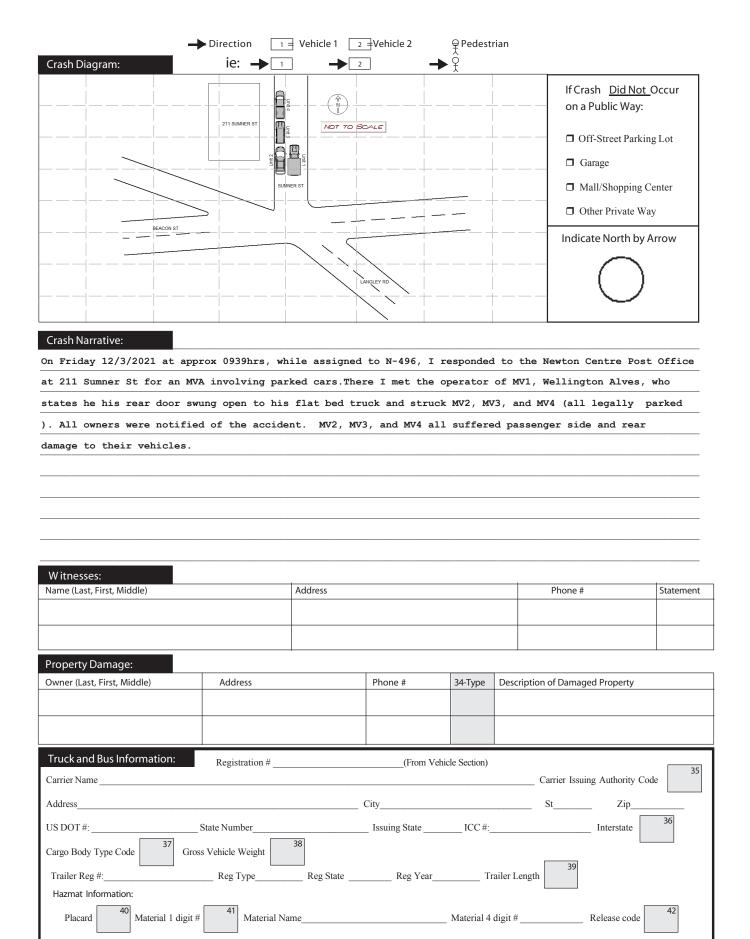
	Poli	ice Use Only		Commonweal	lth o	f Massa	achi	usett	S		RM	V Docun	nent Number		
	Date of Crash 12/03/2021	Time of Crash 09:39	NEWTON	MIOTOI		icle Cra Report	sh	Numbe Vehicle 4		red La	eed Limititude _ ngitude_		State Police Local Police MBTA Police Other:	Xi O	
		AT INTE	RSECTION:		OCAT		>		N	от ат	INT	ERSEC	CTION:		
1					_	NORTH			SUM	INER ST				_ 2	
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street									
	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of orExit Number									
	Kouten Blice	Ztioli	Also at Interse		-	Feet [SE	W of	Rou	ite#	Intersec	ting Road	dway/Street	- L	
1				D 1 (6)	-	Feet [SE	W of	100	icon	intersec	ing rou	away/Bireet	4	
3	Route# Direc		1	ng Roadway/Street							La	ndmark		4	
	XVehicle1	_1_#Occupants	s Hit/Run	Moped Case N	Number		2	10000101	3					_	
	License#	18	St MA		Reg#_					Type_Co			State MA 20	-	
	Sex_M Lic.	Class C	Lic. Restrictions	9 CDL		ar_2007		_	SU			_Veh Co	nfig. 6		
4 1	Operator ALV	Last PIMI ICO RD	WELLINGTON	Middle		WELLIZ CON Las 155R SEMIN			First			Middle		- <u>a</u>	
	Address 4661 PIMLICO RD City BALTIMORE State MD Zip 21215					Address 155R SEMINOLE AVE City WALHTHAM State MA Zip 02451									
			FINANCIAL CASU			Action Prior to	Crash		21				Circle Up to Thre	ee)	
5	1	Direction: X		nding to Emergency? N			22 2 2	$\begin{bmatrix} 1 \\ 2 \\ 2 \end{bmatrix}$	22	2	3		4		
	Citation # (If I					armful Event	23					A	10 Undercarri	iage	
	Violation	1: ChSe	ec Violation 2	: ChSec	Driver	ا Contributing Co	ode	99 24	24			\bigcup	5 11 Totaled		
1	Violation	3: ChSe	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 27 Seat Safety Pos. System	28 Airbag n Status	29 Airbag Eje Switch Co	30 31 Ect Trap de Code	32 Injury Tra Status Co	33 nsp. de Medical Facili	ty 2	
	Operator			See Above				99	4	99 0	0	10 1	N/A		
7 1	Please Select C of the Followi	I A Venici	le2 <u>0</u> #Occupants	Non-Motorist A Type	e 14	4 Action 1	5 Loc	ation	16 Co	ondition	17	Hit	t/Run Mop	ed	
	License#	10	St	DOB/Age	Reg # _	# 96EV27			Reg	Type_PA	AN	Reg State MA		_	
	Sex Lic.		Lic. Restrictions	CDL	Veh Ye	ar_2009	Ve	h Make_1	OYT			_Veh Co	nfig. 20		
4	Operator	Last	First	Middle		ROSOLKO Las	t	MAR	K First			Middle		-	
	Address					56 VIRGINIA	A RD							-	
	City State Zip Insurance Company LM GENERAL INS					City WALTHAM State MA Zip 02453 Vahicle Action Prior to Crack 21 Damaged Area Code: (Circle Up to Three)									
		_				Action Prior to	Crash	11	21 22	Damag	ged Area Q	`	Circle Up to Thre	ee)	
	Vehicle Travel	<u> </u>	S E W Respo	onding to Emergency?		Sequence 1	23		22		$\overline{\bigcap}$		10 Undercarri	iage	
	Citation # (If I	,		2 61 6		armful Event	1	24	24	1	9		(a) 11 Totaled		
	l		Sec Violation Sec Violation	2: ChSec 4: Ch Sec		Contributing Co	ode 25	1		8	7	ر لا	6		
			r operator and all o		Onderri	de/Override [29 3 Airbag Eje	30 31 Frap	32 Injury Tra	33 nsp.	\dashv	
	Name (Last Fi	Non-Motorist	<u> </u>	Address See Above		Age/DOB	Sex	Pos. Syste	m Status	Switch Co	ode Code		ode Medical Facil	lity	
	Operator/	TVOII-IVIOTOFIST		Sec Addve										\dashv	
														\dashv	

