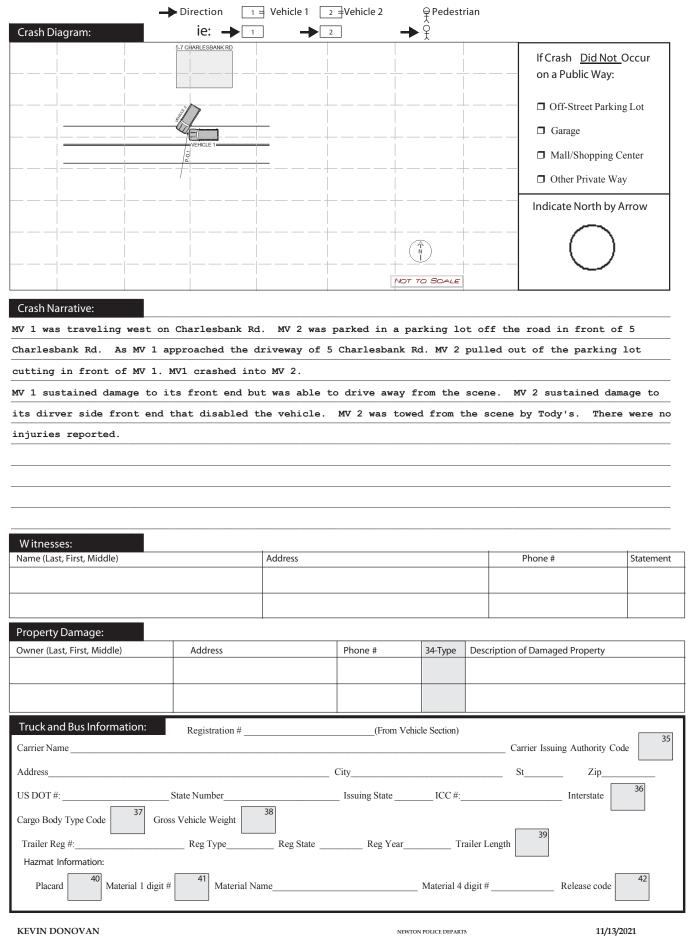
	Pol	ice Use Only		Commonwe	alth (of Mass	ach	uset	tts		RM	V Doci	ument l	Number			
	Date of Crash 11/13/2021	Time of Crash 11:12 24HR	NEWTON	MIOLO		iicle Cra Report	ash	Num Vehi		ured La	need Lim ntitude _ ngitude		Stat Loc MB Oth	te Police cal Police BTA Police ner:	NA NA NA		
		AT INTE		LOCATION > NOT AT INTERSECTIO								ON:	_ 				
				WEST 5 CHARLESBANK RD													
${f 1}^1$	Route# Direc	oute# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street								_ 2		
						Feet NSEW of or Exit Number											
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of											
2 1	1					Feet NSEW of Route# Intersecting Roadway/Street											
	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Landmark										
3	XVehicle1	_1_#Occupants	e Number	Number 2100000938													
	License# St MA DOB/Age					Reg # RS57CN Reg Type PAS Reg State MA											
	Sex_F Lic. Class D 18 18 Lic. Restrictions T 19 CDL_Endorsment					Veh Year 2012 Veh Make FORD Veh Config. 1											
4 1		Operator COGAN SAVANNAH					Owner COGAN LAURA Last First Middle Address 21 WADSWORTH RD										
	Address 52 ARLINGTON ST					NORTH READ		KD				MA	O1	1864			
	City NEWTON State MA Zip 02458 Insurance Company AMICA MUTUAL								21						;)		
5	1	Direction: N		Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 4													
	Citation # (If I			ponding to Emergency? N	-	Harmful Event	1 2	3				A		0 Undercarria	ge		
-	Violation	1: ChSe	ec Violatio	Drive	Driver Contributing Code 1 24 24												
⁶ 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 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 stem Status	29 Airbag Ej Switch Co	30 Trap ode Code	32 Injury Status	Transp. Code	Medical Facility	_ 1		
	Operator			See Above				1	4	4 0	0	10	1]	NONE			
															_		
7																	
1	Please Select (of the Followi	I X Vehicl	le2 1_#Occupar	Non-Motorist A T	уре	Action Action	15 Lo	cation	16	ondition	17	□ ŀ	Hit/Run	Море	d		
	License # St MA DOB/Age					Reg # 2NDR95 Reg Type PAN Reg State 1						MA 20					
	Sex M Lic. Class D Lic. Restrictions B CDL					Veh Year 2020 Veh Make TOYOTA Veh Config. 1											
2	Operator RODRIGUEZ-VASQL MAURICIO Last First Middle						erator)		Fir	t		Midd	dle				
	Address 11 ORCHARD ST (apt. 3) City NEWTON State MA Zip 02458					Address											
	Insurance Company GEICO					City State Zip Damaged Area Code: (Circle Up to Three)											
	Vehicle Travel Direction: NSEW Responding to Emergency?N					Event Sequence 1 22 22 22 22 2 3 4											
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled											
	Violatio	on 1: ChS	Drive	Driver Contributing Code 4 24 24													
	Violation 3: ChSecViolation 4: ChSec					ride/Override	2		wed Y	Q	7	1 '	6				
	Pl Name (Last Fi		r operator and al	l occupants involved Address		Age/DOB	Sex		27 28 afety Airbag system Statu	29 Airbag Ej Switch C	30 31 ect Trap Code Code		33 Fransp. Code	Medical Facilit	у		
	Operator/	Non-Motorist		See Above				1	4	4 0	0	10	1 N	IONE			



CDP1 11 ·24·00

Police Officer Name (Please Print)