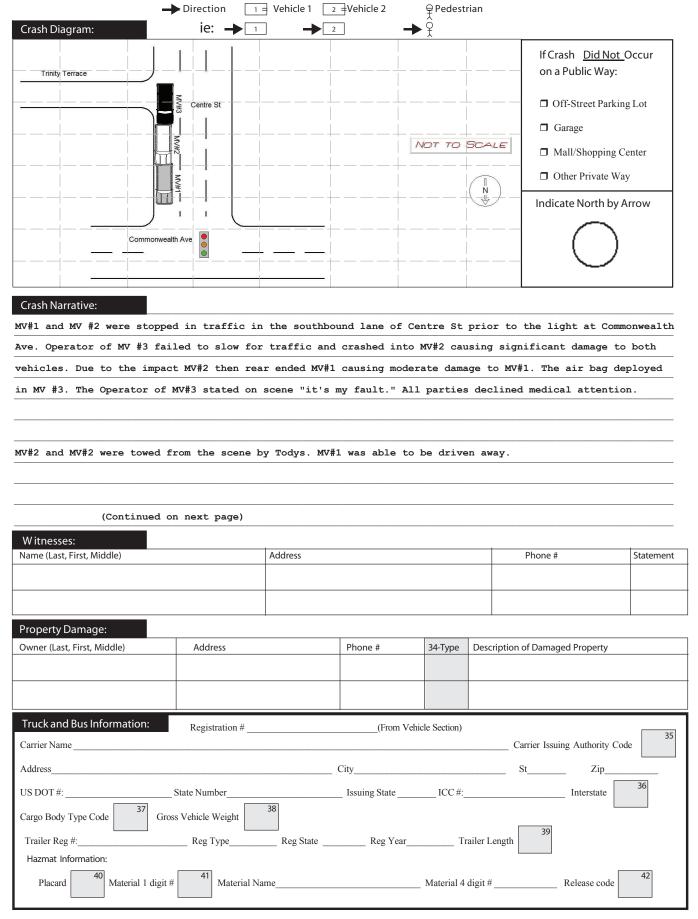
	Poli	ce Use Only		Commonwea	alth c	of Mass	achı	usett	ts		RM	V Docu	ıment N	Number			
	Date of Crash 03/18/2022	Time of Crash	City/To NEWTON	wn Motor	· Veh	icle Cra	ash	Numb Vehicl			peed Lim		State	e Police al Police TA Police	D Xi		
	03/18/2022	12:27 24HR		Po	lice 1	Report		3	1	1~	ongitude _		Othe	TA Police er:			
		AT INTER	RSECTION:	<	LOCA	ΓΙΟΝ	>		N	OT A	T INT	ERSE	ECTIC	)N:	2		
	NOR	TH CENTR	E ST												2		
<b>1</b>	Route# Direc	tion		Roadway/Street		Route# Directi	on A	ddress #			Name of	Roadwa	y/Street		210		
	WES	T TRINIT	Feet NSEW of or														
	Route# Direc	tion N	Mile Marker Exit Number  Feet N S E W of										_				
			Also at Inter	section with				_	Ro	ute#	Interse	cting Ro	adway/S	Street	11		
2 <b>1</b>	Route# Direc	Feet N S E W of															
3			Name of Interse	Landmark										┥			
	XVehicle1	1_#Occupants	Hit/Run	Moped Case	Number		2	2000229							┚		
	License#		St M		Reg#	14LD76			Reg	Type_I	PAN	Re	g State_I				
	Sex_F_ Lic.	Class D 18 18	Lic. Restriction		Veh Ye	ear_2018	Ve	h Make_	BMW			_Veh C	Config.	2 20	<b>1</b> 12		
<sup>4</sup> <sub>3</sub>	Operator KAI	Last	JODIE First	Endorsment	Owner KAPLAN STUART Last First Middle												
_3_	Address 12 CANAVAN CIR First Middle					Address 12 CANAVAN CIRCLE											
	City NEEDH	City NEEDHAM State MA Zip 02492															
	Insurance Com	Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)															
5 <b>1</b>	Vehicle Travel	Direction:	S E W Resp	onding to Emergency?_N	Event Sequence 1 22 22 22 22 2 3												
	Citation # (If I	ssued)			Most I	Harmful Event	1 23			1	<b>-</b>   \   9	1	_	Undercarria Totaled	age		
6	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing C		1 24	24			$\sum$	) <b>(</b>				
<sup>6</sup> 1			Violation	Underride/Override Towed N													
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB		26 2 Seat Safe Pos. Syst	ty Airbag Em Status	29 Airbag E Switch C	30 31 Eject Trap Code Code	32 Injury I Status	ransp. Code M	Medical Facility	y <b>1</b> 3		
	Operator	Operator See Ab									1						
<sup>7</sup> <b>3</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Ty	pe 1	4 Action	15 Loc	ation	16 C	ondition	17		Hit/Run	Море	ed		
	License# St MA DOB/Age					Reg # 616WJ9 Reg Type PAN Reg State MA							MA	┫ .			
	Sex   F   Lic. Class   D   18   Lic. Restrictions   1   CDL					Veh Year 2010 Veh Make TOYT Veh Config. 20								·			
<sup>8</sup> <b>2</b>	Operator NO		Owner (Same as operator)														
2	1	Last LGONQUIN RI	Address														
	City CHESTNUT HILL State MA Zip 02467					City State Zip											
	Insurance Company HANOVER INSURANCE					Vehicle Action Prior to Crash  2 21 Damaged Area Code: (Circle Up to Three)									e)		
	Vehicle Travel		Event Sequence 1 22 1 22 22 22 3 4														
	Citation # (If I	ssued)	Most Harmful Event 1 23									age					
	Violatio	n 1: Ch Se	Driver Contributing Code 1 24 24 1 5 (D) Totaled														
	Violatio	n 3: ChSe	Underride/Override 25 Towed Y 8 7 6														
			operator and all	occupants involved				26 2 Seat Safe	7 28 ty Airbag	29 Airbag E	30 31 Figet Trap		33 ransp.				
	Name (Last Fi Operator/	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Sys	Status 3	Switch 99 (	Code Code		1 Code !	Medical Facili	ty		
								$\top$					$\dashv$				
								+	+				+				