	lice Use Only	h C'e-/T	Commonw					N1		RMV D		nt Number	
Date of Cras 12/03/2021	09:39	h City/Tov NEWTON	141011		icle Cra	l v	ehicles	Number Injured	Latitud	de	i	State Police Local Police MBTA Police	
	24HI				Report		4	0		tude	(Other:	
	ALINIE	RSECTION:	<	LOCA	HON -	>		NOI	AII	NIER	RSECT	ION:	
Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street								
					Feet [N	SEW	of –	Mile M	erker	or or		Exit Number	
Route# Dir	ection	Name of Intersecting Also at Inters	•		Feet N	N S E W	of	11110 111				<u> </u>	
		Also at filters	etion with			N S E W	,	Route#	Int	tersecting	g Roadw	ay/Street	
Route# Dir	ection	Name of Intersec	ting Roadway/Street	I		, spin] 01			Landn	nark		
Wyobiele	3 0 #Occupant	ts Hit/Run	☐ Moped C							Lunun	MIK		
Venicie	3 _ 0_ #Occupant	Inykun	Mopeu	Case Number			0001013						
License#	18	St	DOB/Age								_Reg Sta	20	
	. Class	Lic. Restrictions	CDL Endorsment		ear_2016					V	eh Confi	g. 2	
Operator	Last	First			MANN Las		WILLIA	M First			Middle		
					SS 26 PARK PL								
			teZip		ATTLEBORO						IA Zip		
1	mpany_COMME				e Action Prior to		11 21		maged	_		cle Up to Three	
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			2: ChSec		Contributing Co		24			/ \			
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Pleas Name (Last		erator and all occup	ants involved Address		Age/DOB	Sex Pos.	6 27 Safety A System S	28 29 irbag Airbag status Switch	30 Eject Code	31 3 Frap Inju Code Stat	32 33 ury Transı tus Code	p. Medical Facility	
Operato	r		See Above				-						
Please Selec of the Follow	I X Vehic	le4 <u>0</u> #Occupants	Non-Motorist A	Type 1	Action 1	5 Locatio	on 10	6 Condit	ion	17	Hit/R	Run Mope	
License#		St	DOB/Age	Reg#	HP004P			Reg Typ	e PAN		_Reg Sta	ate MA	
Sex Lic		18 Lic. Restrictions	19	Veh Y	lake_GM	63.56			Veh Config. 20				
Operator		=	Endorsment		CARDILLO		ALEX			M			
Address	Last	First	Middle	Addre	SS 32 TARBOX	ST		First			Middle		
City State Zip													
Insurance Company_PROGRESSIVE DIRECT INS					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)								
Vehicle Trav	el Direction:	(SEW Resp	oonding to Emergency?N	I Event	Sequence 1 2	2 22		<u>22</u> 2		0	Q	1	
Citation # (I	Issued)			Most I	Harmful Event	1 23				9		10 Undercarria 11 Totaled	
Violat	on 1: Ch	Sec Violation	2: ChSec	_ Driver	Contributing Co	ode 1	24	24	-	/	\int		
Violat	ion 3: Ch	Sec Violation	4: ChSec	_ Under	ride/Override	25	Towed_	N 8		7	6		
		or operator and all	occupants involved			20 Seat	6 27 Safety A	28 29 irbag Airbag	g 30 Eject	Irap Inju		p.	
	First Middle) r/Non-Motorist		Address See Above		Age/DOB	Sex Pos	s. System	Status Swite	ch Code		atus Code	Medical Facili	
1											- 1		



 KEVIN DURICKAS
 NEWTON POLICE DEPARTM
 12/03/2021

 Police Officer Name (Please Print)
 Signature
 ID/Badge # Department
 Precinct/Barracks
 Date