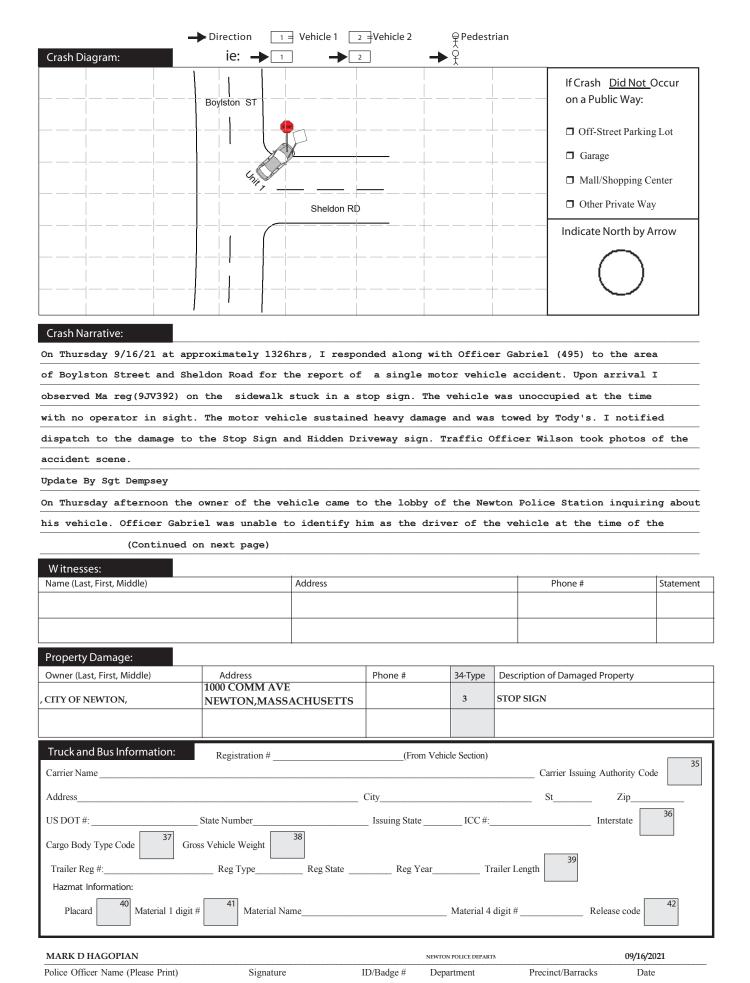
	Poli	ice Use Only		Commonweal	lth o	of Massa	achu	isetts		F	RMV Doc	ument Numbe	er	
	Date of Crash 09/16/2021	Time of Crash 13:26 24HR	City/Town	MIOTOI		icle Cra Report	sh	Number Vehicles 1			Limit <u>25</u> leude	State Polic Local Polic MBTA Pol Other:	e De XI	
		AT INTER	SECTION:		OCAT		>		NOT	AT I	NTERSI	ECTION:		
		BOYLS	TON ST										2	
1 1	Route# Direc			oadway/Street		Route# Direction	on Ad	dress #		Name	of Roadwa	ay/Street		
_		At SHELDON RD					Feet N S E W of • or							
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Mile Marker Exit Number								
			Feet N S E W of Route# Intersecting Roadway/Street								-			
² 2	Route# Direc	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of								
3				ig Koadway/Street							Landmark	C		
	XVehicle1	#Occupants	Hit/Run	Moped Case N	Number		21	.00000714						
	License#		St	DOB/Age	Reg#	9JV392			_ Reg Tyj	e PAN	Re	eg State MA		
	Sex Lic.	Class 18 18	Lic. Restrictions	CDL		ear_2011					Veh (Config. 1	20	
⁴ 5	Operator	Operator Last First Middle				Owner CARTER-HAWKINS DAASON Last First Middle								
J		Address Address Address				29 (apt. 2) AL	PHA RI	D						
	City State Zip					City BOSTON State MA Zip 02124								
	Insurance Com	pany ARBELLA				Action Prior to		3		amaged A		(Circle Up to	Three)	
5 1	Vehicle Travel	Direction: N	X E W Respon	ding to Emergency? N	Event S	Sequence 23 2			22 0		3	4		
	`	ssued)			Most F	Iarmful Event	23		24 0	← `	9	10 Under	~	
6	1			ChSec	Driver	Contributing Co		10 24				ر 6		
⁶ 2		3: ChSec	Underride/Override Towed Y											
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex S	26 27 Seat Safety Sos. System	28 29 Airbag Airba Status Swite	g Eject T h Code C	31 32 rap Injury Code Status	Transp. Code Medical F	acility	
	Operator			See Above										
⁷ 3	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Type	e 1	4 Action 1	Loca	ution	16 Condi	tion	17	Hit/Run M	Noped	
	License#StDOB/Age					Reg #								
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					Veh YearVeh MakeVeh Config.								
8 4	Operator	Derator Last First Middle				Owner Last First Middle								
	Address		Address											
	CityStateZip					City State Zip								
	Insurance Com	pany	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)											
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 2 3 4 10 Undercarriage								
	Citation # (If Issued)					Most Harmful Event 1 5 11 Totaled								
	Violatio	n 1: ChSe	Driver Contributing Code 24 24 8 7 6											
		n 3: ChSe	Underride/Override Towed											
	Pl Name (Last Fi		operator and all or	ecupants involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 29 Airbag Airba Status Swit	g Eject T ch Code	rap Injury Code Status	Transp. Code Medical	Facility	
	Operator/	Non-Motorist		See Above										



CDP1 11 ·24·00

•	Direction	1 =	Vehicle	' L	2 =Vehicle 2		Pedestr	ian		
Crash Diagram:	ie: →[1	_	→ [2	→ (Ć T			
	ie: →[If Crash Did Not Coon a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by Ar	Lot
Crash Narrative:										
crash.										
This matter is still unde	er investigation	on.								
Witnesses:										
Name (Last, First, Middle)		- 1	Address						Phone #	Statement
Property Damage:										
Owner (Last, First, Middle)				Phone #		34-Туре	Desc	ription of Damaged Property		
Truck and Bus Information:	Registration #				(From	n Vehicle	e Section)			
Carrier Name		(Carrier Issuing Authority Code	35	
Address					City				St Zip	
										36
US DOT#:	State Number				Issuing State		ICC #:_		Interstate	30
Cargo Body Type Code 37 G	ross Vehicle Weight	3	38							
Trailer Reg #:	Reg Type		Reg Sts	ate	Reg Ve	ear	Tra	ailer L	ength 39	
Hazmat Information:	105 1 ypo				105 10		110	1		
40	41									42
Placard Material 1 digi	t # Materia	l Nam	ne			N	Material 4 o	digit#	Release code	
MARK D HAGOPIAN						NEWTON P	POLICE DEPARTM		09/16/20	21

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)