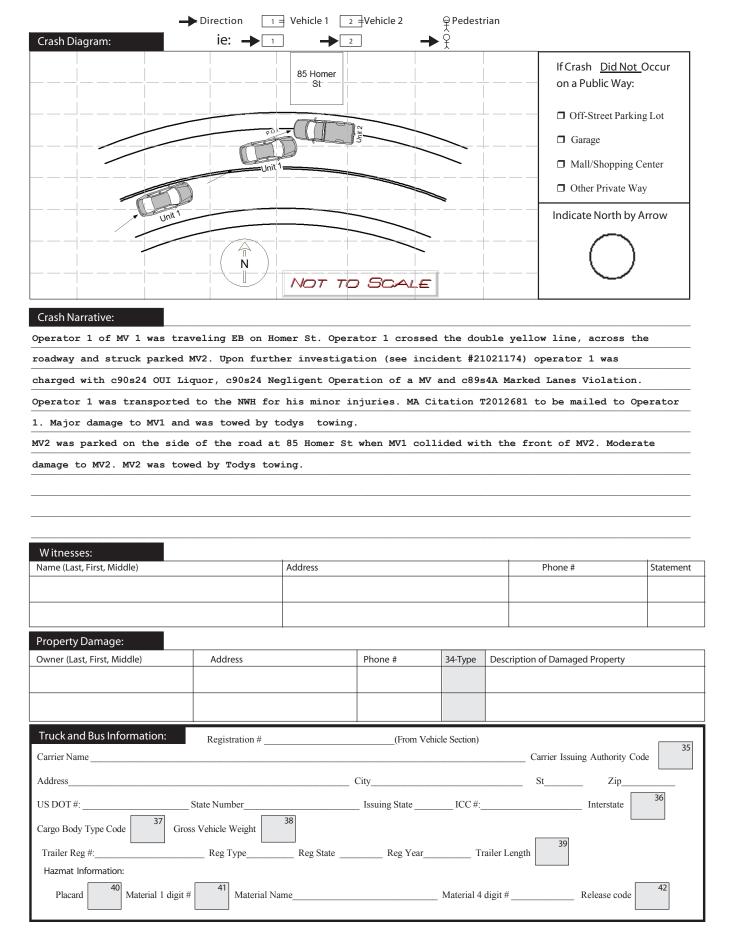
| | Poli | ice Use Only | | Commonw | ealth | of Massa | achu | isetts | | | RMV | / Docur | ment Number | | |
|---------------|---|------------------------|-----------------------|------------------------------|----------------------|---|--------|--------------------|----------------------|------------------|--------------------|---|--|----------|--|
| | Date of Crash 05/17/2021 | Time of Crash 21:39 | City/Tow NEWTON | m Mot | or Vel | hicle Cra | sh | Number Vehicles | | | d Limit | | State Police Local Police MBTA Polic | <u> </u> | |
| | 03/17/2021 | 21:39 24HR | NEWTON | | Police | Report | | 2 | 1 | | gitude_ | | Other: | e 🔲 | |
| | | AT INTER | RSECTION: | < | LOCA | TION | > | | NOT AT INTERSECTION: | | | | | | |
| | | | | EAST 82 HOMER ST | | | | | | | | - | | | |
| 1 ! | Route# Direc | tion | Name of F | toadway/Street | | Route# Direction | on Ad | dress # | | Naı | ne of R | loadway | /Street | _ | |
| | At | | | | | Feet NSEW of or | | | | | | | | | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | Mile Marker Exit Number | | | | | | | | | |
| | | | Also at Interse | ection with | | Feet [| N S E | W of | Route# | | ntersect | ting Roa | dway/Street | _ | |
| 1 | | | | | | Feet [| N S E | W of | | | | 8 | | | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | Landmark | | | | | | | | | |
| | XVehicle1 | #Occupants | Hit/Run | ☐ Moped (| Case Numbe | r | 21 | .00000354 | | | | | | | |
| | License# | | St MA | DOB/Age | Reg | 1VRV93 | Reg Ty | ne PAN | V | Reg State_MA | | | | | |
| | Sex M Lic. 0 | 18 1 | 8 | 19 | | Year_2018 | | Make V | | | | | 20 | | |
| | | FE Last | _ | Endorsment | | er (Same as oper | . \ | | | | | | | ' - | |
| 1 | Address 155 M | Last MONADNOCK I | RD First | Middle | | ess | | | | | | Middle | | _ | |
| | City NEWTON State MA Zip 02458 | | | | | C33 | | | | | | | Zip | _ | |
| | | pany ARBELLA | | о 2.p | | cle Action Prior to | | | | | | | Circle Up to Th | - 1 | |
| _ | | | | nding to Emergency? | | t Sequence 2 | | | | | 3 | | 4 | | |
| 1 | | ssued) T2012681 | | naming to Emergency | | Harmful Event | 23 | | | | $\backslash \bot$ | Λ) | 10 Underca | ~ | |
