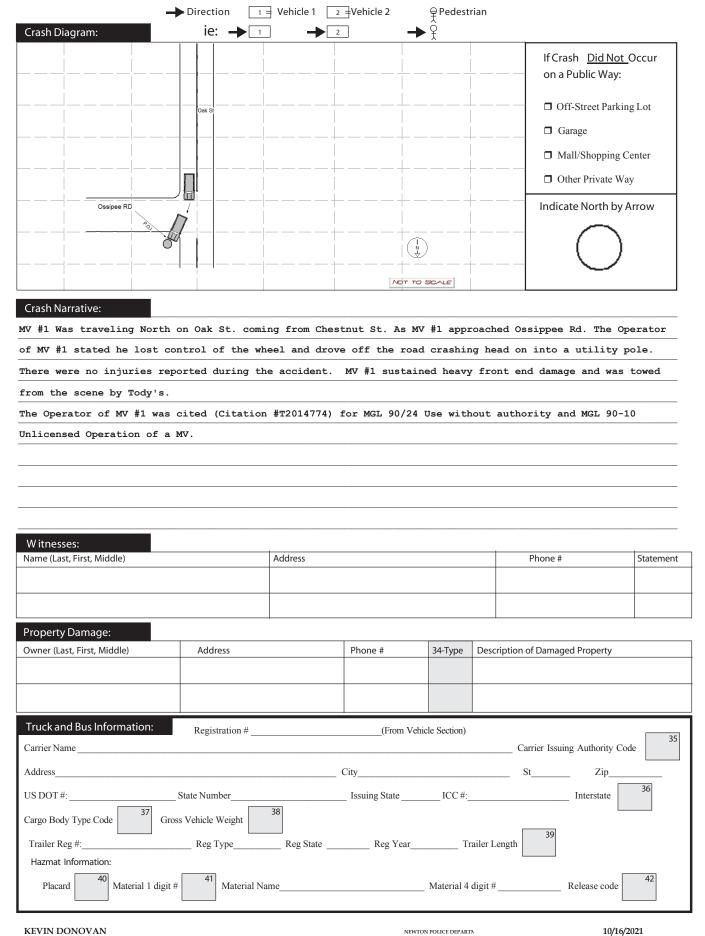
	Poli	ice Use Only		Commonweal	lth o	of Mass	ach	usetts	}		RMV	/ Docun	nent Number			
	Date of Crash 10/16/2021	Time of Crash 02:26 24HR	City/Town	MIOTOI		icle Cra Report	sh	Number Vehicles 1		Latit	ed Limit tude gitude_		State Police Local Police MBTA Police Other:	Xi O		
		AT INTER	RSECTION:		OCAT		>		NOT	AT	INTE	ERSEC	CTION:			
		OAK S	Γ											2		
1 <b>4</b>	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street										
	At OSSIPEE RD					Feet NSEW of or								_   4		
	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 <b>1</b>	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of										
3						Landmark										
	X Vehicle 1	1_#Occupants	Number	mber 2100000836												
	License#StDOB/Age					Reg # 457P70 Reg Type PAN Reg State MA										
	Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2017 Veh Make HONDA Veh Config. 1										
4	Operator VILELLA ALFREDO Endorsment  Last First Middle					Owner MURRAY ROSE										
1		Address 966 CHESTNUT ST					Address 966 CHESTNUT ST									
	City NEWTON State MA Zip 02464					EWTON					_ State_	MA Z	Zip <u>02464</u>	_		
	Insurance Company FARMERS					Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)										
5	Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 22 22															
	Citation # (If Issued) T2014774					Most Harmful Event 22 23 10 Undercarriage 5 11 Totaled								riage		
-	Violation	1: Ch90/10/Sec	Violation 2	ChSec	Driver	Contributing C	ode	9 24	24	_						
<sup>6</sup> 1	Violation 3: ChSec Violation 4: ChSec					ide/Override	25	Towe	ed <u>Y</u>		7		6			
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 27 Seat Safety Pos. \$ystem	28 2 Airbag Airb Status Swit	9 30 ag Eject ch Code	Trap Code	32 Injury Tra Status Co	33 nsp. de Medical Facil	ity 22		
				See Above				1	3 4	0	0	10 2	NWH			
7	Diagram Calacte	)			1.	4	15		16		17					
3	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Type	e l	Action		cation	Cond	ition	17	Hit	t/Run Mop	ed		
	License#StDOB/Age					keg# Reg Type Reg State										
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					ch Year Veh Make Veh Config.								_		
<sup>8</sup> <b>2</b>	Operator					Owner										
	Address	Last	Last First Middle Address													
	City State Zip															
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: N S E W Responding to Emergency?					Event Sequence 22 22 22 2 3 4										
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled										
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24										
	Violatio	n 3: ChSe	Underride/Override 25 Towed 8 7 6													
	Please fill out for operator and all occupants involved Name (Last First Middle) Address							26 27 Seat Safety	28 2 Airbag Airb	9 30 Eject	31 Trap	Injury Tra	33 nsp.	1:4-		
		rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Syster	n Status Sw	tch Cod	e Code	Status C	ode Medical Faci	lity		
	*															
												++				
						1										



CDP1 11 ·24·00

Police Officer Name (Please Print)