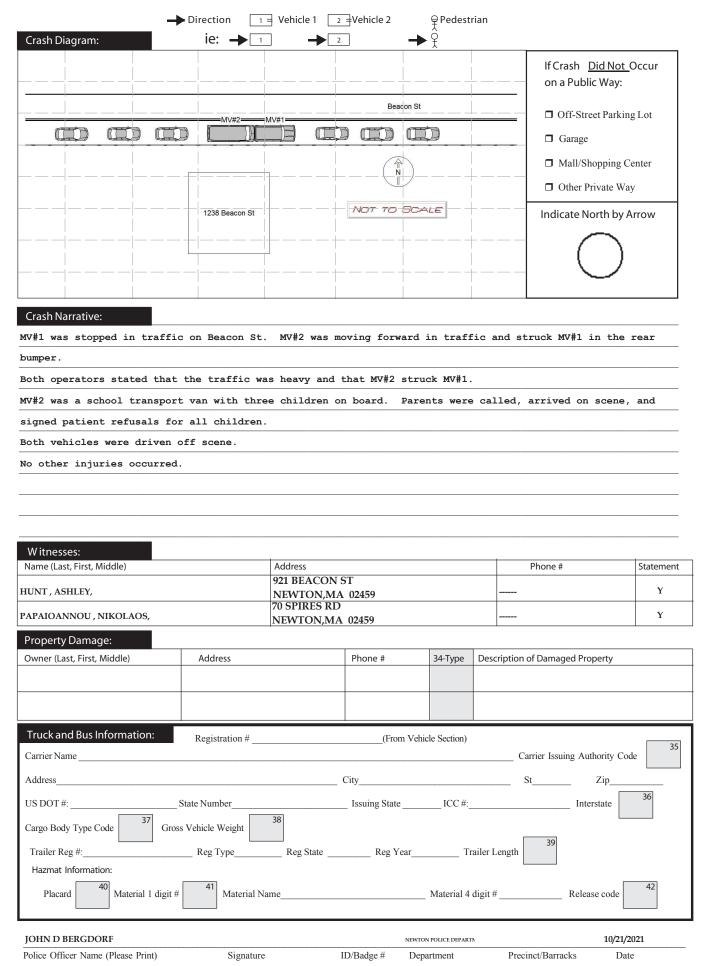
	Poli	ice Use Only		Comi	nonwealt	h o	f Massa	ach	use	etts			ŀ	RMV	Docu	umen	t Number		
	Date of Crash 10/21/2021	Time of Crash 15:36	City/ NEWTON	Γown	Motor V	⁷ ehi	cle Cra	sh		mber hicles	Nun		Speed atitud			St	ate Police ocal Police BTA Police	<u> </u>	
	10/21/2021	24HR			Polic	e R	Report		2		0		Longit			Ot	ther:		
		AT INTER	RSECTION	:	< LO	CAT	ION :	>			N	OT A	II T	NTE	RSF	ECTI	ION:		9
						EAST 1238 BEACON ST													
1	Route# Direc	tion	Name	of Roadway/Stre	et	R	oute# Directio	n A	ddres	s #			Name	of R	oadwa	ıy/Stre	et	$ \frac{1}{2}$	10
	At					Feet NSEW 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								- _	11				
2 1	Poute# Direc	tion	Name of Inter	secting Pondway	Street	_ -	Feet N	SE	W	of								2	11
3	Route# Direction Name of Intersecting Roadway/Street					Landmark									-				
	XVehicle1	#Occupants	Hit/Ru	n Mor	oed Case Nur	nber		2	10000	00849								┛	
	License#		St		R	Reg # <u>51</u>	MY454				_Reg	Type_	PAN		Re	g State		_	
	Sex_F_ Lic.	Class D 18 1	Lic. Restrict	ons B 19	CDL V	/eh Yea	ar_2020	Ve	eh Ma	ke_AC	CURA				Veh C	Config.	20		
4 1		EMANN Last			ndorsment C	Owner _	(Same as oper	ator)			Firs	t			Mide	dle		- 1	12
	Address 563 Q	UINOBEQUIN			A	Address												- -	_
	City NEWTO	N		State MA Zip	02468	City								State_		_Zip_		-	
	Insurance Com	pany GEICO			V	/ehicle	Action Prior to			2			aged A		Code:	`	e Up to Thre	ee)	
5	Vehicle Travel	Direction: N	S X W	esponding to Em	ergency? <u>N</u> E	Event Se	equence 1 2			22	22	2		3	\overline{A}	4	1011 1		
		ssued)				Aost Ha	armful Event	1 2			24	1	- `	9			10 Undercarr 11 Totaled	nage	
⁶ 1		1: ChSec					Contributing Co	ode 2	1	24		8		7	\sum) 6			
1		3: ChSec				Jnderrio	de/Override			Towed		29	30	31	32	33		_	13
	Name (Last Fir		ator and an oc		Address		Age/DOB		Seat Pos.	27 Safety System	Airbag Status	29 Airbag Switch	30 Eject T Code C	31 rap I code S		Γransp. Code	Medical Facili	1	
	Operator			Se	e Above					99	4	99	0 (0	10	1			
7 1	Please Select C		2 <u>4</u> #Occup	ants Non-l	Motorist A Type	14	Action 1:	5 Loc	cation	1	16 C	onditio	1	17		Hit/Ru	п Мор	ed	
	of the Followi	ng:			,													_	
	License # St MA DOB/Age St 19					Reg # 109003 Reg Type SPN Reg State MA								-					
8	Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsment Operator LESTER BRIAN					Veh Year 2019 Veh Make FORD Veh Config. 97 Owner JSC TRANSPORTATI													
