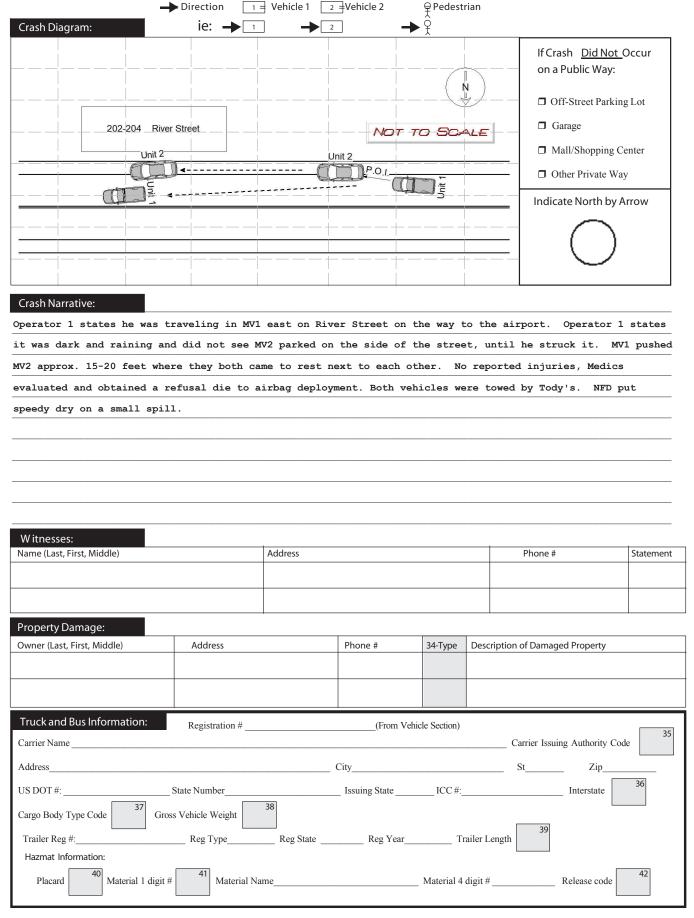
	Poli	ce Use Only		Commonweal	lth o	f Massa	achu	setts			RMV	/ Docun	ıent Number			
	Date of Crash 11/26/2021	Time of Crash 17:54 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2	Numbe Injured	Latit	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	Xi		
						OCATION > NOT AT INTERS							CTION:	2		
						EAST 204 RIVER ST								2		
1 4	Route# Direction Name of Roadway/Street At					Route# Direction Address# N						Name of Roadway/Street				
						Feet NSEW of or Exit Number										
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of										
2			Tibo at incises		Route# Intersecting Roadway/Street Feet N S E W of								- 3 ¹			
² 3	Route# Direction Name of Intersecting Roadway/Street					Landmark										
3	XVehicle1 1 #Occupants Hit/Run Moped Case N					- Jumber 2100000990										
	License # St MA DOB/Age					Reg # 9PF421										
	Sex M Lic. Class D 18 18 Lic. Restrictions B CDL					Veh Year 2019 Veh Make TOYOTA Veh Config. 2										
4	Operator PETERSON MATTHEW Endorsment					(6)										
1	Address 222 PINE HILL CIR					Owner (Same as operator) Last First Middle Address										
	1	ity WALTHAM State MA Zip 02451					CityStateZip									
	Insurance Company_PROGRESSIVE CASUALTY INSURANCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
5	Vehicle Travel	Direction: N	S X W Respor	nding to Emergency? N	Event S	Sequence 2 2	2 22	22	²² O		8		4			
	Citation # (If I	ssued)			Most H	armful Event	2 23			4	9	$\langle \ $	10 Undercarr 5 11 Totaled	iage		
i e	Violation	1: ChSec	c Violation 2	ChSec	Driver	Contributing Co	ode 1	9 24	24	_						
⁶ 2	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 8 7 6										
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex S	26 27 eat Safety os. System	28 2 Airbag Airb Status Swit	9 30 ag Eject ch Code	31 Trap Code	32 Injury Tra Status Co	33 nsp. de Medical Facili	ity 2		
	Operator	,		See Above				1	3 99		0	10 1				
7 1	Please Select C of the Followi	IX Vehicle	2 0 #Occupants	Non-Motorist A Type	e 14	Action 1	5 Loca	tion	16 Cond	ition	17	Hit	:/Run Mop	ed		
	License# St DOB/Age					Reg # 78H360 Reg					g Type PAN Reg State MA			┫ .		
	Sex Lic. Class Lic. Restrictions CDL					Year 2010 Veh Make HONDA Veh Config.						20	_			
8 1	Endorsment					Owner ELKRIMI ABDELBASSET										
1	Address	Last	Last First Middle Address 65 (apt. 23) FRANKLIN ST													
	CityStateZip					City ALLSTON State MA Zip 02134								_		
	Insurance Company ARBELLA MUTUAL INSURANCE COMPANY					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three								ee)		
	Vehicle Travel Direction: N S W W Responding to Emergency? N					Event Sequence 2 22 22 22 2 3 4										
	Citation # (If Issued)					Most Harmful Event 2 23 10 Underc								iage		
	Violatio	n 1: ChSe	Driver Contributing Code 19 24 24													
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 8										
	Pl Name (Last Fi		operator and all o	ccupants involved		Age/DOB		26 27 eat Safety Pos. System	28 2 Airbag Airb Status Swi	9 30 ag Eject tch Cod	31 Trap le Code	Injury [Tra	33 nsp. ode Medical Facil	lity		
		Non-Motorist		See Above					Janus SW	000	Couc	Juius C	wedical raci	,		
										+						



ALLAN L CICCONE, III 11/26/2021 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge# Department Precinct/Barracks Date