	Pol	ice Use Only		Commonwea	alth o	f Mas	sac	huse	etts			RI	MV Do	ocume	ent Number		
	Date of Crash 06/15/2021	Time of Crash 15:31 24HR	NEWTON	MIOTOI		icle Ci Report		Nu Vel 1	mber nicles			peed Li atitude ongitud			State Police Local Police MBTA Police Other:	Xi	
		AT INTERSECTION: <												AT INTERSECTION:			
					NORTH 135 WELLS AVE												
1 1	Route# Direc	ction	Name of	Roadway/Street	R	Route# Dire	ection	Addres	s #	_		Name o	f Road	lway/St	reet		
1	At					Feet N S E W of • or											
	Route# Direc	ction N	Name of Intersecting	ng Roadway/Street	-				M	ile Mark	er	Exit Number			_		
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street										-	
1	Boots# Dive	<u></u>	N CI	A Decidence	[-	Feet NSEW of									1		
3	Route# Direction Name of Intersecting Roadway/Street					Landmark											
,	XVehicle1	4_#Occupants	Hit/Run	Moped Case	Number			21000	00432								
	License#St MA DOB/Age					Reg # 27TA87 Reg Type PAN Reg State MA											
	Sex_F Lic. Class D 18 18 Lic. Restrictions B 19 CDL					Veh Year 2011 Veh Make SUBARU Veh Config. 1 20											
4	Operator WE	ISS	SUSAN	Endorsment	Owner	(Same as o	perator	.)		Fire	· t			Middle		- 1	
1	Address 66 G	RIGGS RD	rifst	witdute		Owner Same as operator) Last First Middle Address											
	City BROOKLINE State MA Zip 02446					CityStateZip											
	Insurance Com	Vehicle	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)														
5	Vehicle Travel	l Direction:	S E W Resp	oonding to Emergency? N	Event S	Sequence	23 22 35	, 22	22	22	2		3	4			
	Citation # (If I	Issued)			Most H	armful Ever	nt 23	23			1	. }	9	5	10 Undercarr	iage	
-	Violation	1: ChSec	c Violation	2: ChSec	Driver	Contributing	Code	19	24	24			$oxed{oxed}$				
1				4: ChSec	Underri	de/Override	;		Towe		0		/	6			
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag F Switch C	30 ject Tra lode Cod	31 32 p Injur le \$tatu	2 33 y Trans Is Code	p.	ty 2	
	Operator			See Above					99	1	99		10	1			
	HARTMAN,	MOR-LI		DLMSTED RD (apt 4) COOKLINE, MA 02445			F	11	99	1	99	0	9	2	NWH		
	SLUTZMAN,	NOAM		GRIGGS RD OOKLINE, MA 02446			М	4	99	1	99	0 0	10	1			
	SLUTZMAN.	FITAN	66	GRIGGS RD			М	4	99	1	99	0 0	10	1			
7	Please Select (One —	<u> </u>	COOKLINE, MA 02446	14	<u> </u>	15			16	,,		7 _		<u> </u>		
1	of the Followi	Vehicle	e# Occupan	ts Non-Motorist A Ty	ре	Action	I	Location		C	Condition	1		Hit/F	Run Mop	ed	
	License#	DOB/Age	Reg #										_				
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh YearVeh MakeVeh Config.								ig. 20				
1	Operator				Owner Last First Middle										_		
_	Address					S										-	
	City State Zip											St	ate	Zip	o	-	
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)											
	Vehicle Travel	Direction: N	S E W Re	sponding to Emergency?	Event S	Sequence	22	22	22	22	2		3	4			
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled											
	Violatio	on 1: ChSe	ec Violatio	on 2: ChSec	Driver	Contributing	Code		4	24			\sum				
	Violation 3: ChSecViolation 4: ChSec					Underride/Override 25 Towed 8 7 6											
	Pl Name (Last F		operator and all	occupants involved Address		Age/DOI	B Sex	26 Seat Pos.	27 Safety . System	28 Airbag Statu	29 Airbag Switch	30 Tra	31 32 p Injur ode Stat		p.	lity	
	Operator	/Non-Motorist		See Above													
							+	+								\dashv	

