Pol	ice Use Only		Commonv	vealth	of Massa	achu	setts			RMV I	Docume	ent Number	
Date of Crash 07/26/2021	Time of Crash 13:01	City/Tov NEWTON	Mot	tor Ve	hicle Cra	sh	Number Vehicles	Number Injured		Limit <u>2</u> ide	25	State Police Local Police MBTA Police	□ Xi
07/20/2021	24HR	NEWTON			Report		2	0		itude		Other:	ш
	AT INTER	RSECTION:	<	LOCA	ATION	>		NOT	AT I	NTEI	RSECT	ΓΙΟN:	
					NORTH	245		HARTM	IAN RE)			
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street							reet	
-		A	At .		Feet []	N S E	W of		•	or			
Route# Direc	etion N	Name of Intersecting	g Roadway/Street					Mile M	arker			Exit Number	_
		Also at Inters	ection with		Feet [N S E	W of	Route#	——In	tersectin	ng Roadw	/ay/Street	-
]		N. C.			Feet [1	N S E	W of						
Route# Direc	tion	Name of Intersec	ting Roadway/Street							Land	mark		Н
XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	er	21	00000548						
License#		St MA	DOB/Age	Reg	# F48939			_ Reg Tyj	e CON	Ī	Reg Sta	ate MA	
Sex_M Lic.	Class D 18 1	8 Lic. Restrictions	19	Veh	Year_2014	Veh	Make M					20	_
	LDBERG Last		Endorsment	t								·	
Address 245 H		Owner (Same as operator) Last First Middle Address											
City NEWTO			City State Zip										
Insurance Com	_{ipany} NORFOLK		Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel	Direction: N	S E X Resp	onding to Emergency?_	N Even	at Sequence 1	22 22		22 2		3	4		
	ssued)				Harmful Event	1 23			_ (() ₋	10 Undercarr	riage
			2: ChSec		l er Contributing Co		24	24	•	9	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11 Totaled	
Violation	3: ChSec	Violation	4: ChSec	_ Unde	erride/Override	25	Towed	8 `		O	6		
		ator and all occup				s		28 29 Airbag Airba Status Swite	30 g Eject	31 Trap Inj Code \$ta	32 33 jury Trans	p.	
Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex P		Status Swite	h Code 0		0 1	Medical Facil	ity
Please Select (of the Followi	IX Vahida	2 <u>0</u> #Occupant	Non-Motorist A	Туре	14 Action	Loca	tion	Condi	tion	17	Hit/F	Run Mop	oed
License# St DOB/Age				Reg	Reg # 56KA01				Reg Type PAN Reg State				
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					h Year 2016 Veh Make FORD Veh							ig. 20	
Operator	Last	First	Endorsment	Own	er EUROPEAN	CABINI	<u> </u>	First			Middle		_
Address		1 1131	Wildie	Addı	ress 2 SUMNER S	STREET					widdie		_
City		City	City NORWOOD State MA Zip 02062								_		
Insurance Com	pany GREEN M	OUNTAIN INSU	RANCE COMPANY I	NC Vehi	cle Action Prior to	Crash	10 2	T D	amaged	Area C	ode: (Cir	cle Up to Thr	ee)
Vehicle Travel	Direction:	S E W Res	oonding to Emergency?	N Even	at Sequence 2	22 22	22	22 2		3	\bigcirc)	
Citation # (If I	Most	Most Harmful Event 2 23 1 1 10 Undercarriag											
Violatio	n 1: ChSe	ec Violation	2: ChSec	Drive	er Contributing Co	ode 1	9 24	24		<u>/</u> Ť\	JJ'	, , , , , , , , , , , , , , , , , , , ,	
Violatio	n 3: ChSe	ec Violation	4: ChSec	Unde	erride/Override	25	Towed	_N 8		7	6		
		operator and all	occupants involved				26 27 Seat Safety	28 29 Airbag Airba	g Eject	Trap Inj	32 33 jury Trans	p.	
Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. System	Status Swit	ch Code	Code S	tatus Code	e Medical Faci	iiity
-									+				
									+				

