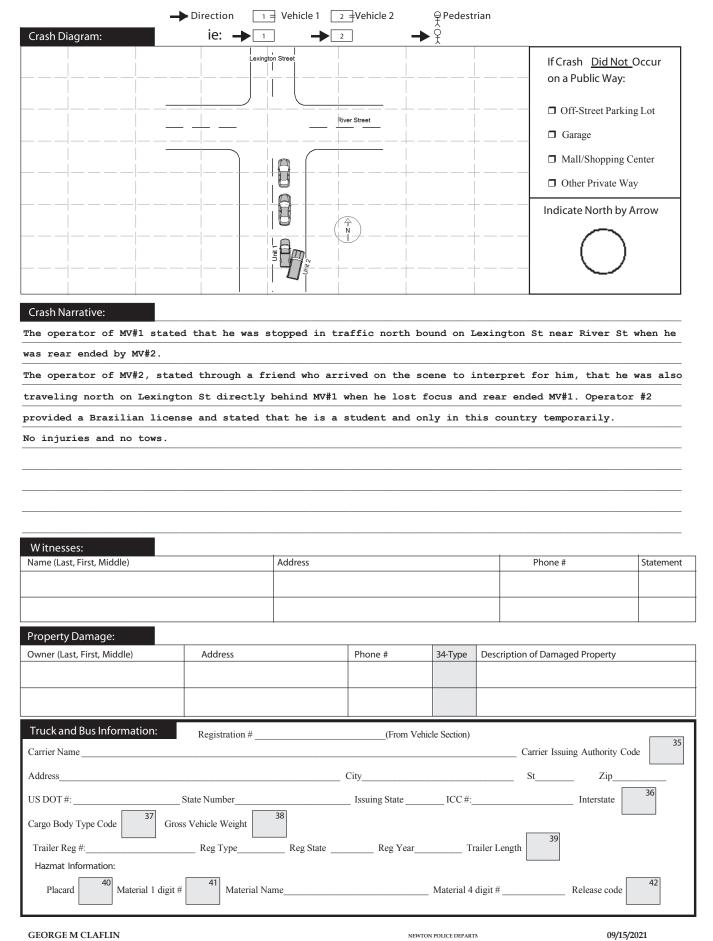
	Poli	ce Use Only		Commonwea	lth o	of Massa	achu	setts	5		RM	V Docur	ment Number		
	Date of Crash 09/15/2021	Time of Crash 13:50	City/To	wn Motor	Veh	icle Cra	sh	Number			ed Limi		State Police Local Police MBTA Police	N N	
	09/13/2021	24HR				Report		2	0		ngitude_		Other:		
		AT INTERSECTION: <					OCATION > NOT AT INTERSECTION							2	
	NOR	TH LEXING	GTON ST											2	
$\begin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street									
	At RIVER ST					Feet NSEW of • or									
	Route# Direc	tion N	Mile Marker Exit Number									_			
			ection with	Feet N S E W of Route# Intersecting Roadway/Street									- <u>1</u>		
2 2	Route# Direct	tion	Feet NSEW of												
3	_		Landmark												
	Wehicle 1 1 #Occupants												_		
	License#		St MA		Reg # V15522 Reg Type CON Reg State MA										
	Sex_M Lic. 0		Lic. Restriction	CDL	Veh Ye	Veh Year 2019 Veh Make CHEV Veh Config. 20 Owner ELECTRIC COMPAN' NSTAR Last First Middle									
⁴ 3	Operator BOY	VA Last	Owner ELECTRIC COMPAN' NSTAR Last First Middle												
3	Address 32 SUMMIT RD					Address 107 SELDEN ST									
	City HOLBROOK State MA Zip 02343					City BERLIN State CT Zip 06037									
	Insurance Com	pany_LIBERTY !	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)												
5 1	Vehicle Travel	Direction:	S E W Resp	onding to Emergency? N	Event	Sequence 1	22 22		22	2	<u> </u>		④		
	Citation # (If Is	ssued)			Most I	Harmful Event	1 23		24	1 📥	9		10 Undercar 5 11 Totaled	riage	
6	Violation	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24													
⁶ 1		Violation 3: ChSec Violation 4: ChSec Underride/Override													
	Please 1	fill out for opera								ansp. ode Medical Facil	11 11 11 11 11 11 11 11 11 11 11 11 11				
	Operator	Operator See Above				1 4 4 0 0 10 1 NC						NONE			
⁷ 2	Please Select C of the Followii	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Typ	pe 1	4 Action 1	Loca	ition	16 Co	ndition	17	Ні	it/Run Mo	ped	
	License#		St	Reg # 9FY151 Reg Type PAS Reg State N							State_MA	_			
	Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL					Veh Year 2017 Veh Make FORD						Veh Config. 20			
⁸ 1	Operator EVARISTO DE LUCE WALLACE Endorsment					Owner (Same as operator)									
1	Address 18 WILLARD ST					Last First Middle Address									
	City MALDE	N	Sta												
	Insurance Com	pany GEICO			Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									ree)	
Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22								2	3 4						
	Citation # (If Issued)								10 Undercar 5 11 Totaled	riage					
	Violation	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 24													
	Violation	Violation 3: ChSec Violation 4: ChSec Underride/Override Towed Y											(Q		
		Please fill out for operator and all occupants involved Name (Last First Middle) Address					26 27 28 29 30 31 32 33 32 33 34 32 33 34 34							ility	
		Non-Motorist		See Above				· 1		4 0	0	10 1			
								+							



CDP1 11 ·24·00

Police Officer Name (Please Print)