	Poli	ice Use Only		Commonwea	alth o	of Massa	achus	setts			RMV	/ Docui	ment Number		
	Date of Crash 09/01/2021	Time of Crash 12:12 24HR	NEWTON	MIOTOI		icle Cra Report	\	Number Vehicles 2	Number Injured	Latitu	d Limi ude itude_		State Police Local Police MBTA Police Other:	, XI	
						LOCATION > NOT AT INTERSECTION							CTION:	2	
						NORTH 110 PROSPECT ST								2	
1 1	Route# Direc	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway						loadway	/Street	1	
	At					Feet NSEW of or Exit Number									
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of									
2						Route# Intersecting Roadway/Street Feet N S E W of									
² 2						Landmark									
³ 3	XVehicle1 0_#Occupants ☐ Hit/Run ☐ Moped Case I					Number 2100000654									
	The state of the s														
	License # St DOB/Age Sex Lic. Class Lic. Restrictions CDL					Reg # 5XC275 Reg Type PAN Reg State MA Veh Year 2019 Veh Make SUBA Veh Config. 1									
4	Endorsment					Owner ANDERSEN IAN									
1	Operator					Address 5 TENNYSON RD									
	City State Zip					V NEWTON					State	MA	Zip 02465	_	
	Insurance Company AMICA MUTUAL INSURANCE					e Action Prior to	Crash	11 21					Circle Up to Th	ree)	
5	Vehicle Travel Direction: N X E W Responding to Emergency? N Event Sequence 1 22 22 22 22 22 2							3	3 4						
	Citation # (If I	ssued)			Most I	Harmful Event	1 23		_ (_	9		10 Undercar 5 11 Totaled	riage	
	Violation	1: ChSec	c Violation	2: ChSec	Driver	Contributing Co	ode 1	24	24		Á				
⁶ 2	Violation 3: ChSec Violation 4: ChSec					ride/Override	25	Towed	8 <u>N</u>		O)	0		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Pos	6 27 t Safety A . \$vstem	28 29 Airbag Airba Status Swite	g 30 Eject code	31 Trap Code	32 Injury Tra Status Co	33 ansp. ode Medical Faci	ility 2	
	Operator			See Above				System Status pwitch Code Code							
														\dashv	
⁷ 3	Please Select (of the Followi		2 <u>1</u> #Occupant	s Non-Motorist A Typ	pe 1	4 Action 1	5 Location	on 1	Cond	tion	17	Ні	it/Run Mo	ped	
	License# —— St MA DOB/Age					Reg # W20696 Reg Type CON Reg State MA									
	Sex_M Lic. Class B 18 18 Lic. Restrictions 19 1 CDL					Veh Year 2017 Veh Make RAM RAM Veh Config. 13									
⁸ 2	Operator RITZ PATRICK Endorsment Last First Middle					Owner FEENEY BROS EXCAVATION Last First Middle									
	Address 319 PLEASANT ST					Address 103 CLAYTON ST									
	City MARSHFIELD State MA Zip 02050					City DORCHESTER State MA Zip 02122								_	
	Insurance Company ZURICH AMERICAN INSURA					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NXEW Responding to Emergency?N					Event Sequence 2 22 22 22 22 3 4									
	Citation # (If Issued)					Most Harmful Event 2 23 10 Undercarriage									
	Violatio	n 1: ChSe	Driver	Driver Contributing Code 19 24 24											
	Violation 3: ChSecViolation 4: ChSec					Underride/Override 25 Towed N 8 7 6									
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex Po	6 27 t Safety 2 s. System	28 29 Airbag Airba Status Swi	g Eject ch Code	Trap Code		33 ansp. Code Medical Fac	ility	
	Operator/	Non-Motorist		See Above				- 1	4 99	0	0	10 1	NONE		
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