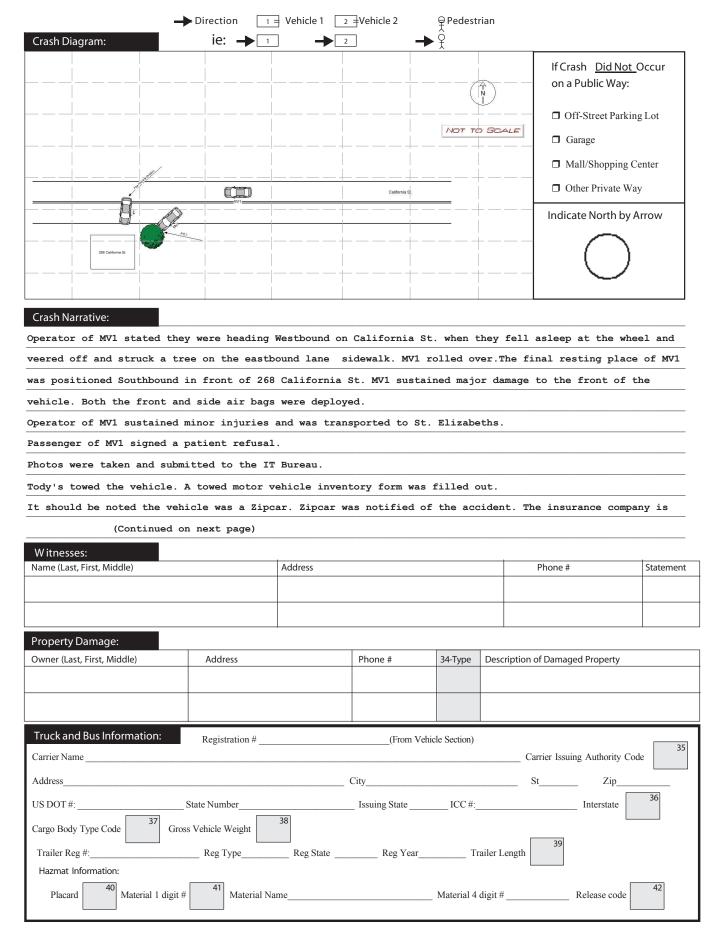
	Poli	ce Use Only		Commonwe	alth o	f Mass	ach	use	etts						ıt Number	
	Date of Crash 08/31/2021	Time of Crash 19:02 24HR	NEWTON	MIOTOI		icle Cra Report	ash		mber nicles	Num Injui 1	ed La	eed Lin titude _ ongitude			tate Police ocal Police IBTA Police other:	□ <b>X</b> I
			RSECTION:		LOCAT		>					ΓINT				$\Box$
						WEST	2	268		CALI	FORN	IA ST				┪
]	Route# Direct	tion		Roadway/Street	F	Route# Direct	ion 1	Addres	s #		N	Name of	Roadw	/ay/Str	eet	_
$\dashv$	At				Feet NSEW of or									.  -		
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number								-		
_			Also at Inters	ection with	- [-	Feet N S E W of Route# Intersecting Roadway/Street						ıy/Street				
1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of										_ -
	XVehicle1 2 #Occupants Hit/Run Moped Case					<u> </u>								┪		
	Venicie i			- 1 Case	Number			210000	00652							4
	License # St MA DOB/Age					VF7D8K			VI.		Туре_Р				te MO	.
	Sex_F Lic. 6		Lic. Restrictions  KETTIE	B CDLEndorsment		ar 2019							_Veh	Config	g. 1	.
1						Owner HOLDINGS PV  Last First Middle  Address 10482 NATURAL BRIDGE										
	City LOWELL			e MA Zip 01854		AINT LOUIS						Stat	мО	Zin	63134	
	Insurance Company SEDGWICK					City SAINT LOUIS State MO Zip 63134  Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								e)		
1		Direction: N		onding to Emergency? N		Sequence 21	22		22	22	<b>O</b>	3	λ	4		
	Citation # (If Is	ssued)			Most H	Iarmful Event	21	23			1		<u>-</u>	5	10 Undercarria	age
	Violation	1: ChSe	ec Violation	2: ChSec	Driver	Contributing (	Code	21 2	24	24					11 Totaled	
L	Violation 3: ChSecViolation 4: ChSec					Underride/Override $25$ Towed $Y$ $7$ 6										
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 Seat Pos.	27 Safety A System	28 Airbag A Status S	29 irbag Ej witch Co	30 31 ect Trap ode Code	32 Injury Status	Transp. Code	Medical Facility	y
	Operator			See Above					1 3	3	99 0	0	8	2	ST. ELIZABETH	╛
	NEAL, KENIS	E	'	CLIFTON ST .ANTA, GA			M	3	1	3	99 0	0	10	1		
1	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist A Ty	/pe	4 Action	15 Lo	ocation	1	6 Co	ndition	17		Hit/Ru	un Mope	ed
	License#StDOB/Age				Reg#_	Reg #										
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Ye	/eh YearVeh MakeVeh Config.										
:	Operator	Decrator Last First Middle					Owner Last First Middle								-	
	Address					Address								.		
	City State Zip					CityStateZip										
	Insurance Company					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)  Event Seguence  22 22 22 22 3 4								e)		
	Vehicle Travel Direction: N S E W Responding to Emergency?  Citation # (If Issued)					Event Sequence 10 Undercarriage								age		
	Violation 1: Ch Sec Violation 2: Ch Sec					Most Harmful Event  Driver Contributing Code  24  24  5 11 Totaled										
	Violation 3: Ch Sec Violation 4: Ch Sec					Underride/Override 25 Towed 8 7 6										
[	Ple	ease fill out for		occupants involved				26 Seat	27 Safety A	28 Airbag A	29 irbag Ej	30 31 ect Trap	32 Injury	33 Transp.		$\dashv$
ľ	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos.	System	Status	Switch C	Code Code	Status			ity
-	*															$\dashv$
ŀ							-	+						+		
			1							- 1						



	Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: →[	1	2	▶ĝ		
Crash Diagram:	ie: ->[			<b>▶</b> ♀	If Crash Did Not On a Public Way:  On a Public Way:  Garage Mall/Shopping Co	g Lot enter
		 -				
Crash Narrative:			<del></del>			
Sedgwick Insurance (866)	-345-2474.					
<u> </u>						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
					1.1010.	
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property	
Truck and Bus Information:	Di-tti #		/F V	-hi-1- Cti)		
Carrier Name				ehicle Section)	Carrier Issuing Authority Cod	35 le
Address						
						36
US DOT #:  Cargo Body Type Code  37  G		38	issuing State	ICC #:	Interstate	
Cargo Body Type Code G	ross Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length	
Hazmat Information:	45				_	42
Placard 40 Material 1 digi	t # 41 Material	Name		Material 4 digit	# Release code	42
JOHN MILDNER			NEV	VTON POLICE DEPARTM	08/31/20	021
Police Officer Name (Please Print)	Signatu	ıre	ID/Badge # D	epartment	Precinct/Barracks Date	<del></del>

CDP1 11 ·24·00