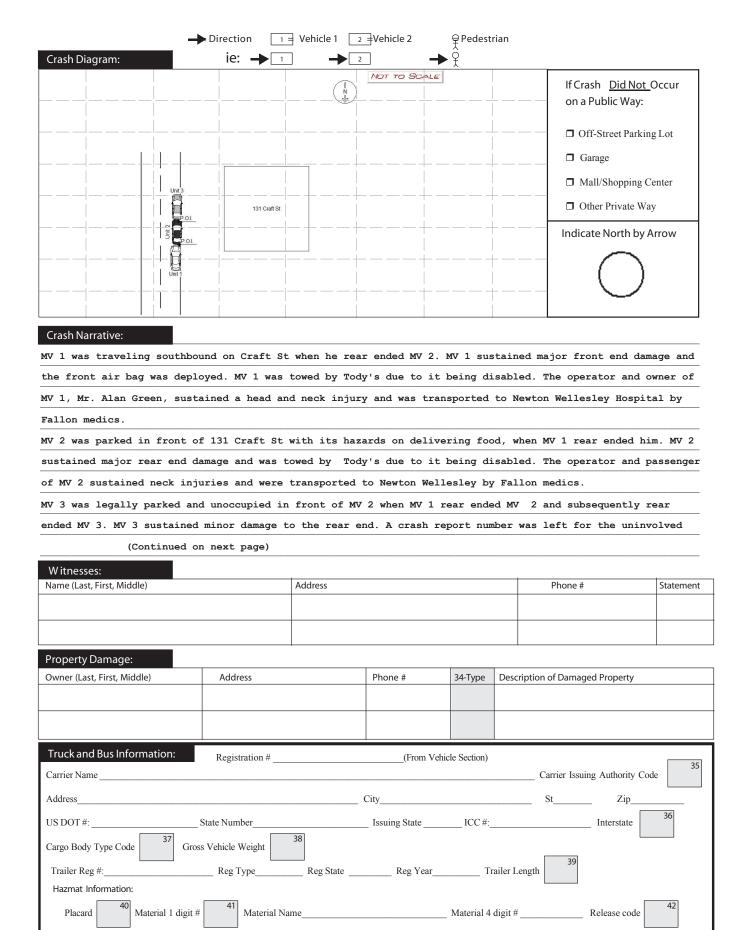
	Poli	ice Use Only		Commonw	ealth	of Mass	achus	setts			RMV	V Docu	ıment	Number	
	Date of Crash 05/16/2022	Time of Crash 20:26	City/I NEWTON	171011		nicle Cra	sh \[ \frac{N}{V}	Number Vehicles	Numb Injure		ed Limi tude		Sta Loo MF	te Police cal Police BTA Police	NA NA
		24HR	1			Report		3	3		gitude_		Oth	ner:	
		AT INTER	RSECTION:	<	LOCA	TION	>		NO	ГАТ	INTI	ERSF	ECTI	ON:	2
						SOUTH	131		CRAF	S ST					-
$\mathbf{\frac{1}{4}}$	Route# Direc	tion	Name o	of Roadway/Street At		Route# Direction	on Addr	ess#		Na	me of R	Roadwa	y/Stree	t	_ 2 10
				Feet NSEW of or											
	Route# Direc	etion N		Mile Marker Exit Number									_		
				Feet N S E W of Route# Intersecting Roadway/Street											
2 <b>1</b>				Feet N S E W of									2 11		
	Route# Direc	tion	Name of Inters	ecting Roadway/Street							Laı	ndmark			
3	XVehicle1	_1_#Occupants	Hit/Ru	Moped C	ase Number		2200	00412							
	License#		St N	MA DOB/Age	Reg#	14CB91			Reg T	pe PAI	N	Re	g State	MA	┫ .
		X M Lic. Class D 18 18 Lic. Restrictions 1 CDL					Veh N	<sub>Jake</sub> HC					-	20	
4	Operator GR		ALAN	Endorsment		(Same as ope	. \								1 12
1	Address 39 CI	Last HANDLER ST	First	Middle								Midd	ile		
	City WATER		c	tata MA 7 in 02472		ess							7in		
								21						Up to Three	
5	Insurance Company CITIZENS AUTO INSURANCE  Vehicle Travel Direction: NXEW Responding to Emergency? N					le Action Prior to	22 22	22	22 <b>(</b> 2	Ü	3		4	5 <sub>F</sub> 15 1 110	
2				sponding to Emergency?		Bequence 1	23				$\bigcap$	$\overline{A}$	1	0 Undercarria	age
	`	ssued)				Harmful Event	2	24		<b>←</b>	9			1 Totaled	
