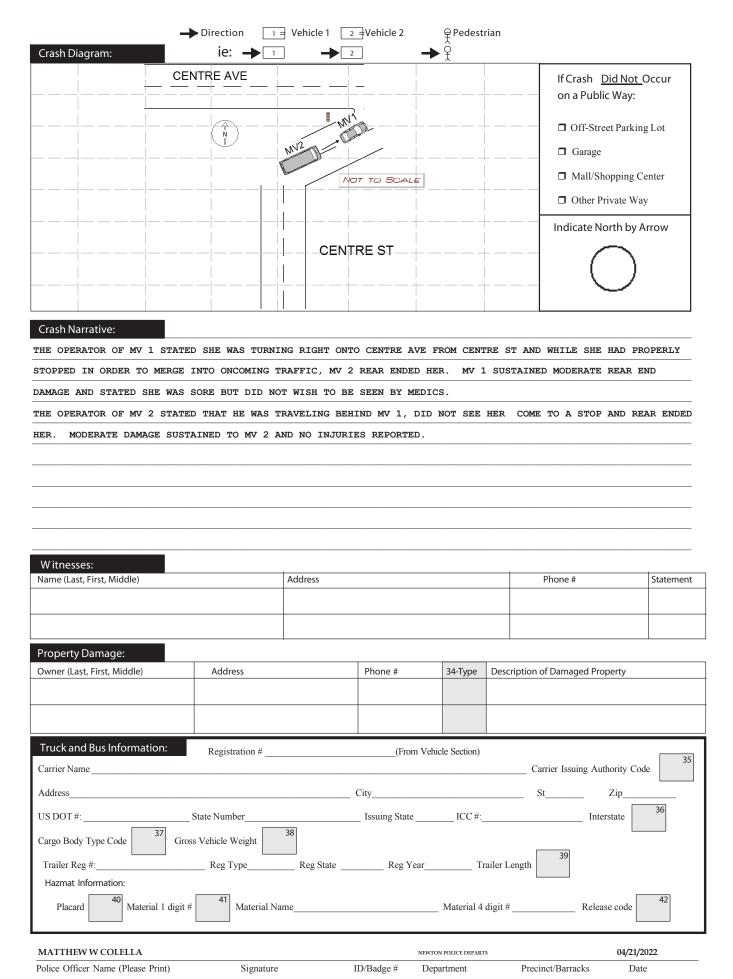
| | Poli | ice Use Only | | Commo | nweal | th o | f Mass | ach | use | etts | | | RMV | / Docu | ıment | Number | | | |
|----------------|---|---------------|-------------------------------------|--------------------|--------------|---------|---|--------------|--------------------|--------------------------|-----------------------------------|-------------------|------------------|----------------------|----------------|----------------|----------------|--|--|
| | Date of Crash 04/21/2022 | Time of Crash | City/To NEWTON | own N | lotor | Vehi | icle Cra | ash | | mber | Numbe | | | | Sta Lo | ate Police | <u> </u> | | |
| | 04/21/2022 | 13:34 24HR | NEWTON | | Poli | ice I | Report | | 2 | | 0 | | | | Ot | her: | | | |
| | | AT INTER | RSECTION: | | < L | OCAT | TION | > | | | NO | Latitude | | | | | | | |
| | EAST | Γ CENTR | E AVE | | | | | | | | | | | | | | | | |
| 1 1 | Route# Direc | | | f Roadway/Street | | F | Route# Directi | on A | ddress | s # | | Na | me of R | Roadwa | y/Stree | et | $ \frac{1}{2}$ | | |
| | NORTH CENTRE ST | | | | | | Feet NSEW of or | | | | | | | | | | | | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | | | | | | | | | | | it Number | _ | | |
| | Also at Intersection with | | | | | | | | | | | | | | | | - - | | |
| 2 1 | 1 Route# Direction Name of Intersecting Roadway/Street | | | | | | | | | | | | | | | | | | |
| 3 | Name of intersecting Roadway/Street | | | | | | Landmark | | | | | | | | | | | | |
| 1 | XVehicle1 | #Occupants | Hit/Run | Moped | Case N | umber | | : | 22 0003 | 327 | | | | | | | | | |
| | License# St MA DOB/Age | | | | | | Reg # US53MZ Reg Type PAS Reg State MA | | | | | | | | | | | | |
| | Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL | | | | | | 20 | | | | | | | | | | | | |
| 4 | Endorsment | | | | | | | | | | | | | | | | | | |
| 3 | Operator Last First Middle Address 36 WORTHINGTON AVE | | | | | | | | | | | | | Midd | le | | - 1 | | |
| | City SHREWSBURY State MA Zip 01545 | | | | | | Address City State Zip | | | | | | | | | | | | |
| | Insurance Company COMMERCE | | | | | | Valida Astina Brianta Const. 21 Damaged Area Code: (Circle Un to Three) | | | | | | | | | | | | |
| 5 | 1 | | | ponding to Emerge | | | | | | 3 | 22 2 | | 3 | | (4) | • | | | |
| 1 | | | | ponding to Emerge | ncy? | | 1 | 2 | 23 | | | | \bigcap | \overline{A} |) | 10 Undercarr | riage | | |
