	Poli	ice Use Only		Common	nwealth	of Mas	sach	usetts	8		RMV	V Docui	ment Number		
	Date of Crash 12/08/2020	Time of Crash 18:08	City/Tov NEWTON	vn <b>M</b>		ehicle Cr		Number Vehicles	s Injure	d Lat	ed Limi itude		State Police Local Police MBTA Police	e 🔲	
		24HR	RSECTION:	<		Report ATION	>	1	0 NO		ngitude_		Other:	-	
		AIINIE	SECTION:		LOC	AHON			NO	IAI	11/11	LKSL	CHON:	:	
1	SOU"			2 1 (2)				11 "			0.70		10.	[	
4	Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Street								:	
	EAST	- 	ANT ST			Feet	N S I	W of	Mile	' Marker	• —	or	Exit Number	- [	
	Route# Direc	etion N	Name of Intersecting  Also at Inters	· · · · · · · · · · · · · · · · · · ·		Feet	N S I	E W of							
						Feet	N S I	W of	Route	#	Intersec	ting Roa	dway/Street		
1	Route# Direction Name of Intersecting Roadway/Street					Landmark									
	XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Numl	er		200000071	5						
	License#		St MA	DOB/Age	Re	, # 1HXP65			Reg T	<sub>vne</sub> PA	N	Reg	State MA		
	Sex F   Lic. Class   D   18   18   Lic. Restrictions   1   CDL					Reg # 1HXP65         Reg Type PAN         Reg State MA           Veh Year 2020         Veh Make HYUNDAI         Veh Config. 1									
	Operator GIONFRIDDO MARIA Endorsment					Owner (Same as operator)									
2		Last VATERTOWN S		Middle		dress			First			Middle		_ [	
	City WATERTOWN State MA Zip 02472					у							Zip		
	Insurance Company PROGRESSIVE					Vehicle Action Prior to Crash  2  Damaged Area Code: (Circle Up to Three)									
1	Vehicle Travel	Direction: N	S X W Respo	onding to Emergence	ey? N Eve	ent Sequence 1	22	22 22	<b>22</b> 2		3		<b>(4)</b>		
	Citation # (If I	ssued)			Mo	st Harmful Even	t 1 2	3		_	9		10 Underca	~	
	Violation	1: ChSec	c Violation	2: ChSec	Dri	ver Contributing	Code	1 24	24						
1	Violation	3: ChSec	C Violation	4: ChSec	Un	derride/Override	2	Tow	ed_N 8		7		6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				ss	Age/DOB	Sex	26 27 Seat Safety Pos. System	28 Airbag Air n Status \$wi	29 3 pag Ejec tch Cod	0 31 Trap e Code	32 Injury Tra Status Co	33 ansp. ode Medical Fac	ility	
	Operator	,		See Abo				1	4 99		0	10 1			
3	Please Select C of the Followi	\/ahicle	e# Occupants	Non-Motori	st A Type	14 Action	15 Lo	cation	16 Cone	dition	17	Ні	it/Run Mo	ped	
	License #StDOB/Age					#Reg TypeReg State							_		
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					n Year	YearVeh MakeVeh Config.						onfig.		
ļ.	Operator			Endorsn	nent Ow	ner	er			First			Middle		
	Address					Address									
	City State Zip					City State Zip									
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel	Direction: N	S E W Res	conding to Emergen	cy? Eve	ent Sequence		22 22	22 2		3		4 10 Underca	rriaga	
	Citation # (If I	ssued)			Mo	st Harmful Even	t2	3	1	<b>—</b>	9		5 11 Totaled	iiiage	
				2: ChSec		ver Contributing	2	24	24		<u>/                                    </u>		6		
				4: ChSec_		derride/Override		Towe	d		) 31	32	33		
	Name (Last Fi	rst Middle)	operator and all	occupants involve	ess	Age/DOB		26 27 Seat Safety Pos. Syste	28 Airbag Air m Status Sv	pag Ejec	0 31 Trap de Code		ansp. Code Medical Fa	cility	
	Operator/	Non-Motorist		See Abo	ve		-								

