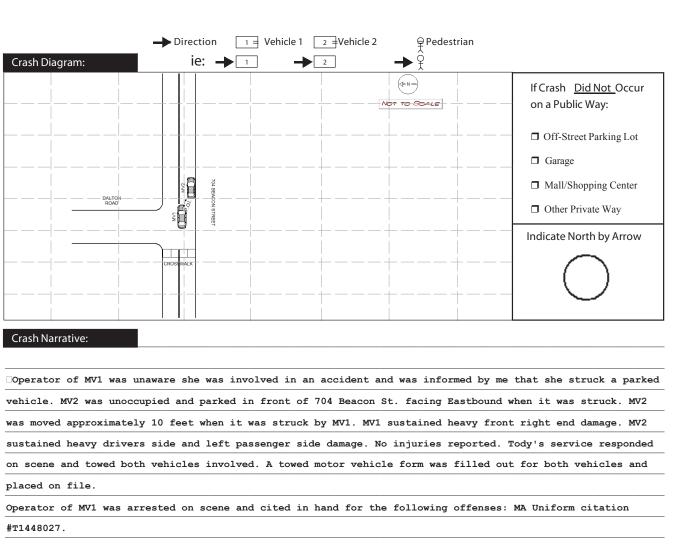
	Poli	ice Use Only		Common	wealth	of Mass	achus	setts			RMV	Docume	ent Number	
	Date of Crash	Time of Crash	City/To NEWTON	own Mo	otor V	ehicle Cra	ash [Number Vehicles	Numbe: Injured		d Limit <u>/</u> ude	25	State Police Local Police MBTA Police	<u> </u>
	11/21/2021	18:24 24HR	NEWION		Police	Report		2	0		itude		MBTA Police Other:	
		AT INTER	SECTION:	<	LOC	CATION	>		NOT	AT 1	INTE	RSEC'	TION:	
						EAST	704		BEACO	N ST				-
1 4	Route# Direc	tion	Name o	f Roadway/Street		Route# Direct	on Addi	ress #		Nan	ne of Roa	adway/St	treet	_
<u>+</u>				At		Feet	N S E V	V of		•	or			
	Route# Direc	etion N	Jame of Intersecti	ng Roadway/Street		-	., 5 2 7	- J 01 -	Mile N	larker			Exit Number	
				rsection with		Feet [N S E V	of	Route#		ntersection	ng Roady	vay/Street	_
1						Feet [N S E V	V of	Route	11	nerseem	ig Roadw	vay/Bucci	_
	Route# Direc	tion	Name of Inters	ecting Roadway/Street							Land	mark		_
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Numl	er	210	0000971						
	License#		St M	[A DOB/Age	Po	g # 9KR963			Dog Tu	o PAN	I	Pag St	ate_MA	
	Sex_F Lic. 0	18 1		19		h Year 2014							20	-
1	Operator JEN		CATHERIN	Endorsm	ent							en com	ig	\vdash
1		WN HOUSE LA	First NE (apt. 5)	Middle		rner (Same as ope			First			Middle		-
	City ACTON			tate_MA Zip_01720		dressy						7:	n	-
		_{ipany} GOVT EM				hicle Action Prior t		21					rcle Up to Thr	_
;	1			ponding to Emergency		ent Sequence 2		22			3	4		
2		ssued) T1448027		ponding to Emergency		ent sequence 2	23				\prod		10 Undercar	riage
				n 2: Ch 90/24/F ec		ver Contributing C	2 ode 10	24	24 0	←	9	. 5	5 11 Totaled	
1	1					derride/Override	25	Towed			7	و لا	5	
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					derride/Override	Sea			30 Eject	31	32 3 jury Trans	3	\dashv
	Name (Last Fir			Address		Age/DOB	Sex Pos		28 29 Airbag Airba Status Swite		Code St	atus Code	Medical Facil	lity
	Operator			See Abov	/e			1	1 99	0	0 1	0 1		_
												_		
7 1	Please Select C of the Followi		2 <u>1</u> #Occupar	Non-Motoris	t A Type	14 Action	15 Locati	ion	Cond	tion	17	Hit/F	Run Mor	oed
	License#		St	DOB/Age	Re	g#_1EHF27			_Reg Ty	pe_PAN	1	_ Reg St	ate_MA	_
	Sex Lic.	Class 99 18 18	Lic. Restrictio			h Year 2021	Veh N	Make_HY	UNDAI		V	eh Conf	řg. 20	
1	Operator EAN HOLDINGS LLC EAN HOLDINGS Endorsment					Owner (Same as operator) Last First Middle							_	
	Address 14002	2 EAST 21ST ST	(apt. 1500)	Middle	Ad	dress			riist			Middle		_
	City TULSA State OK Zip 74134				Cit	CityStateZip								_
	Insurance Com	nsurance Company SAFECO INSURANCE COMPANY				Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)								ree)
