	Poli	ce Use Only		Commonwe	ealth o	of Massa	achu	setts			RMV	V Docui	ment Numb	er	
	Date of Crash 04/22/2022	Time of Crash 15:22 24HR	NEWTON	MIOLO		icle Cra Report	sh	Number Vehicles 1		Latit	d Limi ude gitude_		State Polic Local Poli MBTA Po Other:	ce 🔟	
Ī			RSECTION:	<	LOCA		>		NOT	ΤΑΤ	INTI	ERSE	CTION:		
		HAMM	IOND POND PK	WY										2	
1 1	Route# Direction Name of Roadway/Street					Route# Direction	on Add	ress #		Nar	ne of R	Roadway	/Street		
$\dot{-}$	At					Feet NSEW of or									
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number								er	
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street									
2 1	Poute# Direct	tion	Name of Intersecting Roadway/Street			Feet 1	N S E V	V of							
3											Lar	ndmark			
السا	XVehicle1	1_#Occupants	Hit/Run	Moped Cas	se Number		220	00333							
	License#St RI DOB/Age					77006			Reg Ty	pe_COI	М	Reg	State_RI		
	Sex_M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL					Veh Year 2017 Veh Make FRHT Veh Config. 6 20									
4	Operator MELERO CARLOS F Endorsment Last First Middle					Owner A STAR MOVERS Last First Middle									
	Address 687 CHALKSTONE AVE (apt. 1)					SS 329 BARTON	l .		rust			iviladle		7	
	City PROVIDENCE State RI Zip 02908					PAWTUCKET					_State	RI	Zip 02860		
	Insurance Company WESCO					e Action Prior to	Crash	10 2	2 1 I	Damageo	d Area	Code: (Circle Up to	Three)	
5	Vehicle Travel	Direction:	_ Event	Event Sequence 35 22 22 22 2 3 (4)											
	Citation # (If Is	ssued)			Most I	Harmful Event	35 23	•	1	_	9		10 Under 5 11 Totale	~	
	Violation	1: ChSec	c Violation	2: ChSec	Driver	Contributing Co	ode 18	3 24	24)		
⁶ 1	Violation	3: ChSec	Under	ride/Override	25	Towe	d_N8		7		6				
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Po	26 27 at Safety s. System	28 2 Airbag Airb Status \$wit	9 30 ag Eject ch Code	31 Trap Code	32 Injury Tr Status C	33 ansp. ode Medical I	Facility 3	
	1			See Above											
-															
7	Dlaga Calast C	\			1	4 1	5		16		17				
1	Please Select One of the Following: Vehicle# Occupants											Moped			
Γ	License# St DOB/Age DOB/Age					Reg #									
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					Veh YearVeh Config. 20									
8 1	Operator THE TOWERS OF CH Last First Middle					Owner Last First Middle									
1	Address 250 HAMMOND POND PARWAY					SS	t		First			Middle			
	City NEWTON State MA Zip 02467				_ City _	CityStateZip									
	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 23 4									
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled									
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24									
	Violation	n 3: ChSe	ec Violatio	on 4: ChSec	Under	ride/Override [25	Towed	8		7		6		
ľ	Plo Name (Last Fir		operator and all	occupants involved		A co/DOD	Sev B	26 27 at Safety os. System	28 2 Airbag Airb	9 30 ag Eject	31 Trap		33 ansp.	Facility	
<u> </u>		Non-Motorist		See Above		Age/DOB	Sex P		status Sw	tch Code	e Code	Status C	Code Medical	racinty	
- 1															
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