| | | , | | 2: Ch_ 89/4A _{Sec_} | | er Contributing Co | | 10 ²⁴ 9 | 1 24 1 | + | 9 | <u> </u> | 5 11 Totaled | | |
| 1 | 1 | | | 4: Ch Sec | | erride/Override | 25 | | ຄ | | 7 | | 6 | | |
| | Please fill out for operator and all occupants involved | | | | | | | | | 9 30 ag Eject | 31 Trap Code | 32 Injury Tra | 33 ansp. | \neg | |
| | Name (Last Fir | st Middle) | <u> </u> | Address See Above | | Age/DOB | Sex P | os. System | Status Swit | ch Code | Code | Status Co | ode Medical Fac | | |
| | operator . | | | | | | | 1 | 1 99 | 0 | | 0 2 | NEW TOX WEE | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 1 | Please Select C of the Followi | | 2 <u>0</u> #Occupants | Non-Motorist A | Туре | 14 Action 1 | Loca | ition | 16 Cond | ition | 17 | Hi | t/Run Mc | ped | |
| | License# | | St | DOB/Age | Reg | T13980 | | | Reg Ty | ne COI | N | Reg | State MA | | |
| | Sex Lic. Class Lic. Restrictions CDL | | | | | Veh Year 2016 Veh Make FORD Veh Config. | | | | | | 20 | | | |
| | Operator | | First | Endorsment | | er WOLFSDOR | | RONA | | | | . • • • • • • • • • • • • • • • • • • • | | ' | |
| L | Address | Last | | Address 85 (apt. 2) HOMER ST | | | | | | | | | | | |
| | City State Zip | | | | | City NEWTON State MA Zip 02459 | | | | | | | | _ | |
| | | | CE INSURANCE | | 1:1 4 i: P: 4 G 1 21 | | | | | | | | | | |
| | | | | | | Event Sequence 1 22 22 22 22 23 3 4 | | | | | | | | | |
| | Citation # (If Issued) | | | | | Most Hamful Event 23 | | | | | | | | | |
| | | | | | | Driver Contributing Code 1 24 24 5 11 Totaled | | | | | | | | | |
| | | | ec Violation | | _ | erride/Override | 25 | | Q Q | | 7 | / | 6 | | |
| | | | | occupants involved | | | | | | 9 30 ag Eject | 31 Trap | 32 Injury Tra | 33 ansp. | \dashv | |
| | Name (Last Fi | | <u> </u> | Address See Above | | Age/DOB | | Pos. Systen | n Status Swi | tch Code | e Code | | Code Medical Fa | acility | |
| | Operator/ | TSTTOTOTOTIST | | See Above | | | - | | | | +- | | | \dashv | |
| | | | | | | | | | | | - | | | | |
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ROBERT A MARCH 05/17/2021 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date