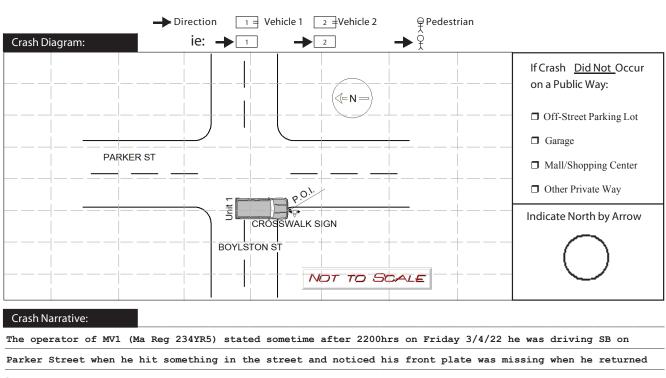
	Poli	ice Use Only		Commonw	vealth	of Mass	achu	isetts	,		RMV	/ Docur	nent Number	
	Date of Crash 03/05/2022	Time of Crash 10:10	City/Town NEWTON	14101		nicle Cra	ısh [	Number Vehicles			ed Limi tude		State Police Local Police MBTA Police	N N
	,,	24HR				Report		1	0		gitude_		Other:	
		AT INTER	RSECTION:	<	LOCA	TION	>		NO	ГАТ	INTI	ERSE	CTION:	<b>-</b>
		BOYLS	TON ST											F
1 <b>4</b>	Route# Direc	tion		oadway/Street		Route# Directi	on Ad	dress #	-	Na	me of R	Roadway	Street	
	At PARKER ST					Feet NSEW of • or							_	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number  Feet N S E W of								
			Also at Intersec	ction with		_		_	Route	<del>-</del>	Intersec	ting Roa	dway/Street	-  -
<sup>2</sup> 1	Route# Direc	Route# Direction Name of Intersecting Roadway/Street				Feet NSEW of								
3						Landmark							$\neg$	
	A Vehicle1	1_#Occupants	X Hit/Run	Moped	Case Number	r	22	2000204						
	License#	18 1	St MA	DOB/Age	Reg#	234YR5			Reg Ty	pe_PA	N	Reg	State MA	_
	Sex_M Lic.	Class D 10	Lic. Restrictions	1 CDL	Veh Y	ear_2009	Veh	Make_JE	EP			Veh Co	nfig. 2	
3	Operator DO	NLAN Last	JAMES First	E Middle	Owne	Pr DONLAN La	st	JAMES	First			Middle		_
	Address 133 C	Address 133 CHARLEMONT ST				Address 133 CHARLMONT ST								_
	City NEWTON State MA Zip 02461					City NEWTON State MA Zip								
	Insurance Company GREEN MOUNTAIN INSURANCE CO					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								
1				iding to Emergency?	N Event	Sequence 23			22 2		3	$\overline{}$	4	
		ssued) T2080380		00/00/17		Harmful Event		24	0	<b>←</b>	9	[ ]	10 Undercar 5 11 Totaled	mage
	1			Ch_90/20/Sec		r Contributing C	ode 1	10 24	8		<u> </u>		6	
1	Violation 3: Ch_89/4ASec Violation 4: ChSec  Please fill out for operator and all occupants involved					Underride/Override Towed N								
	Name (Last Fir		ator and all occupa	nts involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag Airb Status Swi	9 30 Eject ch Code	) 31 t Trap e Code	32 Injury Tra Status Co	ansp. ode Medical Faci	lity
	Operator			See Above				99	99 99	0	0	10 1		
2	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A	Туре	14 Action	15 Loca	ntion	16 Cond	lition	17	Hi	t/Run Mo	ped
	License#		St	DOB/Age	Reg#	g#Reg TypeReg State						_ ]		
	Sex Lic.	Class 18 1	Lic. Restrictions	19 CDL		YearVeh MakeVeh Config.						nfig.		
1	Operator	Last	First	Endorsment	Owne	er	st		First			Middle		_
						Address								
	CityStateZip Ci					tyStateZip								
	Insurance Company Ve					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								
	Vehicle Travel Direction: NSEW Responding to Emergency? Even					vent Sequence 22 22 22 22 2 3 4								
	Citation # (If Issued) Mo					fost Harmful Event 23 10 Undercarriage 5 11 Totaled								
	Violation 1: ChSec Violation 2: ChSec Dr					Driver Contributing Code 24 24 7 6								
						nderride/Override Towed								
	Pl Name (Last Fi		operator and all o	ccupants involved  Address		Age/DOB		26 Seat Safety Pos. System	28 2 Airbag Airb Status Sw	ag Eject	31 Trap de Code		33 ansp. Code Medical Fac	cility
	Operator/	Non-Motorist		See Above										



I was dispatched to the area of Parker St and Boylston St for the report of a Crosswalk Signal that had been knocked over. Dispatch informed me an anonymous party called in the plate that was located at the scene in front of 255 Parker Street. I arrived on scene and observed a Crosswalk poll knocked over with two sets of tire tracks that went up on the sidewalk. A Mass plate was also left at the scene which came back to a party from Newton.

Refer to incident number 22008061 for full report.

Witnesses:										
Name (Last, First, Middle)	Address		Phone :	Phone #						
Property Damage:										
Owner (Last, First, Middle)		Phone #	34-Type	Description of Dama	iption of Damaged Property					
, DOT,			1	CROSSWALK SIGN						
Truck and Bus Information: Registration #(From Vehicle Section)										
Carrier Name Carrier Issuing Authority Code										
Address		City	St	St Zip						
US DOT #:		Issuing State ICC #: Interstate								
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #:	Reg Type	Tr	railer Length 39							
Hazmat Information:										
Placard 40 Material 1 digit #	me		Material 4	digit #	_ Release code	42				