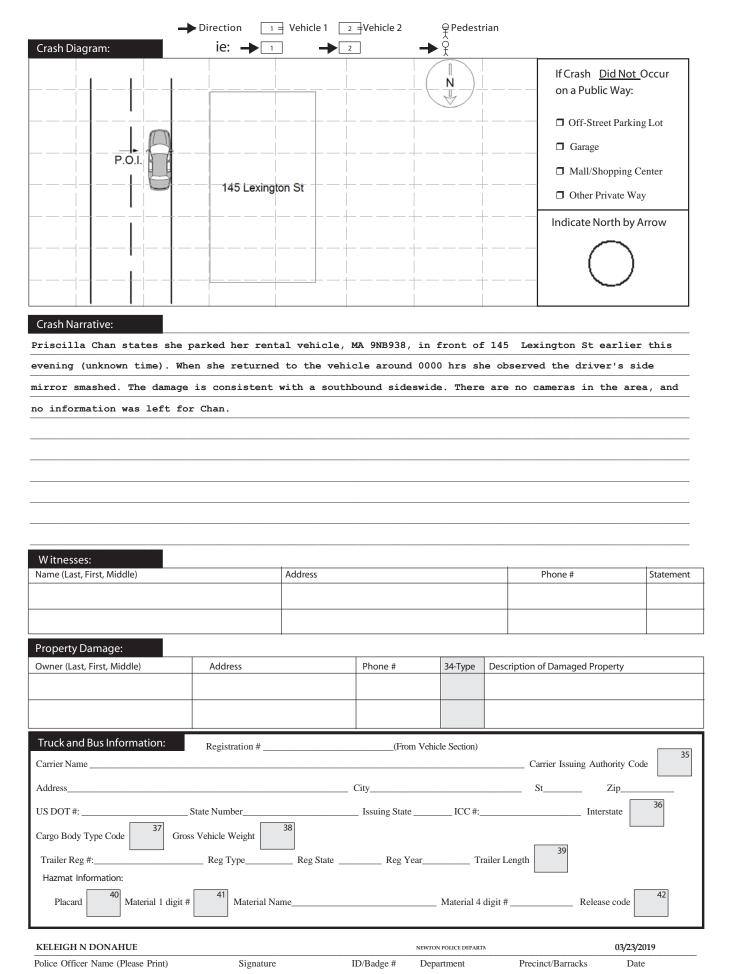
	Poli	ce Use Only		Commonw	vealth	of Mass	achu	setts			RMV	V Docun	ıent Number		
	Date of Crash 03/22/2019	Time of Crash 23:37	City/Town	Mot	or Vel	nicle Cra	ash [Number Vehicles		er Spee	ed Limi tude	t <u>25</u>	State Police Local Police MBTA Police	□ Xi	
	03/22/2019	23:37 24HR]	Police	Report		1	0		gitude_		Other:		
		AT INTER	LOCA	OCATION > NOT AT INTERSECTION:											
							SOUTH 145 LEXINGTON ST							2	
4	Route# Direc	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street							$ \frac{1}{2}$	
	At					Feet NSEW of or									
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street									
2 3			Feet NSEW of												
	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Landmark								
³ 97	XVehicle1	1_#Occupants	X Hit/Run	Moped	Case Numbe	r	190	00000312							
	License#		St MA	DOB/Age	Reg #	9NB938			Reg T	ne PA	N	Reg S	State MA		
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Reg # 9NB938 Reg Type PAN Reg State MA Veh Year 2019 Veh Make SUBARU Veh Config. 2									
4				Endorsment		PATRICK M								$ 3^1$	
1	Operator CHAN PRISCILLA Last First Middle Address 8 RENI LANE					Last First Middle ddress 519 WASHINGTON ST									
	City FRAMINGHAM State MA Zip 01701					City AUBURN State MA Zip									
	Insurance Company UNKN					Webigle Action Prior to Creek 21 Damaged Area Code; (Circle Up to Three)									
5	Vehicle Travel	Direction: N	Y E W Respon	ding to Emergency?_			22 99 22	22	22 2		3		4		
2		ssued)	-			Harmful Event	23				M		10 Undercarr	iage	
				ChSec		r Contributing C		24	24	—	9	$\langle $	5 11 Totaled		
⁶ 2	1			ChSec		rride/Override	25	Towe	8 d N		C)	6		
	Please fill out for operator and all occupants involved					26 27 28 29 30 31 32 33								1	
	Name (Last Fir	st Middle)		Address See Above		Age/DOB		99	Status Swi	tch Code	Code	Status Co	de Medical Facil	ity 1	
	орегшог			566116676				99	1 95		0				
⁷ 1	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A	Туре	14 Action	15 Locat	tion	Cone	lition	17	Hit	/Run Mop	ed	
	License#StDOB/Age					#Reg TypeReg State						State			
	18 18 19 19 CDL 19 CDL 19											20			
8 1	Endorsment					vner									
1	Last First Middle Address					Last First Middle ddress									
	CityStateZip					CityStateZip									
	,					hicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
						vent Sequence 22 22 22 22 3 4									
						ost Harmful Event 23 10 Undercarriage 5 11 Totaled									
	, , , , , , , , , , , , , , , , , , ,					ver Contributing Code 24 24									
	Violatio		lerride/Override 25 Towed 8 7 6												
	Please fill out for operator and all occupants involved							26 27 eat Safety	28 Airbag Air	29 30 pag Eject	31 Trap	Injury Tra	33 nsp.	\dashv	
	Name (Last First Middle) Operator/Non-Motorist			Address See Above			Pos. Systen	stem Status Switch Code (Code Status Code Medical Facility		lity		
	1														



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