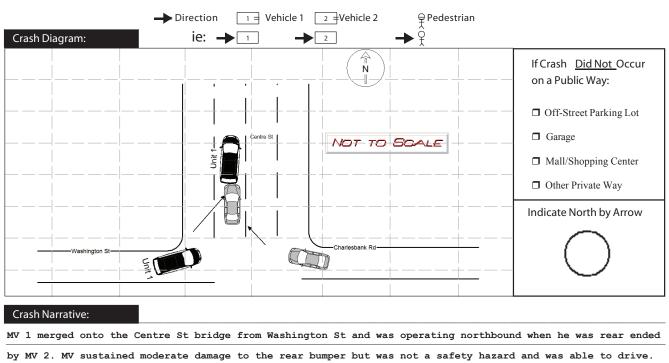
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	setts			RM	V Docu	ment Number			
	Date of Crash 05/11/2021	Time of Crash 21:54 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		d Lati	ed Limi tude _ gitude_		State Police Local Police MBTA Police Other:	XI E		
			RSECTION:		LOCA		>		NO	ГАТ	INT	ERSE	CTION:	\Box \vdash		
		CENTR	RE ST											2		
4	Route# Direc			Roadway/Street		Route# Direction	on Add	ress #		Na	me of I	Roadway	/Street	2		
_	At WASHINGTON ST					Feet NSEW of or										
	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street										
2 1	Route# Direction				Feet N S E W of											
3						Landmark										
	XVehicle 1 1 #Occupants Hit/Run Moped Case Number 2100000332											_				
	License#		St_M		Reg#_	6KM369			Reg T	ype_PA	N	Reg	State MA			
	Sex_M Lic.	ex_M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2017 Veh Make DODGE Veh Config. 1 20									
⁴ ₅	Operator GIL	Last	FERNANDO	Endorsment	Owner GIL CLAUDIA Last First Middle											
_3	Address 163 V	Address Last First Middle 163 WARD ST				Address 602 WIINTER RIDGE RD										
	City REVERE State MA Zip 02151				City _V	VESTBOROUG	Н				_ State	MA	Zip <u>01581</u>	_		
	Insurance Company GOV EMPLOYEE INSURANCE					Vehicle Action Prior to Crash Cash Damaged Area Code: (Circle Up to Three)										
5 1	Vehicle Travel	Direction:	S E W Res	oonding to Emergency? N	Event	Sequence 1	22 22	22	22 2		3		(4)			
	Citation # (If I	ssued)			Most I	Harmful Event	1 23		1	+	9	$\left(\cdot \right)$	10 Undercar 11 Totaled	rriage		
6	Violation	1: ChSec	c Violation	2: ChSec	Driver	Contributing Co		24	24		VŢ		6			
⁶ 1				4: ChSec	Underr	ride/Override	25	Towe	d_N		,					
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB	Sex Se	26 27 at Safety s. System	28 Airbag Air Status Sw	29 30 bag Eject tch Code) 31 t Trap c Code	32 Injury Tr Status C	ansp. ode Medical Faci	ility 1		
	Operator			See Above				1	4	0	0	10 1	L			
⁷ 3	Please Select (of the Followi	IX Vehicle	2 <u>1</u> #Occupan	ts Non-Motorist A Typ	pe 1	4 Action 1	Locat	ion	16 Con	dition	17	Пн	it/Run Mo	ped		
	License#		St_M		Reg#	Reg # 1SLS86 Reg Type PA					AN Reg State MA					
	Sex_M Lic.	Class D 18 1				Veh Year 2017 Veh Make TOYO				YOTA Veh Config. 1			onfig. 20			
8 4	8 Operator SNITZER ALEXANDER Endorsment Last First Middle				Owner	(Same as ope	rator)		First			Middle		_		
	Address 112 C	GREENDALE AV	Last First Middle Address								_					
	City NEEDH	AM	St	City State Zip								_				
	Insurance Company USAA INSURANCE				Vehicle	e Action Prior to	o Crash	5 2	1	Damage	ed Area	Code: (Circle Up to Th	ree)		
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 1 22 22 22 23 Q 3 4										
	Citation # (If I	ssued)	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									rriage				
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 5 24 24)							
Violation 3: ChSec Violation 4: ChSec Underride/Override									6							
	Pl Name (Last Fi		operator and al	occupants involved Address		Age/DOB		26 27 at Safety os. Systen	28 Airbag Air Status Sv	bag Eject	31 Trap de Code		ansp. Code Medical Fac	cility		
		Non-Motorist		See Above					4 4	0	0	10 1				
										+						



MV 2 merged onto the Centre St bridge from Charlesbank Rd when he rear ended MV 1. MV 2 sustained heavy front end damage and the bumper was hanging over the side. MV 2 was towed by Tody's towing as it could not be operated safely. Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # (From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address_ US DOT #: State Number ____ Issuing State _____ ICC #:___ Gross Vehicle Weight Cargo Body Type Code Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #: Hazmat Information: Material Name_____ Material 4 digit # _____ Release code Placard Material 1 digit

DONALD MURPHY		NEWTON POLICE DEPARTS		05/11/2021	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date