	lice Use Only		Commonwea									nent Numbe	
Date of Crash 03/18/2022	Time of Crash 12:27	City/Tow NEWTON	MIOTOI		icle Cra	sh	Number Vehicles	Numbe Injured	Latitu	ıde		State Police Local Polic MBTA Poli	te <b>X</b> i
	24HR	1			Report		3	1		itude_		Other:	
	AT INTE	RSECTION:	< I	LOCAT	ION	>		NOT	ATI	INTE	RSEC	CTION:	
Route# Direc	ction	Name of R	Loadway/Street	R	Route# Direction	on Add	ress#		Nan	ne of R	oadway/	Street	
1			•	-	Feet [	N S E V	of -	Mile M	• Iorker	— (	or	Exit Numbe	
Route# Dire	ction 1	Name of Intersecting Also at Interse			Feet 1	N S E V	of	Wille IV	iurker			LAR IVIIIIOC	.1
		Also at Interse	ection with		_	N S E V	_	Route#	In	ntersect	ing Road	lway/Street	
Route# Direc	ction	Name of Intersect	ing Roadway/Street		1 cct					Lan	dmark		
X Vehicle 3	3 1 #Occupants	☐ Hit/Run	Moped Case N			220	00220						
Z vemere	- In Occupants			Number			00229						
License#	18 1	St NH	19		GBR22								20
Sex_M_ Lic.		Lic. Restrictions	CDL Endorsment		ar 2011						Veh Cor	nfig. 2	
Operator FIS	Last BARTLETT ST (a	JOSEPH First	Middle	Owner	CAMILLI  Las  150 WORCES	STER ST	CHRIS	First			Middle		
Address Soor			e NH Zip 03102		ATERTOWN					Gr. :	MA -	Zip 02472	
	npany ARBELLA		e Zip		Action Prior to	Crach	2					Circle Up to T	—— Γhree)
1	l Direction: X		nding to Emergency? N		Sequence 1	22 22	22	22 (2)	Ü	3		4	-,
	Issued)	nding to Emergency:	Most Harmful Event 1 23 10 Undercarriage										
`	·		2: Ch Sec		l		24	24	←	9		5 11 Totaleo	d
1	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 7 24 25 Towed Y  Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed Y												
Please	fill out for oper	ator and all occup	ants involved			Se		28 2 Airbag Airb	9 30 Eject	31 Trap I Code S	32 njury Tra	33 nsp.	
Name (Last Fi			Address See Above		Age/DOB	Sex Po	s. System	Status Swite  1 99	h Code 0		10 1	de Medical Fa	acility
			1	14						17			
Please Select  of the Follow	I Vehicle	e# Occupants	Non-Motorist A Type	e 14	Action	Locati	on	Cond	ition	17	Hit	:/Run M	loped
License#_		St	DOB/Age	Reg#_				Reg Ty	pe		Reg	State	
Sex Lic.	Class 18 1	Lic. Restrictions		Veh Ye	ar	Veh	Make				Veh Cor	nfig.	0
Operator	Last	First	Endorsment	Owner .	Las	of .		First			Middle		_
Address		1 1130	Middle		5			11130			Wildle		
City		City State Zip											
Insurance Con	npany	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: N S E W Responding to Emergency?													
Citation # (If	Issued)	Most Harmful Event 23 1 1 1 10 Undercarriage 5 11 Totaled											
Violatio	on 1: ChS	Driver Contributing Code 8 7 6											
			4: ChSec	Underri	de/Override		Towed		)   20	21	32		
P Name (Last F		operator and all o	occupants involved  Address		Age/DOB	Sex Po	26 27 Safety System	28 29 Airbag Airba Status Swi	g Eject tch Code	31 Trap I Code	njury Tra	33 nsp. ode Medical I	Facility
Operator	/Non-Motorist		See Above				-						



-	Direction 1	■ Vehicle 1 2	2 = Vehicle 2	₹Pedestr	an	
Crash Diagram:	ie: 👈 🛚 1	<b>→</b>	2	<b>→</b> Ŷ		
	_	_			If Constant on a	rash Did Not Occur a Public Way:  Off-Street Parking Lot Garage  Mall/Shopping Center Other Private Way  cate North by Arrow
Crash Narrative:						
While giving the Operator	of MV#2 a ride	to her home,	she stated	she had a	neadache. I asl	ked her if she would
like medical attention and	d she declined.	She was adv	rised I would	d note the	possible injury	y in my report and
to seek medical assistance	e if symptoms w	orsened.				
Witnesses:		1			1 2	
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:			T = 1			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property
Truck and Bus Information:	Registration #		(From \	Vehicle Section)		35
Carrier Name					Carrier Issu	uing Authority Code
Address_			City		St	Zip
LIC DOT #-	State Number		Issuing State	ICC#		Interstate 36
US DOT #:		38	issuing state	1CC#:		mersiate
Cargo Body Type Code Gro	oss Vehicle Weight					
Trailer Reg #:	Reg Type	Reg State	Reg Year	r Tra	iler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material N	Jame		Material A.c	ligit #	Release code
iviatoriai i digit	Iviatorial Iv			1714101141 + 0		. Itsiouse code
1						

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)