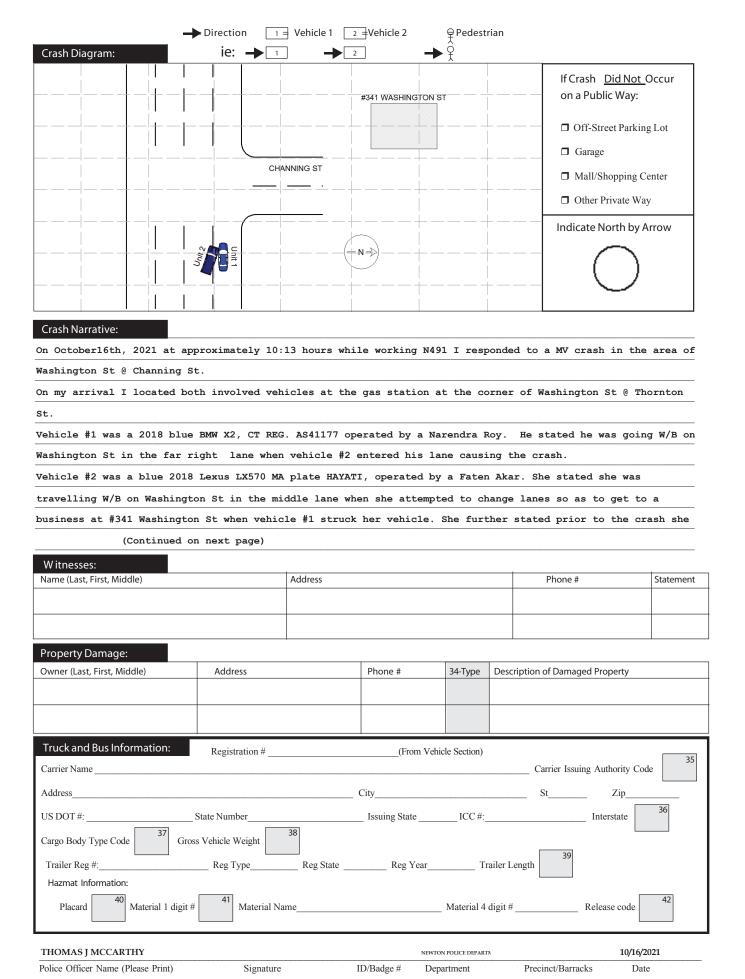
	Poli	ce Use Only		Commonwea	alth o	of Massa	achu	isetts			RMV	Docum	ent Number	
	Date of Crash 10/16/2021	Time of Crash 10:13 24HR	NEWTON	1410101		icle Cra Report	sh	Number Vehicles 2		Latit	ed Limit tude gitude_		State Police Local Police MBTA Police Other:	Xi
			RSECTION:		LOCAT	_	>						TION:	\neg \vdash
	WES ⁻	г WASHI	INGTON ST											2
1 1	Route# Direc			Roadway/Street		Route# Direction	on Ad	dress #		Naı	me of R	oadway/S	Street	$ 2^1$
_	Route# Direction Name of Intersecting Roadway/Street				Feet NSEW of or									
					Mile Marker Exit Number							_		
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street							- 1	
2 1	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of									3
3						Landmark								
	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		21	.00000837						
	License# St CT DOB/Age					Reg # AS41177 Reg Type PAN Reg State CT								_
	Sex_M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL_Endorsment				Veh Year 2018 Veh Make BMW Veh Config. 20									
4 1	Operator RO	Operator ROY NARENDRA Last First Middle				(Same as ope	rator)		First			Middle		- 1
		INDING RIDGI	EWAY		Address									
	City DANBURY State CT Zip 06810				CityStateZip									
-	Insurance Company PROGRESSIVE					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								;e)
5	Vehicle Travel	Direction: N	S E X Resp	onding to Emergency? N	Event	Sequence 1	22 22		22 2		3	77	4	
	Citation # (If I	ssued)			Most I	Harmful Event	1 23		24 1	+	9		10 Undercarri 5 11 Totaled	iage
6				2: ChSec	Driver	Contributing Co			24 8		() O		6	
⁶ 1	Violation 3: ChSecViolation 4: ChSec					ride/Override	25	Towe	d_N					
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex S	26 27 Seat Safety Pos. System	28 Airbag Airt Status Swi	9 30 Eject ch Code	31 Trap I Code S	32 njury Tran status Cod	sp. e Medical Facili	1 1
	Operator			See Above				1	4 99	0	0	10 1		
⁷ 3	Please Select C of the Followi		2 <u>1</u> #Occupant	s Non-Motorist A Ty	/pe 1	4 Action 1	Loca	ntion	16 Conc	lition	17	Hit/	'Run Mop	ed
	License# St MA DOB/Age				Reg#	Reg # HAYATI Reg Type				pe_PAN	e PAN Reg State MA			
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Ye	T ENTIC					Veh Con	20		
8 4	Operator FATEN AKAR Endorsment				Owner FOREIGN MOTORS 1									_
4	Address 356 VILLAGE ST First Middle					Address 9 ELIOT ST								_
	City_MEDWAY State_MA Zip_02053				City NATICK State MA Zip 017						ip 01760	_		
	Insurance Company TRAVELERS				Vehicle	e Action Prior to	o Crash	5 2	<u>1</u>	Damage	d Area	Code: (Ci	ircle Up to Thre	e)
	Vehicle Travel Direction: NSEN Responding to Emergency? N					Event Sequence 1 22 22 22 22 23 4								
	Citation # (If I	tation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							iage
	Violatio	Driver Contributing Code 9 24 24												
	Violation 3: ChSec Violation 4: ChSec					Underride/Override Z5 Towed N 8 7 6								
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB	Sex	26 27 Seat Safety Pos. System	28 2 Airbag Airb Status Sw	9 30 ag Eject itch Code	31 Trap I	32 njury Status Coo		lity
		Non-Motorist		See Above				System	J DW			10 1		
														_



•	Direction 1	☐ Vehicle 1	≥ =Vehicle 2	Pedestri	an			
Crash Diagram:	ie: →□		2 →	₽ Ŷ				
					If Crash <u>Did Not C</u> on a Public Way:	Occur		
					☐ Off-Street Parking	r Lot		
						g Lot		
		-			Garage			
					☐ Mall/Shopping Ce			
					☐ Other Private Way			
					Indicate North by A	rrow		
Crash Narrative:								
was already half in the	other lane when	vehicle #1 ca	me from her r	ear and ne	ever saw him.			
Witnesses:								
Name (Last, First, Middle)		Address			Phone #	Statement		
Property Damage:						1		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property			
Truck and Bus Information:	Danietasti as #		(France VI-1	nicle Section)				
Carrier Name				Carrier Issuing Authority Cod	e 35			
Address			City		St Zip			
US DOT #:						36		
27	ross Vehicle Weight	38						
Trailer Reg #:		Reg State	Reo Vear	Tro	iler Length			
Hazmat Information:	105 1ypc	Nog State		11a	Zviigiii			
Placard 40 Material 1 dig	it # 41 Material N	Name		_ Material 4 d	ligit# Release code	42		
THOMAS J MCCARTHY				ON POLICE DEPARTM	10/16/01	10/16/2021		

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)