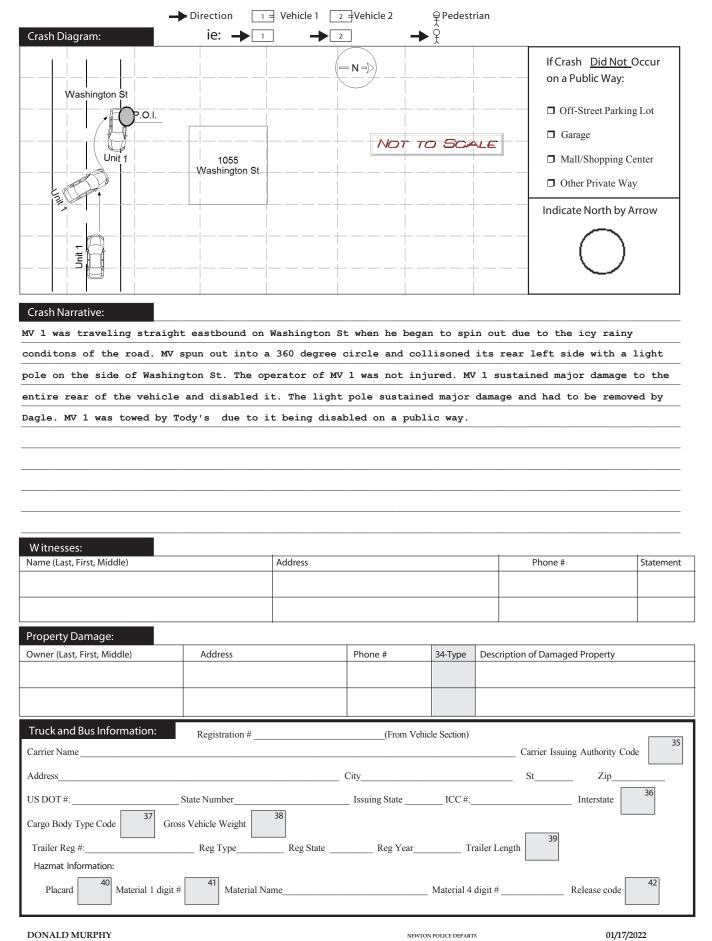
	Poli	ice Use Only		<u>Com</u> monweal	th of	Massa	achu	isetts	,		RMV	/ Docun	ment Number			
	Date of Crash 01/17/2022	Time of Crash 05:30 24HR	NEWTON	MIULUI		cle Cra eport	sh	Number Vehicles 1		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	XI D		
			RSECTION:	LOCATION > NOT AT INTERSECTION:								CTION:				
				16 EAST 1053 WASHINGTON ST									2			
1 4	Route# Direct	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street									
\dashv	At					Feet N S E W of or										
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number Feet N S E W of										
			Also at Intersect	ion with					Rout	e#	Intersec	ting Roa	dway/Street	- - 1		
² 5	Route# Direct	Feet NSEW of														
3	Route# Direction Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street															
	venicie i	_1_#Occupants	_	Moped Case N			22	2000050						_		
	License # St MA DOB/Age					Reg # 9LH789 Reg Type PAN Reg State MA 20										
	Sex_M Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2008 Veh Make FORD Veh Config. 1										
⁴ 1	Operator ROI	Last First Middle					Owner CAPLAN ELAINA Last First Middle 27 TENISON ST									
	Address 1077 WASHINGTON STREET					Owner CAPLAN ELAINA Last First Middle Address 27 JENISON ST City NEWTON State MA Zip 02460										
	City NEWTON State MA Zip 02460						C 1							ree)		
5	Insurance Company ARBELLA MUTUAL INSURANCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three)										
	Venicle Travel Direction: N S N W Responding to Emergency? W Event Sequence 40 22							\overline{A}	O Undercarriage							
	`	·	ve Violation 2:	ChSec		L	22 23	24	24	-	9		11 Totaled			
6 4		3: Ch Se	Driver Contributing Code 1 25 Towed Y 8 7 1													
	Please fill out for operator and all occupants involved					e/override [26 27 Seat Safety		29 3 rbag Ejec	0 31	32 Injury Tra	33 unsp.	lity 2		
	Name (Last First Middle) Operator			Address See Above				Sex Pos. System Status Switch Code				Code Status Code Medical Facility 0 10 1				
	- F							1	-	. 0		10 1				
7																
1	Please Select C of the Followin	Vehicle	e# Occupants	Non-Motorist A Type	14	Action 1	5 Loca		Con	ndition	17	Hi	t/Run Mor	ped		
	License#StDOB/Age					g# Reg Type Reg State								_		
	Sex_ Lic. Class					rear Veh Make Veh Config.								_		
8 1	Operator					Owner										
1	Address_	Last	Last First Middle Address													
	CityStateZip					City State Zip										
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 3 4										
	Citation # (If Is	ssued)			Most Hai	hicle Action Prior to Crash Damaged Area Code: (Circle Up to 7 ent Sequence 22 22 22 22 22 22 2 20 20 10 Under		10 Undercar 5 11 Totaled	riage							
	Violation	olation 1: ChSec Violation 2: ChSec				Driver Contributing Code 24 24										
	Violation	n 3: ChS	Sec Violation 4	: ChSec	Underrid	e/Override	25	Towed		3	7		6			
	Plo Name (Last Fi		r operator and all oc	cupants involved		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag A n Status S	29 rbag Ejec witch Co	0 31 Trap de Code	Injury Tra	33 insp. dode Medical Fac	ility		
İ		Non-Motorist		See Above							Couc		- meason rac			



CDP1 11 ·24·00

Police Officer Name (Please Print)