<sup>6</sup> 1	]			on 2: ChSec		r Contributing C	ode 19		. , 6		7	<u> </u>	6		
1		3: ChSec	Under	Underride/Override Towed <u>1</u>									13		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Pos	6 27 t Safety System	Airbag Air Status Swi	29 30 Eject tch Code	31 Trap Code	32 Injury I Status	Transp. Code	Medical Facility	1 2
	Operator			See Above				- 1	1 1	0	0	8	2		_
															7
7 <b>1</b>	Please Select ( of the Followi	I A Venicle	2 <u>2</u> #Occupa	nts Non-Motorist A	Туре	14 Action	15 Location	on 1	Cone	lition	17	o,	Hit/Run	Море	ed .
	License # St MA DOB/Age DOB/Age					Reg # 237NM3				Reg Type PAN			Reg State MA		
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					TIONE A					1 20				
<sup>8</sup> <b>1</b>	Operator LOI	PEZ		Owner PENA MARIA BELKIS											
1		Last ATTEN ST (apt.	First	Middle	—— Addre	Address 14 MISSION PARK DR									
	City BOSTON State MA Zip -2130					City BOSTON State MA Zip 02115									
	Insurance Company THE COMMERCE INSURANCE					Vehicle Action Prior to Crash  11  Damaged Area Code: (Circle Up to Three)								e)	
	Vehicle Travel Direction: NSEW Responding to Emergency?N					Event Sequence 1 22 22 22 22 2 3 4									
		Citation # (If Issued)					Most Harmful Event 1 23								ige
	`	n 1: Ch Se	ec Violat		Driver Contributing Code 1 24 24 1										
	Violatio		_	Underride/Override  Z5 Towed Y  8 7 6											
		ease fill out for			26 27 28 29 30 31 32					33 Transp.	33 ansp.				
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex Po	s. System	Status Sw	itch Cod	e Code	Status	Code 2	Medical Facili	ty
	*		1-	1 MISSION PARK DR (apt	1)		M	1							_
	THEN, JAY, A	LEA	В	OSTON, MA 02115			M 3	1	4 4	0	0	8	2		_

