[Poli	ice Use Only		Comn	nonweal	lth o	of Massa	achi	ıset	ts]	RMV	Docum	ent Number		ĺ
	Date of Crash 08/29/2019	Time of Crash	n City/ NEWTON	Γown	Motor	Veh	icle Cra	sh	Num Vehic		ımber jured	Speed Latitud	Limit .		State Police Local Police MBTA Police	N X	
	00/27/2017	24HR					Report		2	0	•		tude		Other:		
		AT INTERSECTION: <					LOCATION > NOT AT INTERSECTI								TION:		- 2
							EAST 716 BEACON ST										Ľ
1 [Route# Direc	tion	Name	of Roadway/Stree	t		Route# Direction	n A	dress ‡	#		Name	e of Ro	adway/S	Street		-
_	At						Feet NSEW of or										_
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number										
	Also at Intersection with						Feet NSEW of Route# Intersecting Roadway/Street								_	L	
1							Feet NSEW of										4
	Route# Direction Name of Intersecting Roadway/Street						Landmark										
1	XVehicle1 1 #Occupants Hit/Run Moped Case						Number 1900000892										
	T:#	Reg # 5SRB30 Reg Type PAN Reg State MA															
4	License# — St MA DOB/Age — St III DOB					Reg # Johnson Reg Type 1 Reg State MR Veh Year 2019 Veh Make MERZ Veh Config. 1											
	Endorement						(Company to d										
1	Operator 154 W	perator MEYER CHANA J Last First Middle 154 WOODCHESTER DR					Owner (Same as operator) Last First Middle										
						Address											
	City NEWTON State MA Zip 02467 Insurance Company GEICO GENERAL INS					City State Zip Wabicla Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)											
							e Action Prior to	Crash	2 2		2	magea	മ	,	4		
1		Direction: N		esponding to Eme	ergency?		Sequence 1 2	2.3					\		10 Undercar	riage	l
	,	ssued)					Harmful Event	1	24	24	1 4	⊢	9	.	5 11 Totaled		
				on 2: ChS			Contributing Co	ode 25	1] 8		7		6		
⁵ 1	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Under	ride/Override		To	owed N	- 29	30	31	32 3	33		\vdash
	Name (Last First Middle) Address						Age/DOB	Sex	26 Seat Sa Pos. Sy	27 28 fety Airba stem Statu	29 g Airbag s Switch	30 Eject Code	31 Frap In Code St	32 njury Tran tatus Cod	sp. e Medical Facil	lity	1
	Operator			See	Above				9	9 4	99	0	0 1	10 1			
1	Please Select C	I X I Vehicl	le2 1_#Occupa	ants Non-M	lotorist A Type	1	4 Action 1	5 Loc	ation	16	Conditi	on	17	Hit/	Run Mor	oed	
	License#St MA_ DOB/Age					Reg # 9NLK90 Reg Type PAN Reg State MA								tate MA			
	Sex M Lic. Class D 18 18 Lic. Restrictions I CDL					-	TOPP								20		
	Operator SCHWARTZ ANDREW Endorsment					Owner	(Same as oper	rator)									
3 2	Last First Middle Address 225 ARNOLD RD						Las	t		Fi	rst			Middle			
	City NEWTON CENTER State MA Zip 02459												State	Zi	ip		
	Insurance Company SAFETY INSURANCE					-	e Action Prior to		6	21					ircle Up to Thi	ree)	
	Vehicle Travel Direction: NSWW Responding to Emergency?						Sequence 1 2	22 2			0		3	,	4		
	Citation # (If Issued)						Harmful Event	1 23	3				$\downarrow \downarrow$		10 Undercar	riage	
	Violation 1: Ch Sec Violation 2: Ch Sec					Driver Contributing Code 19 24 4 24 5 11 Totaled											
	Violation 3: ChSecViolation 4: ChSec					Underride/Override 25 Towed N 6											
				all occupants inv		30/1				27 28 fety Airba		30 Eject	31 Trap In	32 3 njury Tran	33 sp.		
	Name (Last Fi	Non-Motorist	1	Saa	Address		Age/DOB	Sex	Pos. S	ystem Stati	s Switch	Code	Code S	Status Co		ility	
	Орстатот/	THOM IMPOUNTS		366	210010				9	9 4	77	U	J 1	10 1			
									+					-			

