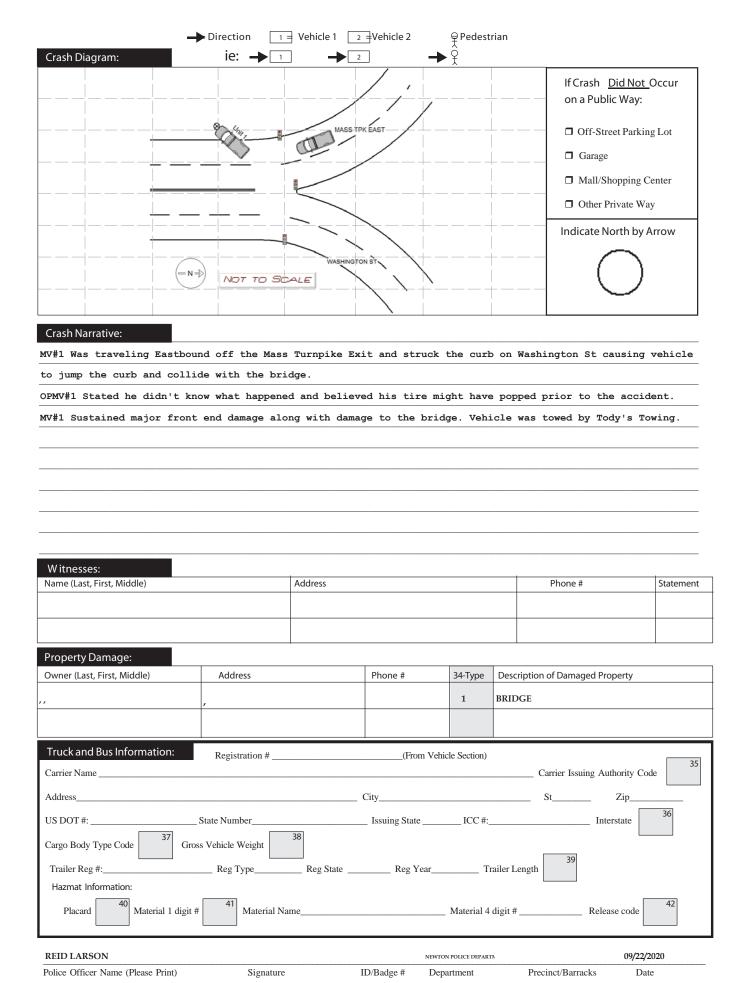
	Poli	ice Use Only		Commonweal	lth o	of Mass	ach	usett	5		RMV	/ Docur	ment Number		
	Date of Crash 09/22/2020	Time of Crash 00:13	City/Town NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		d Lati	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	XI XI	
						LOCATION >						INTERSECTION:		\lnot \vdash	
	EAST	Γ MASSA	ACHUSETTS TPK I	EAST										2	
4	Route# Direct			oadway/Street		Route# Direction	on A	ddress #	-	Na	ame of R	loadway	/Street		
	At WEST WASHINGTON ST					Feet NSEW of or							_ 2		
		Route# Direction Name of Intersecting Roadway/St								Mile Marker			Exit Number		
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street							dway/Street	-	
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
3	My 1 1 4 4 10 DWG DWG					Landmark									
1	XVehicle1	1_#Occupants	Hit/Run	Moped Case N	Number		2	200000054	7					_	
	License#St MA DOB/Age					Reg # 1ZZY91 Reg Type PAN Reg State MA									
	Sex_M Lic. Class D Lic. Restrictions 1 CDL					Veh Year 1996 Veh Make GMC Veh Config. 2									
⁴ 3	Operator SHARE WILLIAM R					Owner (Same as operator) Last First Middle								- 7	
	Address 41 LF			Address									-		
	City NEWTO		State	MA Zip 02467	-								Zip		
5	Insurance Company GOVT INS					Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three) Figure Sequence 22 24 22 22 22 22 23 4									
1		Direction: N		nding to Emergency? N		Sequence 33	2					$\overline{\mathcal{A}}$	10 Undercar	riage	
		ssued) T2079977		: ChSec		Iarmful Event	33	24	<u>99 24</u> (1	—	9		5 11 Totaled		
⁶ 1	1					Contributing C	ode 2	12	6		7		6		
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ide/Override		26 27 Seat Safety		29 30 Dag Ejec	0 31 Et Trap	32 Injury Tra	33 ansp.		
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos. Syster	1 1	tch Cod	e Code	Status Co	ode Medical Facil	lity 28	
	Орегатог			See Hoove				99	1 1	0	0	10 1			
7															
7	Please Select C of the Followi	Vehicle	Cocupants	Non-Motorist A Type	e 1	4 Action	Loc	cation	Cone	dition	17	Ні	it/Run Mor	ped	
	License # St DOB/Age					g # Reg Type Reg S						State	_		
	Sex Lic. Class Lic. Restrictions CDL Endorsment					eh Year Veh Make Veh Config.									
⁸ 3	OperatorLast First Middle					Owner									
	Address					Address									
	CityStateZip					City State Zip									
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 2 3 4 10 Undercarriage									
	,	# (If Issued) Most Harmful Event9								5 11 Totaled					
		on 1: ChSec Violation 2: ChSec Driver Contributing Code 8 7 6								<i>)</i> 6					
		n 3: ChSe	Underr	ride/Override		Towe	d 28 Airbag Air	29 30	0 31 Trap	32	33				
	Name (Last Fi	rst Middle)		Address		Age/DOB	Sex	Pos. Syste	Airbag Air m Status Sv	oag Ejec	t Trap de Code	Injury I'r	ansp. Code Medical Fac	ility	
	Operator/	Non-Motorist		See Above											
										-					



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