material 4	digit #	Release code 42						