	Poli	ce Use Only		Comm	onweal	lth o	f Mass	ach	use	etts			RM	V Doc	umen	t Number		
	Date of Crash 06/30/2021	Time of Crash 19:07	City/T	own	Motor	Vehi	icle Cra	ash		mber	Numb	er Spe	ed Lim		Si	tate Police ocal Police IBTA Police	N N	
	00/30/2021	19.07 24HR					Report		2		0	1	gitude		O	ther:		
		AT INTER	RSECTION:		< L	OCAT	TION	>			NO'	ГАТ	INT	ERS	ECT	ION:	┵	2
	EAST	CRAFT	S ST														┝	
1 2	Route# Direct	tion	Name o	f Roadway/Street		F	Route# Direct	ion A	ddress	s #		Na	me of l	Roadw	ay/Stre	eet		2 ¹
	At NORTH WATERTOWN ST						Feet NSEW of or										_	_
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number											
	Also at Intersection with						Feet NSEW of Route# Intersecting Roadway/Street											1
2 1					treet	[-	Feet N S E W of										_	5 ¹
3													La	ndmar	k		\dashv	
1	XVehicle1	#Occupants	Hit/Run	Mope	d Case N	lumber		2	210000	00479								
	License#		St M			Reg#3	3FPM84				Reg T	pe_PA	N	R	eg Stat	e MA		
	Sex_F Lic. Class D 18 18 Lic. Restrictions T 19 CDL						Veh Year 2018 Veh Make JEEP Veh Config. 1											
43	Operator ONEMBO JASA L Endorsment Last First Middle						Owner Came as operator) Last First Middle											
3	Address 35 COOLIDGE RD (apt. 1)						Owner (Same as operator) Last First Middle Address											
	City ALLSTON State MA Zip 02134						City State Zip											
	Insurance Company GEICO						Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)											
5 1	Vehicle Travel	Direction:	S E W Res	ponding to Emerg	gency?_N	Event S	Sequence 1			22	22		3		4			
	Citation # (If Is	ssued)				Most H	Iarmful Event	1 2	3		0	+	9	$\left\{ \right\}$		10 Undercari 11 Totaled	riage	
6	Violation	1: ChSec	c Violatio	n 2: ChSec	c	Driver	Contributing C		1	4	24 8		VŢ					
⁶ 2	Violation 3: ChSec Violation 4: ChSec						ide/Override	2	_	Towed	<u>N</u>							
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	Seat S Pos. S	27 Safety A System S	28 irbag Air tatus Swi	29 30 bag Ejec tch Code) 31 t Trap e Code	32 Injury Status	33 Transp. Code	Medical Facil	lity	1
	Operator			See A	Above					1 4	4	0	0	10	1			
⁷ 2	Please Select C		2 <u>1</u> #Occupar	nts Non-Mo	otorist A Type	e 14	4 Action	15 Lo	cation	10	Cone	lition	17		Hit/Ru	un Mor	oed	
	License# St MA DOB/Age DOB/Age						Reg # 128VH6						N	Reg State_MA				
	Sex M Lic. Class D 18 18 Lic. Restrictions 9 CDL														20			
1	Operator ANTONELLIS JASON MARK Endorsment MARK					Owner	KHASIIN		EU	UGENI								
1	Last First Middle Address 95 ALBERMARLE RD						S 700 HURON	STRE	ET		First			Mic	ddle		_	
	City NEWTON State MA Zip 02460						AMEBRIDGE						State	MA	_Zip	02138	_	
	Insurance Company GEICO					Vehicle	Action Prior t	o Crash	ı [,	4 21]	Damage	ed Area	Code	: (Circ	le Up to Thr	ree)	
	Vehicle Travel Direction: NSWW Responding to Emergency?N					Event S	Sequence 1	22 2			22 2		<u>(</u>	<u>)</u>	4			
	Citation # (If Is	ssued)				Most H	Iarmful Event	1 2	3		_ 	_		$\langle $	5	10 Undercard	riage	
	Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code 4 24 24											
	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed N 8 7 6											
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						A and/DOD	0,		27 Safety A	28 irbag Air Status Sv	29 30 Ejec) 31 Trap	32 Injury	33 Transp.	Mediacl E	ility	
İ		Non-Motorist			Above		Age/DOB	Sex		System 4		o titch Coo	0	Status 10	Code 1	Medical Fac	inty	
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