Date of Crash	ce Use Only Time of Crash	City/Town	Common		or ivrassa hicle Cra		umber	Number		Limit 3	30	State Police		
05/16/2022	20:26	NEWTON	, MIO			V	ehicles	Injured	Latitud	de		Local Police MBTA Police		
	24HR	SECTION.	<		Report		3	3		tude		Other:		
	ALINIER	RSECTION:		LUCA	ATION -	>		NOI	AII	NIER	SEC	ΓΙΟΝ:		
					l									
Route# Direct	ion	Name of R	oadway/Street		Route# Direction	n Addre					idway/St	reet		
					Feet NSEW of or Mile Marker Exit Number									
Route# Direc	tion N	Name of Intersecting			Feet N	N S E W	of							
		Tiso at intersec	Aton with		Route# Intersecting Roadway/Street Feet N S E W of									
Route# Direct	tion	Name of Intersecti	ng Roadway/Street		Feet NSEW of  Landmark									
XVehicle 3	#Occupants	☐ Hit/Run	Moped	Case Numbe	r	2200	0412							
License#		St	DOB/Age	Page	# 81HA46			Pog Tym	o PAN		Dog St	oto MA		
	18 1		19		Year 2005							20		
,		_	Endorsmer	nt	er GOFF						en Com	.g	J	
	Last		Middle	Addı	ress 14 WHITTEN	ORE RD		First			Middle		_	
			Zip		NEWTON					State M	[A 7ii	02458	_	
			NCE		cle Action Prior to	Crash	21	_				rcle Up to Th	ree)	
1			nding to Emergency?			2 22	22	<b>22</b> 2		3	4	-		
	ssued)		g to Emergency:		: Harmful Event	23				\	1 ).	10 Undercar	rriage	
			: ChSec		er Contributing Co		24	24 1	←	9	[ ]6	11 Totaled		
1	Towed	N 8		7	6									
Violation 3: ChSecViolation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Sex  Towed N  Towed N  26   27   28   29   30   31   32   33   33   33   33   33   33										3				
Name (Last First Operator	st Middle)		Address See Above		Age/DOB	Sex Pos.	System S	Status Switch	Code	Code Sta	itus Code	Medical Faci	ility	
- F												+		
											+	+		
											_			
Please Select C of the Followin		e# Occupants	Non-Motorist	A Type	14 Action 1	5 Locatio	n 10	6 Condit	tion	17	Hit/F	Run Mo	ped	
License#		St	DOB/Age	Reg	#			Reg Typ	ne		Reg Sta	ate		
Sex Lic. 0	Class 18 18	8 Lic. Restrictions	19 CDL		Year							ig. <b>20</b>		
Operator		First	Endorsmer		erLas						Middle			
	Last		Middle		Tess						Middle			
1														
Insurance Com			Demond Area Codes (Circle He to Three)											
Vehicle Travel			Event Sequence 22 22 22 22 3 4											
Citation # (If Issued)				Most	Most Harmful Event 23 10 Undercarriage 5 11 Totaled								rriage	
Violation 1: Ch Sec Violation 2: Ch Sec					24 24									
Violatio:	n 3: ChSe	ec Violation	4: ChSec	Unde	erride/Override	25	Towed_	8		7	6			
		operator and all o	ccupants involved			26 Seat	27 Safety A	28 29 Airbag Airbag	g 30 Eject	Irap Inju	32 33 ury Trans	p.		
Name (Last Fir			Address See Above		Age/DOB	Sex Pos	. System	Status Switc	ch Code	Code St	atus Code	e Medical Fac	cility	
Operator/	1 VOII IVIOTOTIST													
Operator/											+			
Operator/	TON WOOTST													



	→ Direction 1	Vehicle 1	2 =Vehicle 2	Pedestr	rian		
Crash Diagram:	ie: → 1	<b>→</b> [	2	<b>→</b> ĝ			
						If Crash <u>Did Not</u> on a Public Way:	Occur
						☐ Off-Street Parking	g Lot
						☐ Garage	
						☐ Mall/Shopping C	enter
			++			☐ Other Private Way	у
			++			ndicate North by A	rrow
			++				
Crash Narrative:			•	•			
owner, Ms. Janet Goff,	of MV 3.						
Witnesses:							
Name (Last, First, Middle)		Address			Pho	one #	Statement
Property Damage:			T				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	amaged Property	
Truck and Bus Information:  Carrier Name	registration "			ehicle Section)	Carrier	Issuing Authority Coc	35 de
Address			City		St	Zip	
US DOT#:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tr	ailer Length	39	
Hazmat Information:						_	
Placard 40 Material 1 o	digit # 41 Material Na	ame		Material 4	digit #	Release code	42
DONALD MURPHY			NEV	WTON POLICE DEPART		05/16/2	022

ID/Badge #

Department

Precinct/Barracks

Date

Signature

CDP1 11 ·24·00

Police Officer Name (Please Print)