°1		Last	First		Middle	_	Last	t			Firs	t			Mide	dle		-	
	Address 189 BOSTON POST RD (apt. 012) City SUDBURY State MA Zip 01776					Address 224 CALVARY STREET City WALTHAM State MA Zip 02452								-					
	Insurance Company NATIONAL INTERSTATE INSURANCE					Damaged Area Code: (Circle Un to Three)									ee)				
	Vehicle Travel Direction: N S W Responding to Emergency? N					Event Sequence 1 22 22 22 22 3 4													
	Citation # (If Issued)					Most Harmful Fuent 23 10 Undercarriage								iage					
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 24							4	5 11 Totaled											
	Violatio		Underride/Override 25 Towed N 8 7 6																
		ease fill out for	operator and	all occupants in				6	26 Seat	27 Safety	28 Airbag	29 Airbag	30 Eject T			33 Fransp.			
	Name (Last Fi	rst Middle) Non-Motorist		Se	Address e Above		Age/DOB	Sex	Pos.	System	Status 4	Switch	Code	Code	Status 10	Code 1	Medical Faci	lity	
	HEMANI, NO	RAH		21 BEACON ST	2459			F	11	99	4		0 (1		\dashv	
	PAPAIOANNO	OV, ELISAVET	5	NEWTON, MA 0 0 SPIRES RD				F	11	99	4		0			1			
				NEWTON, MA 0														\dashv	
	FISCHER, NA	TASHA		NEWTON, MA				F	11	99	4	99	0 (0	10	1			



	→ Direction 1	delicle 1 ☐ 2	y ≠Vehicle 2	₽ Pedestria:	n	
Crash Diagram:	ie: → 1	→ [2	<u>-</u>	₽Ŷ		
Crash Diagram:	Ie: -> 1			**************************************	If Crash Did No on a Public Way Off-Street Park Garage Mall/Shopping Other Private V	ing Lot Center
)
	· — — — — —					
Crash Narrative:						
Crasii Narrative:						
W itnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
		50 CARLSON				
FISCHER , KARINA,		NEWTON,MA	A 02459		******	Y
Property Damage:		1				
Owner (Last, First, Middle)	Address		Phone #	34-Type D	Description of Damaged Property	
Owner (Last, First, Middle)	Address		FIIOTIE #	34-Type D	escription of Damaged Froperty	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		25
Carrier Name					Carrier Issuing Authority (Code 35
Address			City		St Zip	
					1	36
US DOT#:	State Number	38	Issuing State	ICC#:	Interstate	
Cargo Body Type Code 37	Gross Vehicle Weight	58				
Trailer Reg #:	Reg Tyne	Reg State	Reo Vear	Traile	er Length	
Hazmat Information:	Reg Type	Neg state	Neg i cai	114110	or Longui	
40	<u> </u>					42
Placard Material 1 dig	git # Material N	ame		Material 4 dig	git # Release code	72
IOUN D DEPCEORE					10.56	1/2021
JOHN D BERGDORF	C:			WTON POLICE DEPARTM		1/2021
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	ate