Vehicle Travel Direction: NSXW Responding to Emergency? N					y? <u>N</u> Ev	ent Sequence 1	22 22	22	22 2		3	4	ŀ	
	Citation # (If Issued)				Mo	Most Harmful Event 1 23 10 Undercarriag								riage
	Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24					-								
	Violatio	Un	Underride/Override 25 Towed Y											
			operator and al	l occupants involved			2 Sea	26 27 at Safety	28 29 Airbag Airba	30 Eject	Trap Inj	32 33 jury Trans	sp.	
	Name (Last Fi Operator/	rst Middle) Non-Motorist		Addres See Abov		Age/DOB	Sex Po	os. System	Status Swi	ch Code	Code S	tatus Cod	le Medical Fac	ility
	- F 3744317											-		



#T1448027.						
(Continu	ed on next page)					
W itnesses:						
Name (Last, First, Middle)	,	Address			Phone #	Statement
Property Damage:	,				'	,
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	ed Property
Truck and Bus Information:	registration #		(From Vehi			35
Carrier Name						ng Authority Code
Address			City		St	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate 36
Cargo Body Type Code 37	Gross Vehicle Weight	88			39	
Trailer Reg #:	Reg Type	_ Reg State _	Reg Year	Tr	railer Length	
Hazmat Information:						
Placard 40 Material 1	e		digit #	Release code 42		
HISTIN MADCH				N BOLICE DEBART		11/21/2021

JUSTIN MARCH		1	NEWTON POLICE DEPARTM		11/21/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Crash Diagram:	-	→ Direction 1	■ Vehicle 1	2 =Vehicle 2	₽Pedestrian		
Oriestreet Parking Lot Garage Mattisapping Center Other Private Way Other Private Way Other Private Way Indicate North by Arrow Indi	Crash Diagram:	ie: → 📑	→ [:	2	→Ŷ		
Mail/Shopping Center Other Private Way Indicate North by Arrow						on a Public Way:	
Crash Narrative: 1. Ch. 90 Sec. 24 - Operating under the influence of liquor. 2. Ch. 90 Sec. 24 (2) (a) - Operating to endanger. 3. Ch. 89 Sec. 4A - Marked Lanes Violation. Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # SAFType Description of Damaged Property Truck and Bus Information: Carrier Name Carrier States Carrier States US DOT # State Number Issue State Number Issue States US DOT # State Number Issue States Trailer Reg # Reg Type Reg State Reg Vear Trailer Leagth Harrat Information: Registration # Reg State Reg Vear Trailer Leagth Farmat Information: Registration # Reg State Reg Vear Trailer Leagth Harrat Information: Registration # Reg State Reg Vear Release code 4 Flucture # Reg * Release code 4 Flucture # Recesser Code 4 Flucture # Release code 4 Flucture # Reg * Reg * Reg * Reg * Reg * Reg * Release code 4 Flucture # Reg *						☐ Garage	
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