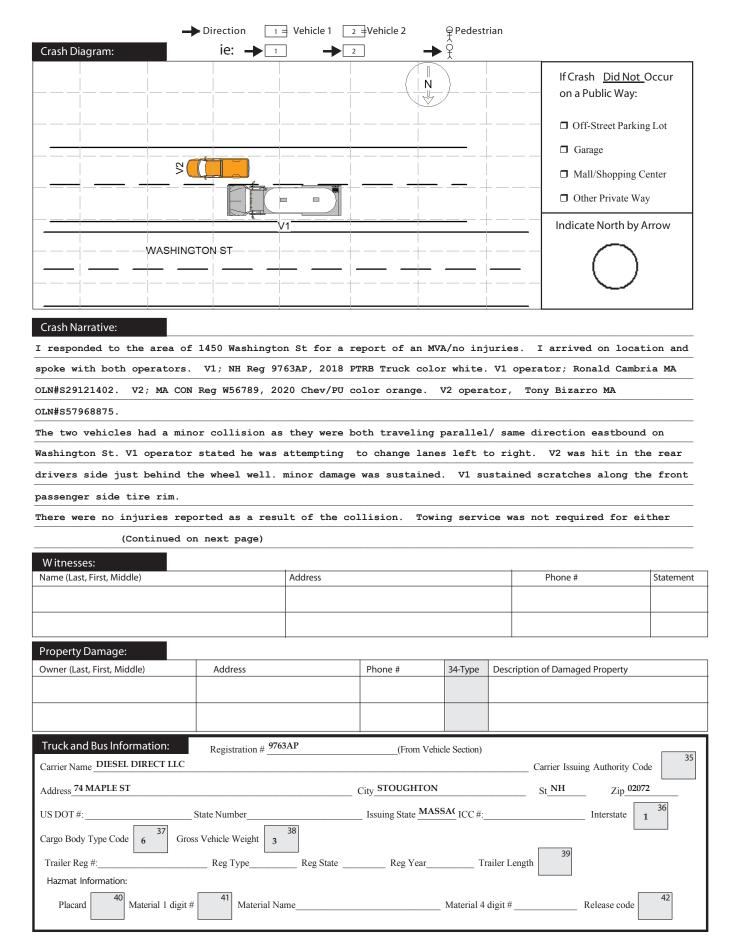
Pol	ice Use Only		Commonv	vealth	of Mass	achus	etts		RM	IV Docu	ıment Number		
Date of Crash 05/18/2022	Time of Crash 05:43	City/To	Mot Mot	tor Ve	hicle Cra	$\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$		Number Injured	Speed Lii Latitude		State Police Local Police MBTA Police	N X	
03/18/2022	05.45 24HR			Police	Report		2	0	Longitud		Other:	; 🔲	
	AT INTE	RSECTION:	<	LOC	ATION	>		NOT	AT IN	TERSE	CTION:		
					16 EAST	1450	1	WASHIN	GTON S	Γ			
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of					y/Street	_			
										_			
Route# Direc	etion 1	Name of Intersection	ng Roadway/Street		0 Fact [1 1 4	1 -	Mile Ma			Exit Number		
		Also at Inte	rsection with		reet	N S X W	-	Route#	PERKIN Inters		adway/Street	-	
Route# Direc	tion	Name of Interes	cting Roadway/Street		Feet	N S E W	of						
		T_	 						I	andmark		\dashv	
XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Numbe	er	2200	00417						
License#		St M		Reg	# 9763AP			Reg Type	AP	Reg	g State NH		
Sex_M Lic.	Class A 18	Lic. Restriction		Veh	Year_2018	Veh N	lake_PTR	RB		Veh Co	onfig. 7 20		
Operator CA	MBRIA Last	RONALD	D Endorsment	t Own	ner DIESEL DIR	ECT LLC		First		Middl	Te .	_	
Address 278 N	MAPLE ST			Add	ress 74 MAPLE S	Γ						_	
City MIDDLE	ETON	St	ate_MA Zip_01949	City	STOUGHTON				Sta	te_MA	_Zip	_	
Insurance Com	npany AMERICA	AN INS CO		Vehi	icle Action Prior to	Crash	5 21	Dai	maged Are	ea Code: ((Circle Up to Thr	ree)	
Vehicle Travel	Direction: N	S X W Res	oonding to Emergency?_	N Ever	nt Sequence 1	22 22	22	2		3	4		
Citation # (If I	ssued)			Mos	t Harmful Event	1 23		1 <	┍╽┝	9	10 Undercard 5 11 Totaled	riage	
	1: ChSe	ec Violation	2: ChSec	_ Driv	er Contributing C		24	24 8			6		
			4: ChSec	_ Und	erride/Override	25	Towed	<u>N</u>		<i>'</i>			
Please Name (Last Fir		rator and all occu	pants involved Address		Age/DOB	Sex Pos.	6 27 Safety Ai System St	28 29 irbag Airbag tatus Switch	30 3 Eject Trap Code Code	1 32 Injury Tree Status C	ransp. Code Medical Facil	ility	
Operator			See Above				- 1 5	4	0 0	10	1		
												\dashv	
Please Select (of the Followi	IX Vehicle	e2 <u>1</u> #Occupan	ts Non-Motorist A	А Туре	14 Action	5 Locatio	on 16	Condition	on 17	7 🔲 н	Hit/Run Mop	ped	
		St M	A DOR/Age=	Reg	# W56789			Reg Type	CON	Rec	g State_MA	_	
	18 18 19				Veh Year 2020 Veh Make CHI			_ 0 ,, 0			20	-	
	Sex_M Lic. Class D Lic. Restrictions 1 CDL Operator BIZARRO TONY F					Owner ARI FLEET LT							
	Last ARYLAND ST	First	Middle		ress 4001 LEADE	t	D	First		Middl	le	_	
City NEW BE			ate MA Zip 02745		MT. LAUREL				Sta	te_NJ	Zip_08054	_	
Insurance Com	Insurance Company GREENWICH INS CO					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							
Vehicle Travel	_		sponding to Emergency?	N Ever	nt Sequence 1	22 22		22 2		3	4		
Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								
Violatio	n 1: ChS	Sec Violatio	on 2: ChSec	Driv	ا er Contributing C		24	24					
Violatio	n 3: ChS	Sec Violatio	on 4: ChSec	Und	erride/Override	25	Towed_	N 8		7	(Q		
			occupants involved			20 Seat	6 27 Ai	28 29 irbag Airbag	30 3 Eject Trap	1 32 Injury Ti	33 ransp.	$\overline{}$	
Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex Pos	s. System 5	Status Switch	Code Coo	ie Status	Code Medical Faci	ility	
1							- 3		- 0			\dashv	



	Direction	1 = Vehicle 1	2 #Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →	1 -	2	Ŷ			
Crasii Diagraffi.					on	Crash Did Not Coa Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Coate North by A	g Lot enter
Crach Nagrative		•	•				
Crash Narrative:							
vehicle							
Witnesses:							
Name (Last, First, Middle)		Address			Phone	 #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			25
Carrier Name					Carrier Iss	uing Authority Code	e 35
			ar.		g.		
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
37	Г	38					
Cargo Body Type Code	Gross Vehicle Weight						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39		
Hazmat Information:							
40	41						42
Placard Material 1 dig	git # Material	l Name		Material 4 o	digit #	_ Release code	12
DANIEL S SULLIVAN			NEWTO	N POLICE DEPARTM	1	05/18/20	J22

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)