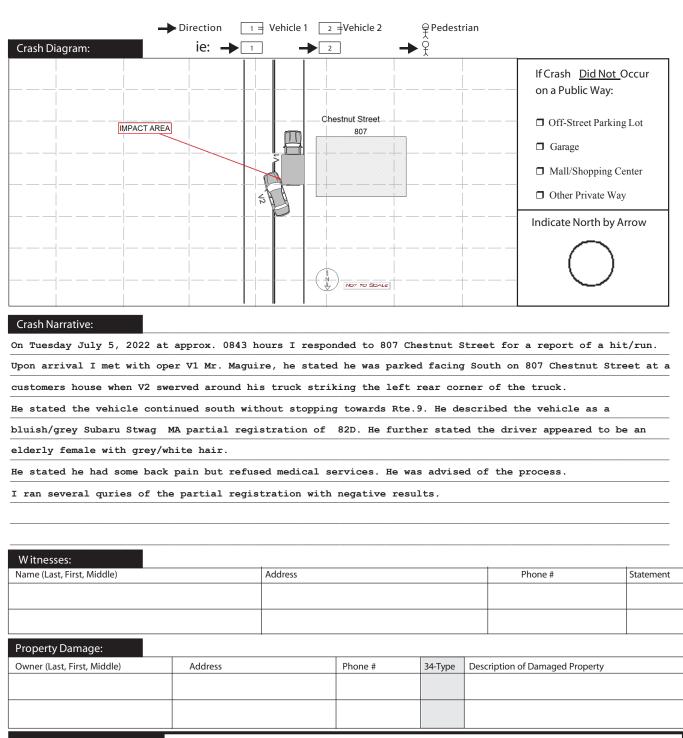
[	Poli	ice Use Only		Common	wealth	of Mass	achı	uset	ts		RM	V Docui	ment Number	
	Date of Crash 07/05/2022	Time of Crash 08:43	City/To	wn Mo	otor Ve	ehicle Cra	ash	Numb Vehic			peed Lim atitude _		State Police Local Police MBTA Polic	N X
	07/03/2022	24HR			Police	Report		2	1		ongitude_		Other:	e 🔲
		AT INTER	RSECTION:	<	LOC	ATION	>		N	OT A	T INT	ERSE	CTION:	
				SOUTH 807 CHESTNUT ST										
	Route# Direc	tion	Name of	Roadway/Street		Route# Direct	ion A	ddress #			Name of I	Roadway	/Street	
$\dashv$	At					Feet NSEW of — — or								
	Route# Direc	etion N	Name of Intersectin	g Roadway/Street		-			Mi	e Marke	er		Exit Number	
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street								
2						Feet NSEW of								
	Route# Direction Name of Intersecting Roadway/Street					Landmark								
	XVehicle1	#Occupants	X Hit/Run	Moped	Case Numb	er	2	2000599	)					
	License#		St FL	DOB/Age	- Res	g# S51768			Reg	Type C	CON	Reg	State MA	
	Sex_M Lic. Class D 18 18 Lic. Restrictions 9 CDL					Reg #         S51768         Reg Type CON         Reg State MA           Veh Year 2016         Veh Make ISU         Veh Config.         6								
	Operator MA		DEAN MICH	AEL JOSEPH		ner ARI FLEET		_						'  -
1	Address 8 CEI	DAR POND DR	First	Middle	Ade	dress 4001 LEAD	ist ENHALI	RD	First			Middle	e	_
	City WARWIG			te_RI Zip_02886		MT LAUREL					State	NJ	Zip 08054	_
			AL UNION FIRE			nicle Action Prior	to Crash	11	21				Circle Up to Th	nree)
				onding to Emergency		ent Sequence 1	22 2			2	3		4	
	Citation # (If I		<u> </u>	0 0,		st Harmful Event	1 23	3					10 Underca	~
				2: ChSec		ver Contributing (		1 24	24		-   <u>  9</u>	$\langle  $	5 11 Totaled	
1	Violation		Underride/Override 25 Towed N 8 7 0											
	Please fill out for operator and all occupants involved					26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.								
	Name (Last Fir	st Middle)		Address See Abov		Age/DOB	Sex	Pos. \$yst		99 (		\$tatus C	ode Medical Fac	eility
1	Please Select C of the Followi	IX Vahida	2 1_#Occupant	s Non-Motoris	t A Type	14 Action	15 Loc	ation	16 Co	ondition	17	Пн	it/Run Mo	ped
	License#		St M.	A DOD/A	- D	82D	Reg Type PAN Reg State M		State MA					
		icense # St MA DOB/Age ex F Lic. Class 99 18 18 Lic. Restrictions 9 CDL				Reg # 82D         Reg Type PAN         Reg State           Veh Year         Veh Make SUBARU         Veh Config.					20			
	Operator UNK  Lic. Class S Lic. Restrictions CDL Endorsment  UNK  UNK				ent	Owner (Same as operator)								
2	Operator Last First Middle Address UNK UNK					L	ist		First			Middle	e	_
	City UNK State MA Zip UNK					Address								
	Insurance Company UNK					City State Zip  Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)								nree)
	Vehicle Travel Direction: N K E W Responding to Emergency? N					venicie Action Filot to Clash								
	Citation # (If Issued)					Most Harmful Front 2 23							ırriage	
	Violation 1: Ch Sec Violation 2: Ch Sec					Most Harmful Event 2 1 4 9 5 11 Totaled								
	Violatio			Driver Contributing Code 99 Towed N 8 7 6  Underride/Override 25 Towed N 8 7 6										
			ec Violatio operator and all	occupants involved		acting Overline		26 2 Seat Safe		29 Airbag E	30 31 Fject Trap	32 Injury Tr	33	
	Name (Last Fi	rst Middle)	1	Addres	S	Age/DOB		Pos. Sy	stem Status	Switch	Code Code	Status (	ansp. Code Medical Fa	cility
	Operator/	Non-Motorist		See Abov				99	99	99 0	0	99 1	L	
ľ							+ +							



Truck and Bus Information: Registration #\_\_\_\_\_(From Vehicle Section) 35 Carrier Name \_ \_\_\_\_ Carrier Issuing Authority Code Address\_\_\_ US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #:\_\_\_\_ Cargo Body Type Code Gross Vehicle Weight Reg Type Reg State Reg Year Trailer Length Trailer Reg #: Hazmat Information: Material Name\_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code Placard Material 1 digit #

ROCCO D MARINI		13963	NEWTON POLICE DEPARTM		07/05/2022	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date	