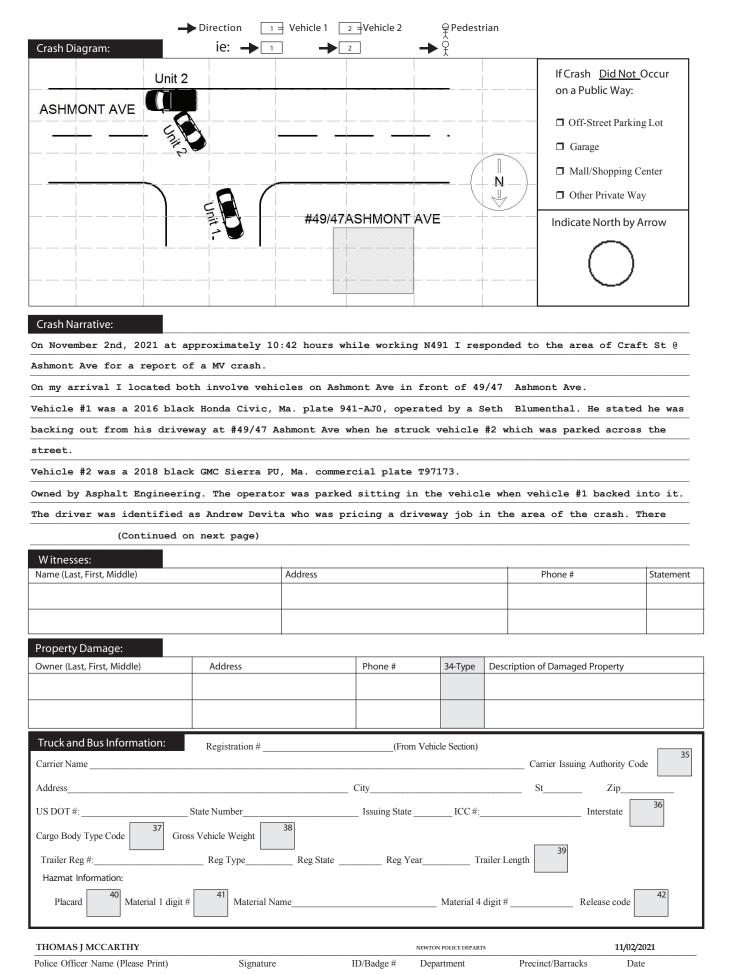
	Poli	ice Use Only		Commonwe	ealth o	of Mass	ach	use	tts		RM	V Docu	ıment	Number	
	Date of Crash 11/02/2021	Time of Crash 10:42 24HR	NEWTON	141010		icle Cra Report	sh	Num Vehi 2		ured L	peed Lim atitude _ ongitude		Sta Lo MI Otl	te Police   cal Police   BTA Police   her:	
			RSECTION:	<	LOCA		>		N		T INT		ECTI	ON:	
						WEST 49/47 ASHMONT AVE									
1 <b>L</b>	Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Street						et	_ 2		
						Feet NSEW of • or Mile Marker Exit Number							it Number	F	
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet NSEW of									
1	1				Route# Intersecting Roadway/Street  Feet N S E W of								3		
1	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	XVehicle 1 1_#Occupants ☐ Hit/Run ☐ Moped Case ☐					Number 2100000888									
	License#		St M	A DOB/Age	Reg#	941-AJ0			Ra	a Type P	AN	Pο	n State	MA	4
	Sex M Lic. Class D 18 18 Lic. Restrictions 9 CDL					Reg # 941-AJ0         Reg Type PAN         Reg State MA           Veh Year 2016         Veh Make HONDA         Veh Config.         1									
1		Operator BLUMENTHAL SETH Endorsment				(6)									1
1	Address 49 As	Address 49 ASHMONT AVE				Owner Game as operator)  Last First Middle  Address									+
	City NEWTON State MA Zip 02458					CityStateZip									
	Insurance Company SAFETY				_ Vehicl	Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								)	
	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency? N	_ Event	Sequence 2	22	22 2	22 22	2	3	$\overline{}$	4		
	Citation # (If I	ssued)			Most	Harmful Event	2	23		1	. 9	$\left  \cdot \right $		0 Undercarria 1 Totaled	ge
	Violation	1: ChSe	ec Violation	n 2: ChSec	Driver	Contributing C		19 24	24			<u>\</u>			
1	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 Seat Sa Pos. Sy	27 28 afety Airbag ystem Status	29 Airbag E Switch C	30 Trap ode Code	32 Injury I Status	33 Fransp. Code	Medical Facility	2
	Operator			See Above				1	1 4	99 0	0	10	1	NONE	
1	Please Select ( of the Followi		le2 <u>1</u> #Occupan	ts Non-Motorist A	Гуре	Action Action	15 Lo	cation	16	Condition	17	□.	lit/Rur	п Море	d
	License#	License#St MA DOB/Age				Reg #         T97173         Reg Type         CON         Reg State         MA									
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Y	Veh Year 2018 Veh Make GMC Veh Config. 2									
1	Operator DEVITA ANDREW  Last First Middle Middle					Owner ASPHALT ENGINEEI  Last First Middle									
	Address 113 CAROLE LN				_	Address 190 FARM ST									
	City WHITINSVILLE State MA Zip 01588				_ City_	City BELLINGHAM State MA Zip 02019									
	Insurance Company EMPLOYEES MUTUAL CASUALTY				_ Vehicl	Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								)	
	Vehicle Travel Direction: NSEW Responding to Emergency? N				_ Event	Event Sequence 22 22 22 22 2 3 4 10 Undercarriage							ge		
	Citation # (If Issued)				Most Harmful Event 1 5 11 Totaled								50		
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code									
		Violation 3: ChSecViolation 4: ChSec  Please fill out for operator and all occupants involved				ride/Override		To	wed N	-	30   31	32	33		4
	Name (Last Fi	irst Middle)	operator and at	Address		Age/DOB	Sex	26 Seat Sa Pos. S	27 28 afety Airbag System Statu	29 Airbag E Switch	30 Trap Code Code	Injury I	Code	Medical Facilit	y_
	Operator/	Non-Motorist		See Above								10	1	NONE	$\perp$
														_	