| | | ssued) | | • 61 | | | Iarmful Event | 1 | 2 | 4 | 24 | ← | 9 | | l – | | | | |
| ⁶ 1 | 1 | | | n 2: ChSec_ | | | Contributing C | | 1 | | \ | | 7 | | ⁾ | | | | |
| 1 | | | | n 4: ChSec_ | | Underr | ide/Override | | | Towed | | 0 2 | 0 21 | 22 | 22 | | _ | | |
| | Name (Last Fir | | ator and all occi | ipants involved | ress | | Age/DOB | Sex | Seat S Pos. S | Safety A System | 28 2 irbag Airb Status Swit | ag Ejec ch Cod | t Trap e Code | Injury T Status C | ransp. | Medical Facili | 1 1 | | |
| | Operator | | | See Al | oove | | | | | 1 4 | 1 99 | 0 | 0 | 10 | 1 | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | - | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | _ | | |
| 4 | Please Select C of the Followi | | 2 <u>1</u> #Occupar | nts Non-Moto | orist A Type | 14 | 4 Action | 15 Lo | cation | 1 | Conc | ition | 17 | □⊦ | lit/Rur | п Мор | ed | | |
| | License# St MA DOB/Age | | | | | Pag# | 561992 | Reg Type CON | | | | N Des State MA | | | ┥. | | | | |
| | 18 18 19 | | | | | | | | | | | | | 20 | - | | | | |
| 8 | Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsment ADRIAN | | | | | | Veh Year 2015 Veh Make FORD Veh Config. 2 Owner INDUSTRIES LLC HVAC | | | | | | | | | | | | |
| 4 | Last First Middle | | | | | | 85 FRANKL | st | | VAC | First | | | Midd | le | | - | | |
| 4 | Address 207 DIVISION STREET | | | | | | | | | | | | | MA | | 2402 | - | | |
| | City HARWICH State MA Zip 02761 | | | | | | RANKLIN ST | | | 21 | 1 . | | | | | | - | | |
| | Insurance Company HARVARD ACCIDENT AND INDEMNITY CO | | | | | | Action Prior t | | | 3 21 | | amage | | Code: | (Circle | e ∪p to Thre | ee) | | |
| | Vehicle Travel Direction: NXEW Responding to Emergency? N | | | | | Event S | Sequence 1 | | 22 | 22 | 22 2 | | 3 | | , , | 10 Undercarr | iage | | |
| | Citation # (If Issued) | | | | | | Iarmful Event | 1 2 | 23 | 4 | _Q | — | 9 | | | 11 Totaled | iuge | | |
| | Violatio | n 1: ChSe | Driver Contributing Code 19 24 5 24 | | | | | | | | | | | | | | | | |
| | Violatio | n 3: ChSe | Underride/Override Z5 Towed N 8 7 6 | | | | | | | | | | | | | | | | |
| | Pl Name (Last Fi | | operator and al | l occupants involv | ved dress | | Age/DOB | Sex | 26 Seat Pos. | 27 Safety A System | 28 2 irbag Airb Status Sw | 9 30 ag Ejec |) 31 Trap | | ransp. Code | Medical Faci | lity | | |
| | | Non-Motorist | | See Ab | | | Age/DOB | | | 1 4 | | | 0 | | 1 | wicdical Fact | y | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |



CDP1 11 ·24·00