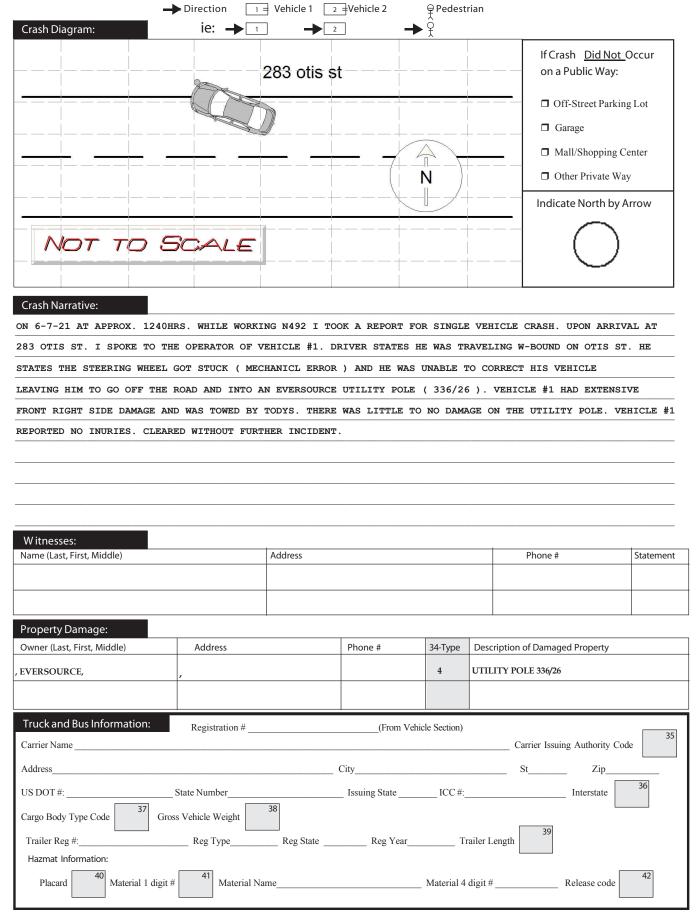
	Poli	ice Use Only		Commonwea	lth o	f Mass	ach	usett	S		RMV	V Docun	nent Number		
	Date of Crash 06/07/2021	Time of Crash	City/Town	1410101		icle Cra	sh	Numb Vehicl			ed Limi itude		State Police Local Police MBTA Police	N X	
	.,.,	24HR	2			Report		1	0		ngitude_		Other:		
		AT INTE	< I	OCATION > NOT AT INTERSECT							CTION:	_			
						WEST	23	33	OTIS	ST				ŀ	
	Route# Direc	tion		oadway/Street	F	Route# Direction	on A	ddress #		N	ame of F	Roadway/	Street	_	
	At					Feet	N S E	W of				or		_	
	Route# Direc	ction	Name of Intersecting	Roadway/Street	<u> </u>				Mile	e Marker			Exit Number		
			Also at Intersec	ction with	-	Feet	NSE	w of	Rout	te#	Intersec	ting Road	dway/Street	-	
	Doute# Disco	<u></u>	Name of Intercept	a D a drywy /Cturat	[-	Feet	N S E	W of							
_	Route# Direction Name of Intersecting Roadway/Street					Landmark									
	XVehicle1	_1_#Occupants	Hit/Run	Moped Case N	Number		2	21000004)7						
	License#		St MA	DOB/Age	Reg# ²	PHL10			Reg	Туре РА	N	Reg	State_MA		
	Sex_M Lic.	Class D 18	Lic. Restrictions	19 CDL		ar_2013	V	eh Make				Veh Co	20	_	
	Operator MA		CONNOR	Endorsment		SUH		YOU	NG			-		_	
		COMMONWE	ALTH AVE.	Middle		S 34 MAYNAI	RD FAI	RM RD.	First			Middle		_	
	City NEWTO		State	MA Zip 02465		UDBURY					State	MA ,	Zip 01776	_	
	Insurance Com	npany ARBELLA				Action Prior to	o Crash	1	21				Circle Up to Thr	ree)	
		Direction: N		nding to Emergency? N		Sequence 22		22 22	22	Ø	3		4		
	Citation # (If I			887		larmful Event		3				A	10 Undercari	riage	
	`	/	ec Violation 2	: ChSec		Contributing C	Г	19 24	24	1	9	$\langle \rangle$	5 11 Totaled		
				: Ch Sec		ide/Override		L	ved Y	8	7		6		
	Please fill out for operator and all occupants involved						Ī	26 2 Seat Safe		29 3 irbag Ejec	0 31	32 Injury Tra	33 Insp.	\dashv	
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos. Syste	m Status S	witch Cod	le Code	Status Co	de Medical Facil	ity	
	Орегию			566716676				1	4	1 0	0	10 1			
	Please Select C	Vehicle	e#Occupants	Non-Motorist A Type	e 14	4 Action	15 Lo	cation	16 Co	ndition	17	Hit	t/Run Mop	oed	
	of the Following:													_	
	License # St DOB/Age 19 19					g# Reg Type Reg State								-	
	Sex Lic. Class Lic. Restrictions CDL Endorsment					h YearVeh MakeVeh Config.									
	Operator Last First Middle					Owner Last First Middle									
	Address		Address												
	CityStateZip					City State Zip Damaged Area Code: (Circle Up to Three)									
	Insurance Com				Vehicle	Action Prior to				Damag 2	ed Area	Code: (C	A	ree)	
	l	Direction: N	S E W Respo	onding to Emergency?		sequence		$\frac{22}{3}$	22		T		10 Undercari	riage	
	Citation # (If I	·				Iarmful Event	Г	24	24	1	9	$(\mid \mid \mid)$	5 11 Totaled		
	Violatio	n 1: ChS	Sec Violation	2: ChSec		Contributing C	ode 2			8	7		6		
				4: ChSec	Underr	ide/Override	T	Tow	ed		0 21	32			
	Pl Name (Last Fi		r operator and all o	ccupants involved Address		Age/DOB	Sex	26 Seat Safe Pos. Sys	7 28 ty Airbag A tem Status S	irbag Ejec Switch Co	0 31 Trap de Code	Injury Tra	nsp. ode Medical Faci	ility	
	Operator/	Non-Motorist		See Above											
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THOMAS P WALSH 06/07/2021 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date