	→ Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestr	ian				
Crash Diagram:	ie: → 1	<b>→</b> [	2	<b>&gt;</b> ♀					
				 		If Crash <u>Did Not</u> On a Public Way:	Occur		
						☐ Off-Street Parking	g Lot		
						☐ Garage			
						☐ Mall/Shopping Co	enter		
			<del> </del>			☐ Other Private Way			
			++-			Indicate North by A	rrow		
	 		 <del> </del>						
	į					( )			
Crash Narrative:									
were no injuries due to	this crash and ne	either vehic	ele was towed.						
W.**									
W itnesses: Name (Last, First, Middle)		Address			P	Phone # Sta			
Property Damage:									
Owner (Last, First, Middle)	Address	Phone # 34-Ty			Description of	Damaged Property			
Truck and Bus Information:	Pagistration #		(From Vo	hicle Section)					
Carrier Name		·				_ Carrier Issuing Authority Code 35			
Address City St Zip									
US DOT#:	State Number		Issuing State	ICC #:_		Interstate	36		
Cargo Body Type Code 37	Gross Vehicle Weight	38							
Trailer Reg #:		Reg State	Reg Year	Tra	ailer Length	39			
Hazmat Information:					<i>5.</i>				
Placard 40 Material 1 d	ligit # 41 Material Na	ame		Material 4	digit #	Release code	42		
THOMAS J MCCARTHY			NEW	FON POLICE DEPARTS	۸	11/02/2021			

ID/Badge #

Department

Precinct/Barracks

Date

Signature

CDP1 11 ·24·00

Police Officer Name (Please Print)