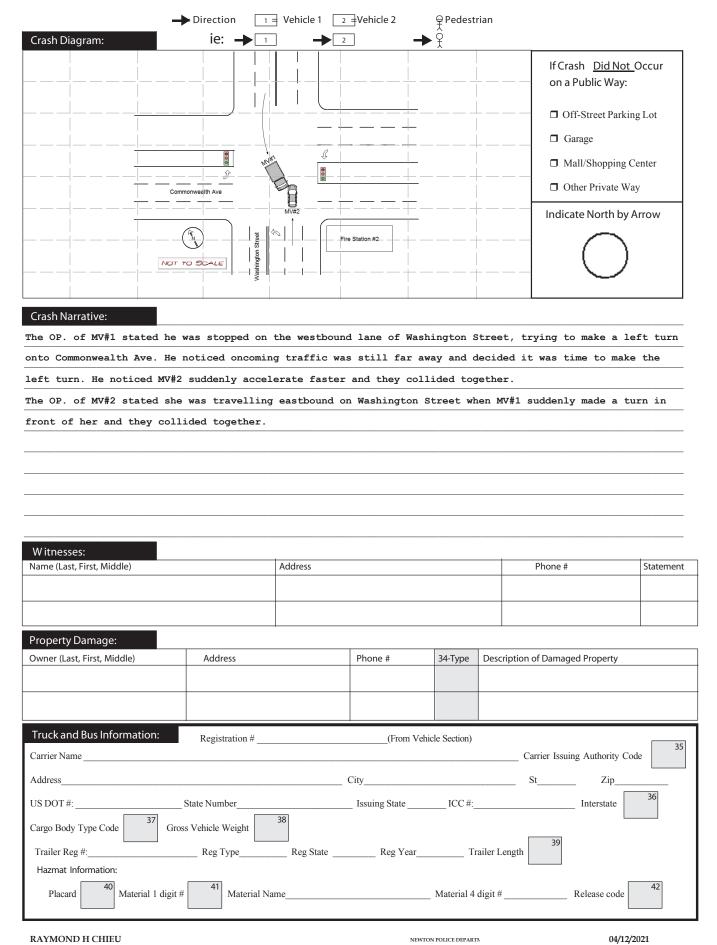
	Poli	ice Use Only		Commonwe	ealth (of Mass	ach	use	tts]	RMV	Docun	nent Number			
	Date of Crash 04/12/2021	Time of Crash 16:13	NEWTON	MIOLO		iicle Cra Report	ash		icles 1	Number Injured	Speed Latitud	de		State Police Local Police MBTA Police Other:	XI XI		
						TION	>	2				ongitude Other: T INTERSECTION:					
										.,01	1	. ,		J 11 (J) 1 (4	2		
1	Route# EAS		Name of	Roadway/Street		Route# Direct	ion A	ddress	# -		Name	e of Ro	oadway/	Street			
1	At					<u> </u>									2		
	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or Exit Number											
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street											
² 2						Feet NSEW of											
	Route# Direction Name of Intersecting Roadway/Street					Landmark											
3	XVehicle1	2_#Occupants	Hit/Run	Moped Cas	se Number		:	210000	0260								
	License#		_ Reg#	Reg # V98139 Reg Type CON Reg State MA													
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions T 19 CDL_Endorsment					Veh Year 2019 Veh Make CHEV Veh Config. 20											
⁴ 3		STRO-RAMOS		Owner THE NARROW LANE													
3		ddress 400 MCGRATH HWY					Address 78 (apt. FL2) FREMONT ST										
	City SOMERVILLE State MA Zip 02145					City NEEDHAM State MA Zip 02494											
	Insurance Company TRAVELERS CASUALTY INS					Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)											
5 1	Vehicle Travel	Direction: N	S X W Res	oonding to Emergency?_N_	_ Event	Sequence 1		22 2	22 2	2 2		3	$\overline{\mathcal{I}}$	1011/11/11			
	Citation # (If I	·			Most	Harmful Event	1	. 24	1	24 ① ◀	⊢	9		10 Undercar 5 11 Totaled	nage		
⁶ 1	1			2: ChSec		Contributing (4		$\square_{\mathbf{a}}$		7		6			
1		3: ChSec	Under	Underride/Override Towed Y													
	Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above			Address		Age/DOB	Sex	Pos. \$	ystem Sta	itus Switch	Code	code s	status Co	nsp. de Medical Faci	lity 1		
	Operator	OPERATOR STATE OF THE STATE OF							1 4	4	1		10 1				
	TORRES, BAL						M	3	1 4	4	0	0	10 1				
2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupan	ts Non-Motorist A T	Гуре	Action Action	15 Lo	cation	16	Conditi	on	17	Hit	t/Run Mo	ped		
	License# St MA DOB/Age					Reg # 8SJ466 Reg Type PAN Reg State MA								State MA	_]		
	Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2010 Veh Make CHEV Veh Config. 1											
⁸ 3	Operator SWIATEK OLIVIA R Last First Middle Middle					Owner (Same as operator) Last First Middle											
	Address 14 JAMES ST					Address											
	City ROCKLAND State MA Zip 02370					City State Zip											
	Insurance Company ARBELLA MUTUAL					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)											
	Vehicle Travel	icle Travel Direction: NSXW Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 22							,	3 4 10 Undercarriage							
	Citation # (If I	# (If Issued) Most Harmful Event 1 2 G								5 11 Totaled							
	l	lation 1: ChSec Violation 2: ChSec Driver Contributing Code 1									6						
				on 4: ChSec				26 27 28 29 Seat Safety Airbag Airbag Airbag Safety Airbag Airbag				31	32 L	33	\longrightarrow		
	Name (Last Fi	rst Middle)	operator and at	Address		Age/DOB	Sex	Pos.	System St	tatus Switch	Code	Code	njury Tra Status C	nsp. ode Medical Fac	ility		
	Operator/	Non-Motorist		See Above					1 1	4	0	0	9 1				
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				·													



CDP1 11 ·24·00

Police Officer Name (Please Print)