	Poli	ice Use Only		Commonweal	lth o	f Massa	achu	isetts			RMV	Docum	ent Number	
	Date of Crash 06/03/2022	Time of Crash 09:32 24HR	NEWTON	Motor Pol		cle Cra Report	sh	Number Vehicles 1		Latit	d Limit ude gitude_	25	State Police Local Police MBTA Police Other:	Xi O
						LOCATION > NOT AT INTERSECTION						TION:		
					WEST 355 WASHINGTON ST									
<u> </u>	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street						treet	_ 2		
					Feet NSEW of or or Mile Marker Exit Number								-	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street								
1					Feet NSEW of									3
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								
<i>J</i>	XVehicle1	#Occupants	X Hit/Run	Moped Case N	lumber		22	000484						Щ
	License # St DOB/Age				Reg # 615JB6 Reg Type PAS Reg State MA 20								-	
	Sex Lic.	Class	Lic. Restrictions	CDL Endorsment		ar 2021						Veh Con		
⁴		Operator Last First Middle			Owner RAPOPORT BECKY SUE Last First Middle 40 BOISE RD									- 1
	Address				Address 40 BOISE RD City MARLBOROUGH State MA Zip 01752								-	
	Insurance Company COMMERCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)
5	Vehicle Travel	Direction: N	S E X Respond	ing to Emergency? N	Event S	equence 1	22 22		22 2		3	7	1	
	Citation # (If I	ssued)			Most H	armful Event	1 23		1	+	9	/	10 Undercarri 5 11 Totaled	iage
<u> </u>				ChSec	Driver (Contributing Co	ode 1		24 8		O		3	
⁵ 1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N Towed N 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Airbag Street Carp Injury Transp. Por Surface Street Carbon Injury Carbon Medical Facility							_	
	Name (Last First Middle) Operator See Above			Address	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facil						ty 1			
	Operator			See Above						+				
7 1	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	e 14	Action	Loca	ution	16 Cond	ition	17	Hit/	Run Mop	ed
	License#StDOB/Age				Reg#_	Reg# Reg Type Reg State								
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					eh YearVeh MakeVeh Config.								
4	Operator	Last	First	Endorsment	Owner _	Las	t		First			Middle		-
	Address					Address								-
	CityStateZip				City State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								- ee)	
	Insurance Company Vehicle Travel Direction: NSEW Responding to Emergency?					Vehicle Action Prior to Crash Event Sequence 22 22 22 22 22 22 22 22								
	Citation # (If Issued)				Most Harmful Event 23 10 Undercarriage 5 11 Totaled							iage		
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24								
	Violation 3: ChSecViolation 4: ChSec					Underride/Override 25 Towed 8 7 6								
	Pl Name (Last Fi		operator and all occ	cupants involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 2 Airbag Airb Status Sw	9 30 ag Eject itch Code	Trap I Code	32 3 njury Tran Status Coo		lity
	Operator/	Non-Motorist		See Above										_
														\perp

		Vehicle 1	2 #Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	」 → L	2	> ♀			
35	5 WASHINGTO	N ST		 		If Crash <u>Did Not</u> on a Public Way:	Occur
						☐ Off-Street Parkin	g Lot
	N/A					☐ Garage	
	MV1					☐ Mall/Shopping C	enter
						☐ Other Private Wa	У
				+		Indicate North by A	Arrow
	NOT TO SCALE						
						()	
						\smile	
Crash Narrative:							
OWNER OF MV 1 STATED							
ARRIVED AT HER CAR TH							
BUMPER. THERE WERE 1	NO WITNESSES TO THE A	ACCIDENT AND	NO CAMERAS IN	THE IMME	DIATE AREA	THAT MAY HAVE	CAPTURED
THE ACCIDENT.							
Witnesses:							
Name (Last, First, Middle)		Address			Ph	one #	Statement
Property Damage:							-
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	Damaged Property	
				71			
Truck and Bus Informatio	n: Registration #		(From Vel	nicle Section)			0.5
Carrier Name					Carrie	r Issuing Authority Cod	35 de
Address			City		St	Zip	
US DOT#:							36
	27	38		100 #		Interstate	
						39	
l	Reg Type	Reg State	Reg Year	Tr	ailer Length		
Hazmat Information:	A1						42
Placard 40 Material	1 digit # Material N	Jame		_ Material 4	digit #	Release code	42
MATTHEW W COLELLA			NEWI	ON POLICE DEPART	1	06/03/2	2022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)