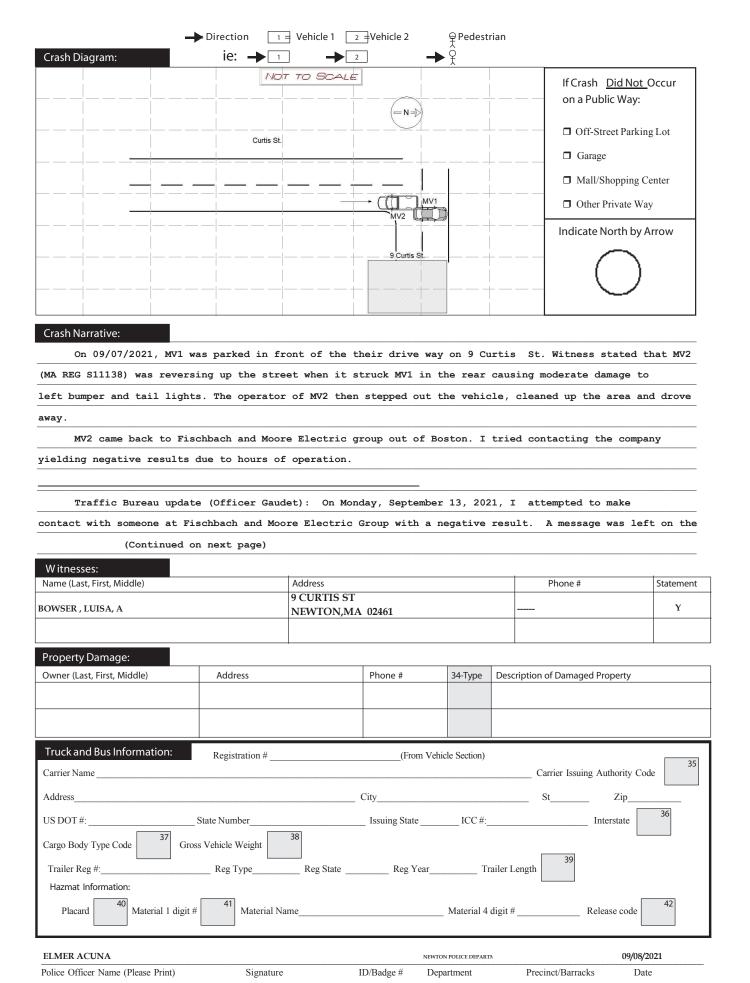
	Poli	ice Use Only		Commonweal	lth o	f Massa	achu	isetts	,		RMV	/ Docum	ent Number		
	Date of Crash 09/07/2021	Time of Crash 20:11 24HR	NEWTON	MIUIUI		icle Cra Report	sh	Number Vehicles 2		ed Lati	ed Limit tude gitude_		State Police Local Police MBTA Police Other:	N N	
					LOCATION > NOT AT INTERSECTION					TION:	2				
						NORTH	9		CURT	TS ST					
1 1	Route# Direction Name of Roadway/Street  At				Route# Direction Address # Name of Roadway/Street						treet	_ 2			
					Feet NSEW of • or Mile Marker Exit Number							-			
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet N S E W of								_	
1	<u> </u>				Route# Intersecting Roadway/Street  Feet N S E W of										
3	Route# Direction Name of Intersecting Roadway/Street					Landmark									
, 	XVehicle 1 0 #Occupants     ☐ Hit/Run     ☐ Moped     Case N					Number 2100000679									
	License # St DOB/Age				Reg # 2PZT96 Reg Type PAN Reg State MA								_		
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year 2006 Veh Make JEEP Veh Config. 1										
4 1	II .		First			CASWELL	t	WHIT	VEY First			Middle		- 7	
	1	Address				Address 9 CURTIS								-	
	1	CityStateZip												ee)	
5	1	Insurance Company PROGRESSIVE DIRECT INSURANCE  Vehicle Travel Direction: N S E W Responding to Emergency? N					Vehicle Action Prior to Crash  11  Damaged Area Code: (Circle Up to Three)  Event Sequence 97 22 22 22 22 2 4								
	]	ssued)		ding to Emergency:		armful Event	97 23	]			M		10 Undercarr	iage	
	`	/		ChSec		Contributing Co		1 24	24		9		5 11 Totaled		
<sup>5</sup> 1	Violation	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7								
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility							ty 2			
	Operator			Address See Above					Status 5v	iten Code	e Code	status Cod	e Medicai Facili	Ly –	
<sup>7</sup> <b>9</b>	Please Select ( of the Followi	IX Vehicle	e2 <u>0</u> #Occupants	Non-Motorist A Type	e 14	Action 1	Loca	ation	16 Cor	dition	17	X Hit/	Run Mop	ed	
	License#	License# St DOB/Age			Reg # S11138 Reg Type CO										
	Sex Lic. Class 18 18 Lic. Restrictions CDL				Veh Year 2016 Veh Make FORD Veh Config. 20										
<b>1</b>	Operator					Owner FISCHBACH AND M <sup>1</sup> ELECTIRC GROUP  Last First Middle								-	
	Address		Address 60 TENEAN ST								-				
	CityStateZip				City_BOSTON State_MA Zip_02122						-				
	Insurance Company TRAVELERS PROPERTY CASUALTY					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								ee)	
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 2 22 22 22 22 3 4 10 Undercarriage							iage		
	Citation # (If Issued)					Most Harmful Event 2 5 11 Totaled 5 11 Totaled									
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 19									
	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					Underride/Override					33	$\dashv$			
	Name (Last Fi	irst Middle)		Address		Age/DOB		Seat Safety Pos. System	Airbag Ai n Status S	rbag Ejec witch Coo	t Trap 1 de Code	Injury Tran Status Co	sp.	lity	
	Operator/	Non-Motorist		See Above							+				
											+			$\dashv$	



•	Direction	1 = Vehicle 1	≥ =Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: →□	1 -	→	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parking	ng Lot
					☐ Garage	
					☐ Mall/Shopping (	Center
					Other Private W	
		 -			Indicate North by	
					indicate North by	Allow
		<u> </u>				
Crash Narrative:	.1					
company's voicemail. I a	also sent the o	company a "Hit	and Run" inqu	iry.		
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Danistastian #		(From Vole	i-1- Cti)		
Carrier Name				icle Section)	Carrier Issuing Authority Co	ide 35
Address			City		St Zip	
US DOT #:						36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Year	Tra	ailer Length 39	
Hazmat Information:					-	
Placard 40 Material 1 digi	t # 41 Material I	Name		_ Material 4 d	ligit# Release code	42
ELMER ACUNA			NEWTO	ON POLICE DEPARTA	09/08/	2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)