	Police Use Only	Common	wealth	of Massa	chusetts	}	RM	V Documo	ent Number	
	09/13/2020 02:30 NEWTON						Latitude _	Local Police MBTA Police		
	24HR AT INTERSECTIO	N: <			4	1 NOT	Longitude		Other:	
	AT INTERSECTIO	11.	LOCA						HON.	2
1	Route# Direction Nan	and of Doodyyay/Street		WEST Direction	Address #	COMMO	Nama of		tuaat	
4	Route# Direction Nan	ne of Roadway/Street At		Route# Direction				Roadway/S	ıreei	_ 2 10
				Feet N	S E W of	Mile Ma	• arker	or	Exit Number	
		secting Roadway/Street Intersection with		Feet N	S E W of					
2				Feet N	S E W of	Route#	Interse	cting Roady	way/Street	2
1	Route# Direction Name of In	tersecting Roadway/Street					La	ındmark		
3	XVehicle 1 _1 #Occupants	Run Moped	Case Number		2000000514					7
	License #S	St MA DOB/Age	Reg#	783LD0		Reg Typ	e_PAN	Reg St	tate_MA	
	Sex_M Lic. Class D 18 M 18 Lic. Restri	ictions B 19 CDL	Veh Y	ear_2012				_	20	
4	Operator COLANTI MICHAE Last First		0	r COLANTI	CRIST	TINA First	L	YNN		311
3	Address 276 PARK ST	Middle		276 PARK ST		First		Middle		
	City WEST ROXBURY	State_MAZip_02132	City	WEST ROXBURY	<u>′</u>		State	MA Zi	p <u>02132</u>	
	Insurance Company GOVERNMENT EMPI	LOYEE INSURANCE CO	OMPAN Vehic	le Action Prior to	Crash 1	Da	maged Area	Code: (Ci	rcle Up to Three	e)
5 1	Vehicle Travel Direction: N S E X	Responding to Emergency	y? N Event	Sequence 2 22		22 0	3		1	
1	Citation # (If Issued) T2014748				2 23			<u>, </u>	10 Undercarria 5 11 Totaled	ige
	Violation 1: Ch90/24/9ec Viol	ation 2: ChSec	Drive	r Contributing Cod	de 97 24	24		J.	3 11 Totaled	
⁶ 1	Violation 3: ChSec Viol	ation 4: ChSec	Under	rride/Override	25 Towe	8 ed Y	7	6	5	
	Please fill out for operator and all o	-		4. /DOD	26 27 Seat Safety	28 29 Airbag Airbag	30 31 Eject Trap	Injury Trans	33 sp. M. F. J. F. W.	2
	Name (Last First Middle) Operator	Address See Abov		Age/DOB	Sex Pos. System	Status Switch	0 0	\$tatus Code	Medical Facility ST E'S	<u> </u>
										\blacksquare
7										
1	Please Select One of the Following: Vehicle 2 0 # Occur	upants Non-Motoris	st A Type	14 Action 15	Location	Condit	ion 17	Hit/	Run Mope	ed
		StDOB/Age	Reg#	9TH559		Reg Typ	e PAN	Reg St	tate_MA	
	Sex Lic. Class 18 18 Lic. Restri			ear_2020	Veh Make_S	UBARU		_ Veh Conf	fig. 20	
⁸ 2	Operator	Endorsm	Owne	r MANKE	ALEC	First	Н	UGH Middle		
	Address	Middle	Addre	2SS 17 (apt. SL) AI	LBERTINA ST	rirst		Middle		
	City	City_	City QUINCY State MA Zip 02169							
	Insurance Company SAFETY INSIRANCE	COMPANY	Vehic	le Action Prior to	Crash 11	Da	maged Area	Code: (Ci	rcle Up to Three	e)
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	Violation 1: ChSec Vio	olation 2: ChSec	Drive	r Contributing Coc	de 1 24	24				
	Violation 3: ChSec Vio			rride/Override	25 Tower	1_Y 8	7		()	
	Please fill out for operator an	d all occupants involved	d		26 27 Seat Safety	28 29 Airbag Airbag	30 31 Eject Trap	32 3 Injury Trans	3 sp.	\dashv
	Name (Last First Middle) Operator/Non-Motorist	Addres See Abov		Age/DOB	Sex Pos. System	n Status Switc	h Code Code	Status Cod	le Medical Facili	у
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Date of Crash		1	Town	Motor Ve	ehicle Cras	Sh Num Vehic	I		d Limit <u>30</u> ade	State Po Local P	olice Dolice Nolice Police	
09/13/2020	02:30 24HR	NEWTON		Police	Report	4	1		itude	MBTA Other:	Police	
	AT INTER	RSECTION		< LOC	ATION >		NO	TAT	INTERS	ECTION	:	
Route# Direc	tion	Name	of Roadway/Street		Route# Direction	Address	#	Nan	ne of Roadv	vay/Street		
			At		Feet N	S E W of		· •	or			
Route# Direc	ction 1		ting Roadway/Street		Mile Marker Exit Number Feet N S E W of							
Also at Intersection with					Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street				reet	Feet N S E W of							
		I	-		1				Landma	rk		
X Vehicle 3	#Occupants	Hit/Ru	n Moped	Case Numb	er	2000000	514					
License#			DOB/Age	Reg	3YF829		Reg T	ype_PAN	R	Reg State MA		
Sex Lic.	Class 18 1			Veh	Year_2018	Veh Make	ACURA		Veh	Config. 1	20	
Operator	Last	First		Owr	ner FONG HA		First		Mi	iddle		
Address				Add	lress 92 WASHING	TON ST						
			StateZip		WOBURN				State_MA	Zip <u>01801</u>	·	
Insurance Com	npany METROPO	OLITAN PROF	PERTY AND CASU		nicle Action Prior to	_ 1	1		Area Code	e: (Circle Up	to Three)	
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Please		ator and all oc	cupants involved	ldress	Age/DOB	Sex Pos. \$y	27 28 fety Airbag Ai stem Status Sw	29 30 rbag Eject ritch Code	31 32 Trap Injury Code \$tatus	Transp. Code Medic	cal Facility	
Operator			See A	bove								
Please Select (Dne 🕶				14 15		16		17			
Please Select O		e4 <u>0</u> #Occup	ants Non-Mot	torist A Type	14 Action 15	Location	16 Cor	ndition	17	Hit/Run	Moped	
	ing: Vehicle	St	DOB/Age_				Cor			Hit/Run Cag State MA	<u> </u>	
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