	Poli	ice Use Only		Commonwea	alth o	of Mass	sach	use	etts			RM	V Doc	umen	t Number			
	Date of Crash 02/27/2020	Time of Crash 15:46	City/To	Motor Motor	· Veh	icle Cr	ash		mber nicles	Numb Injure		ed Limi		St	ate Police ocal Police BTA Police	NA NA		
	02/27/2020	24HR				Report		3		0		ngitude_		O	ther:			
		AT INTER	RSECTION:	<	LOCA	ΓΙΟΝ	>			NO	ГАТ	INT	ERSI	ECT	ION:	1		
	EAST	г сомм	IONWEALTH A	VE												1		
1 1	Route# Direction Name of Roadway/Street  At					Route# Direction Address # N							Roadwa	ay/Stre	et	_ 2 <sup>1</sup>		
	NOR	TH ELLISO	Feet NSEW of • or											. <del>  -</del>				
	Route# Direc	etion N	Mile Marker Exit Number  Feet N S E W of											-				
						_		Route	#	Intersec	ting R	oadwa	y/Street	- 1				
2 1	Route# Direc	tion	Name of Interse	ecting Roadway/Street		Feet	N S	E <b>W</b> c	of							2		
3				Landmark														
	X Vehicle1	2_#Occupants	Hit/Run	Moped Case	Number			200000	00193									
	License#									_Reg T	ype_PA	.R	Re	eg State		-		
	Sex_F_ Lic.	Class D 18 1	Lic. Restrictio	ns I 19 CDLEndorsment	Veh Y	ear_2007	V	eh Ma	ke_HC	NDA			Veh (	Config	. 20			
<sup>4</sup> <b>2</b>	Operator KIM		RACHEL	M Middle	Owner	wner KIMBALL CAREN					N B				Middle			
	Address 55 PE		Addres	Address 55 PEMBROKE ST									-					
	City NEWTON State MA Zip 02458					City NEWTON State MA Zip 02458												
	Insurance Com	pany SAFETY	Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)															
5 <b>1</b>	Vehicle Travel	Direction: N	S X W Res	ponding to Emergency? N	Event	Sequence 1			22	22 2		3	$\overline{}$	4	4077	.		
	Citation # (If I	ssued)			Most I	Harmful Event	1	23		1	<b>—</b>	9			10 Undercarr 11 Totaled	iage		
6	Violation	1: ChSec	c Violation	n 2: ChSec	Driver	Contributing (	l	1	24	<b>24</b> ] 8		$\frac{\sqrt{1}}{7}$	$\mathcal{L}$	) 6				
<sup>6</sup> <b>1</b>		3: ChSec	Underride/Override Towed N															
	Please 1 Name (Last Fir		ator and all occu	pants involved Address		Age/DOB	Sex	Seat S Pos. S	27 Safety A System	28 Airbag Air Status Sw	29 3 bag Ejec tch Cod	0 31 Et Trap e Code	32 Injury Status	33 Fransp. Code	Medical Facili	1 1 1		
	Operator			See Above			-		99	4 99	0	0	10	1				
	KIMBALL, DA	ANIEL		PEMBROKE ST EWTON, MA 02458			M	3	99	4 99	0	0	10	1				
<sup>7</sup> <b>2</b>	Please Select C of the Followi		2 <u>1</u> #Occupar	ts Non-Motorist A Ty	/pe 1	4 Action	15 Lo	ocation	1	6 Con	dition	17		Hit/Ru	n Mop	ed		
	License#		Reg # 107813 Re						Reg Type SPN Reg State MA					_				
	Sex_M_ Lic.	Class D 18 1	Veh Year 2019 Veh Make FORD Veh Config. 5								. 5							
<sup>8</sup> <b>1</b>	Operator SANCHEZ JUAN A Endorsment A Middle					Owner JSC TRANSPORTATI										_		
1	Address 105 BELLINGHAM STREET (apt. 2)					Address 224 CALVARY STREET										_		
	City CHELSEA State MA Zip 02150					City WALTHAM State MA Zip 02452										_		
	Insurance Company NATIONAL INTERSTAT					Vehicle Action Prior to Crash  2 21 Damaged Area Code: (Circle Up to Three)												
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					Event Sequence 1 22 22 22 2 3 4												
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriag										iage		
	Violatio	Driver Contributing Code 1 24 24																
	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed N 8 7 6												
	Pl Name (Last Fi		operator and al	l occupants involved		Age/DOB	Sex		27 Safety A System	28 Airbag Air Status Sv	bag Ejec	0 31 Trap de Code	32 Injury Status	33 Transp. Code	Medical Facil	lity		
		Non-Motorist		See Above						4 99		0	10	1				
							+									$\overline{}$		

Poli Date of Crash	ce Use Only Time of Crash	n City/Town	Commonweal Motor				Number	Number		RMV d Limit		ent Number State Police				
02/27/2020	15:46	NEWTON	MIOTOI		cie Cra Report	'	ehicles	Injured	Latitu	ide itude_		State Police Local Police MBTA Police Other:				
	24HR	RSECTION:		OCAT		>	3	NOT				TION:				
	ATIME	ASECTION.	, <u>L</u>	I	1011 -			NOI	AI	UNITE	KSEC	TION.				
	<del></del>	N 6D	oadway/Street		D: 4	A 11			NI	CD	1/6	744				
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		Feet NSEW of or Exit Number														
Route# Direc	tion	Feet N S E W of														
		Route# Intersecting Roadway/Street  Feet N S E W of														
Route# Direct	Route# Direction Name of Intersecting Roadway/Street					Landmark										
XVehicle 3	_1_#Occupants	s Hit/Run	Moped Case N	Number		200	0000193									
J		St XX	DOB/Age	Reg#5I	HW819			_ Reg Typ	. PAN	ı	D C	и МА				
License #	Class D	Lic. Restrictions	19 CDL	_	ar 2014	Val N					_	20				
Operator FED		ANDREI	Endorsment							Y	ven con	ing. [ _	_			
Address UNK	Middle	Owner         FEDOROV         NIKOLAY         Y           Last         First         Middle           Address         544 WALNUT ST														
City UNK										State	MA Z	ip_02460				
Insurance Company GEICO					City NEWTON State MA Zip 02460  Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)											
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Violation	3: ChSe	Underride/Override 25 Towed N 8 7 6														
Please f		rator and all occupa	ints involved Address		Age/DOB	Sex Pos	6 27 t Safety . System	28 29 Airbag Airba Status \$witcl	g Eject Code	31 Trap I Code S	32 njury Tran Status Cod	33 isp. le Medical Fac	cility			
Operator			See Above				- 99	4 99	0	0	10 1					
Please Select C	one Vehicle	e#Occupants	Non-Motorist A Type	14		5 Locati		Condit	ion	17	☐ Hit/	/Run Mo	anad			
of the Followi	ng: Verilci	e# Occupants	Non-Motorist A Type	;	Action	Locali	OII	Condi	.1011		ПП	rkun 🔲 Mo	opeu			
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Insurance Com	pany		onding to Emergency?			Crash	22	22 2		3	`	4				
	ssued)		onding to Emergency?	Event Se	armful Event	23				$\prod$		10 Underca	_			
,			2: ChSec		Contributing Co	ode.	24	24 1	←	9		5 11 Totaled				
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Ple	ease fill out for	r operator and all o				2 Sea	6 27 t Safety	28 29 Airbag Airba	30 Eiect	31 Trap I	32 Tran	33 isp.				
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Sportator/									+							

