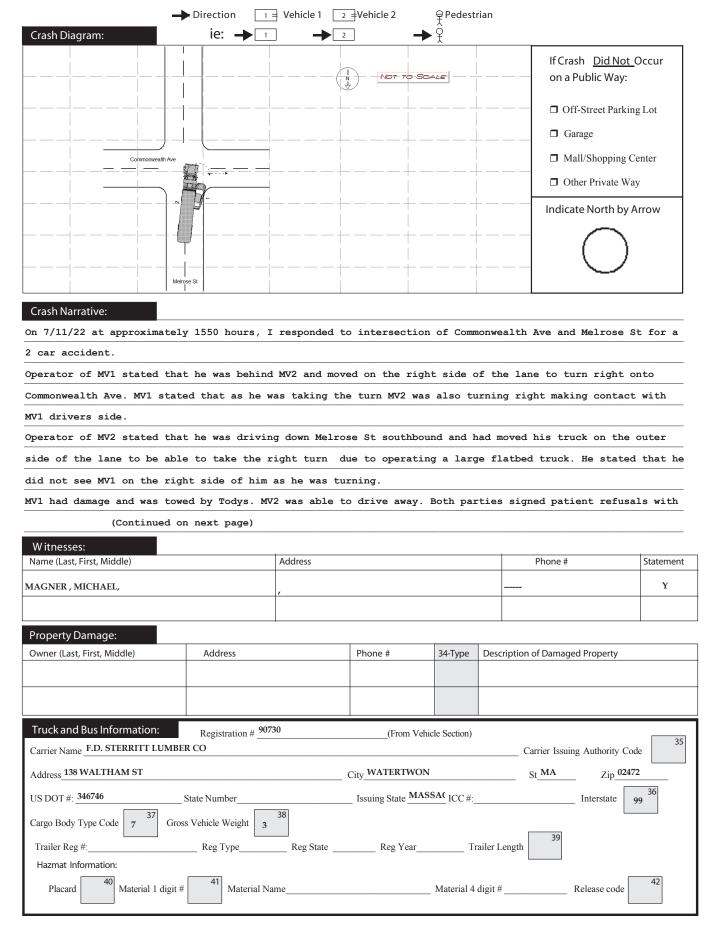
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	setts	}		RM	V Docui	ment Number	
	Date of Crash 07/11/2022	Time of Crash 16:11	City/To NEWTON	MIOTOI		icle Cra	sh	Number Vehicles		ed Lati	ed Limi		State Police Local Police MBTA Police	Xi
		24HR				Report		2	0		gitude_		Other:	_
		ATINTER	RSECTION:	< ]	LOCA	HON	>		NO	TAT	INT	ERSE	CTION:	
	EAST	г сомм	IONWEALTH AV	/E										
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion	Route# Direction Address # Name of Roadway/Street						/Street	2				
	At SOUTH MELROSE ST					Feet NSEW of • or								_
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Mile Marker Exit Number								_
			Feet N S E W of Route# Intersecting Roadway/Street								- <u> </u>			
2 <b>1</b>	Route# Direc	tion	Feet N S E W of									4		
3	Route# Direc	tion	Landmark									-		
	XVehicle1	_1_#Occupants	Hit/Run	Moped Case	Number		220	000620						
	License#		St_M	A DOB/Age	Reg#	1AXE41			Reg T	ype PA	N	Reg	State_MA	
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2018 Veh Make VOLKSWAGON Veh Config. 1								
4_	Operator KALOUPEK DANNY Endorsment					Owner (Same as operator)								
3	Address 230 N	Address 230 MELROSE ST				Last First Middle Address								
	City NEWTON State MA Zip 02459													_
	Insurance Com	npany AMICA	Vehicle Action Prior to Crash  3 21 Damaged Area Code: (Circle Up to Three)											
5	Vehicle Travel	Direction: N	S E X Resp	oonding to Emergency? N	Event	Sequence 1	22 22	22	22 2	!	3		4	
1		ssued)			Most I	Harmful Event	1 23				9		10 Undercar	riage
	Violation	1: Ch Sec	· Violation	2: ChSec	Driver	Contributing Co		9 24 1	24			┨.	5 11 Totaled	
<sup>6</sup> <b>1</b>	]			4: ChSec		ride/Override	25	Towe		3	(	)	6	
		fill out for opera			Se	26 27 eat Safety		29 30 Ejec	0 31	32 Injury Tra	33 ansp.	1		
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex Po	os. \$ystem	Status Sw	itch Cod	e Code	\$tatus Co	ode Medical Facil	lity 1
	- F							1	7 7			10 1	7	
<sup>7</sup> <b>3</b>	Please Select C of the Followi		2 <u>1</u> #Occupan	ts Non-Motorist A Typ	pe 1	Action 1	Locat	tion	16 Con	dition	17	Пні	it/Run Mor	oed
	License# St MA DOB/Age					Reg # 90730 Reg Type APN Reg State MA							State_MA	
	Sex M Lic. Class B 18 18 Lic. Restrictions 19 CDL					Veh Year 2015 Veh Make FRHT Veh Config. 7								
<sup>8</sup> <b>1</b>	Operator ROBERTSON EDWARD  Last First Middle					Owner F.D STERRITT LUMB								
1	Address 32 M	EARS LN	Last First Middle Address 138 WALTHAM ST											
	City STOUGHTON State MA Zip 02072					City WATERTOWN State MA Zip 02472								
	Insurance Company COMMERCE					Vehicle Action Prior to Crash  3 21 Damaged Area Code: (Circle Up to Three)								
	Vehicle Travel Direction: NSEN Responding to Emergency?N					Event Sequence 1 22 22 22 22 2 2 4								
	Citation # (If I		Most Harmful Event 1 23								riage			
	`	/	ec Violatio	Driver Contributing Code 1 24 24 5 Towed N 5 11 Totaled Underride/Override 25 Towed N										
	Violatio		ec Violatio											
	Pl	ease fill out for	operator and all	26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.					ansp.					
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex I	os. Syster	n Status S	witch Co	de Code		Code Medical Fac	ility
	Орегаюн	1 TOTI-INIOTOTIST		See Addive				1	4 4	U	U	10 1	-4-1	



	Direction	1 =	Vehicle	1	2 #Vehicle 2		₽Pedestr	ian		
Crash Diagram:	ie: →	1	-	<b>→</b> [	2	<b>→</b>	Ŷ			
									If Crash Did Not Coon a Public Way:  Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by Ar	Lot
					-				<u> </u>	
Crash Narrative:										
the Medics.										
Witnesses:			A -l -l						Discours II	Ct-t
Name (Last, First, Middle)			Address						Phone #	Statement
Property Damage:										
Owner (Last, First, Middle) Address					Phone #		34-Type	Desc	ription of Damaged Property	
Truck and Bus Information:	Registration #				(Fron	n Vehicl	le Section)			25
Carrier Name							Carrier Issuing Authority Code	a 35		
Address					City				St Zip	
										36
US DOT #:	State Number		38		Issuing State		ICC #:_		Interstate	
Cargo Body Type Code 37	Gross Vehicle Weight		58							
Trailer Reg #:	Reg Type		Reg St	tate	Reg Ve	ear	Tra	ailer L	ength 39	
Hazmat Information:	8 118-			_			110	20	- 0	
40	41									42
Placard Material 1 dig	git #   Materia	ıl Nar	ne				Material 4 o	digit#	Release code	
TIFFANY L HAMANN						NEWTON	POLICE DEPARTM		07/11/20	122

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)