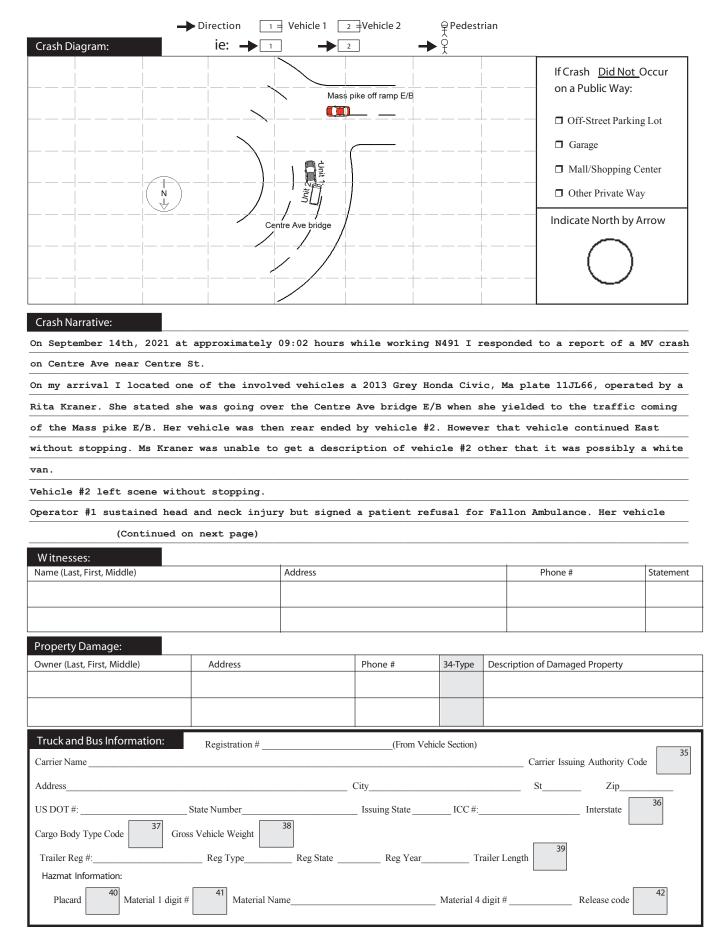
	Poli	ice Use Only		Commonwea	lth o	of Mass	ach	usett	S		RMV	/ Docum	ent Number	
	Date of Crash 09/14/2021	Time of Crash 09:02 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicle 2		d Latin	ed Limit tude gitude_		State Police Local Police MBTA Police Other:	Xi
			RSECTION:		LOCAT		>	_					CTION:	\lnot \vdash
	EAST	Γ CENTR	FAVE		\Box									2
1 1	Route# Direc			oadway/Street		Route# Directi	on A	ddress #		Na	me of R	loadway/S	Street	
1	At MASS PIKE OFF RAMP E/B				Feet NSEW of or								$- ^2$	
	Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number								_	
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street								- -
² 1	Route# Direction Name of Intersecting Roadway/Street				Feet NSEW of									
3			Landmark											
	X Vehicle 1 1 #Occupants Hit/Run Moped Case Number 2100000697											┙		
	License# St MA DOB/Age					Reg # 11JL66 Reg Type PAN Reg State MA								
	Sex_F Lic.	Class D 18 1	Lic. Restrictions	9 CDL		ear_2013		eh Make_	IONDA			Veh Con	nfig. 20	
⁴ 2	Operator KR		RITA	Middle	Owner	MINTSERIS	st	JULIA	First			Middle		- 1
_	Address 1103 MASSACHUSETTS AVE (apt. 7H)				Address 17 LAWNDALE ST									
	City CAMBRIDGE State MA Zip 02138				City BELMONT State MA Zip 02879								-	
-	Insurance Company GOVT EMPLOYEES					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								
5	Vehicle Travel	Direction: N	S X W Respon	nding to Emergency? N	Event Sequence 1 22 22 22 22 2 2 3 10 Undercarriage									.i.a.a.
	Citation # (If I	· ————			Most E	Harmful Event	1	24	24	←	9	$(\mid \mid \mid$	10 Undercari	nage
⁶ 1	1			: ChSec	Driver	Contributing C		1	8		7		6	
1	Violation	Underride/Override Towed N							_					
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB	Sex	26 Safety Pos. System	Airbag Air n Status Swi	29 30 bag Eject tch Code	31 Trap Code	32 Injury Tran Status Coc	de Medical Facili	1 1	
	Operator			See Above				1	4 99	0	0	8 1	NONE	
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>0</u> #Occupants	Non-Motorist A Type	e 1	4 Action	15 Loc	cation	16 Cone	lition	17	X Hit,	/Run Mop	ed
	License#		St	DOB/Age	Reg # Reg Type PAN Reg State MA							_]		
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Ye	Veh YearVeh Make_UNKNOWN Veh Config. 20								
8 4	Operator					Owner Last First Middle							_	
	Address					Address								-
	CityStateZip					City State Zip								_
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)
	Vehicle Travel Direction: NSWW Responding to Emergency? N					Event Sequence 1 22 22 22 22 2 3 4							inga	
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							lage	
	Violatio	n 1: ChSe	Driver Contributing Code 5 24 24 7 6											
	Violation 3: ChSecViolation 4: ChSec					ride/Override		Towe	d_N_		21		33	_
	Pl Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB	Sex	26 27 Seat Safety Pos. Syste	28 Z Airbag Airl m Status Sw	pag Eject	Trap Code	Injury Tran	nsp. ode Medical Faci	lity
	Operator/	Non-Motorist		See Above										



•	Direction	1 = Vehicle 1	2 #Vehicle 2	₹ Pedestr	rian	
Crash Diagram:	ie: →[1	2	→ ĝ		
Crash Diagram:	ie: ->			**************************************	on .	rash Did Not Occur a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way cate North by Arrow
Crash Narrative:						
didn't need to be towed.						
				,		
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	# Statement
Property Damage:		·				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	 aged Property
o mier (2034) i magne)	7.00.035		1 110110 11	3.1)pc	Description of Dame	gearroperty
Touch and Daylofe was the						
Truck and Bus Information:			(From	Vehicle Section)		35
Carrier Name					Carrier Issu	uing Authority Code
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC#:		Interstate 36
27		38	issuing state	ICC#		Interstate
Cargo Body Type Code G	ross Vehicle Weight	30				
Trailer Reg #:	Reg Type	Reg State	Reg Ye	ar Tr	ailer Length 39	
Hazmat Information:					-	
40	41	NT		**	11. 12. 11	D. 1. 42
Placard Material 1 digi	t # Material	Name		Material 4	digit #	Kelease code
THOMAS J MCCARTHY				NEWTON POLICE DEPARTS		09/14/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)