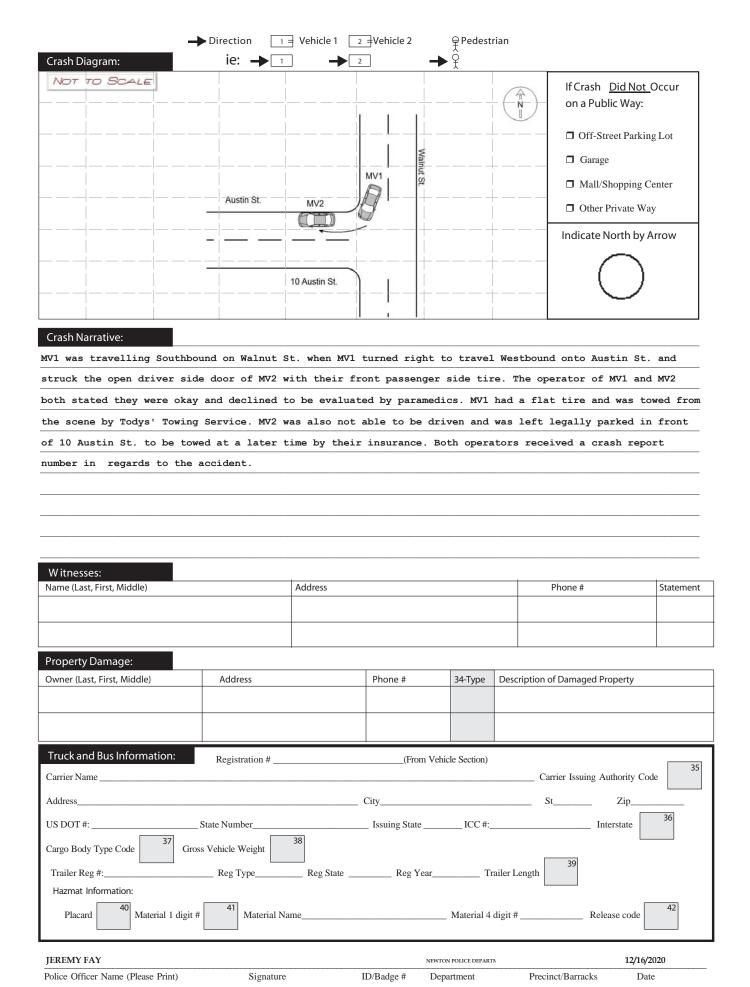
	Poli	ice Use Only		Commonweal	lth o	of Massa	achu	setts			RMV	V Docun	nent Number		
	Date of Crash 12/16/2020	Time of Crash 16:45	NEWTON	1410101		icle Cra Report	sh	Number Vehicles 2		d Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	Xi	
		AT INTER	SECTION:		OCAT		>						CTION:		
		AUSTI												2	
1 4	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street									
	At WALNUT ST					Feet NSEW of • or								210	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number Feet N S E W of									
2	Also at Intersection with					Route# Intersecting Roadway/Street Feet NSEW of									
1	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	XVehicle 1 1_#Occupants Hit/Run Moped Case														
	_		St MA												
	T 18 18 19					Reg # 7MR988 Reg Type PAN Reg State MA Veh Year 2017 Veh Make HONDA Veh Config. 1									
4	Operator SHANE RENEE Endorsment					Owner SHANE PAUL T									
1	Address 110 EVELYN RD Middle					Address 110 EVELYN RD									
	City NEWTON State MA Zip 02468					VABAN					State	MA 2	Zip <u>02468</u>	_	
	Insurance Company COMMERCE INSURANCE					Vehicle Action Prior to Crash 3 Damaged Area Code: (Circle Up to Three)									
5	Vehicle Travel Direction: NSEX Responding to Emergency? N Event Sequence 2 22 22 22 22 22 4														
	Citation # (If I	ssued)	Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled									iage			
⁶ 1	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 24 8 7 6														
1			e Violation 4	ents involved	Underride/Override Towed N 26 27 28 29 30 31 32 33 33 34 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35							33	13		
	Name (Last First Middle) Address Operator See Above					Age/DOB	Sex Se	os. \$ystem	Status Sw	tch Code	Code	status Co	nsp. de Medical Facili	1 2	
	Operator			See Above				1	4 9	0	0	10 1			
7															
3	Please Select One of the Following: X Vehicle 2 1_#Occupants			Non-Motorist A Type	1	14 Action 15 Location 16 Condition 17 Hit/				t/Run Mop	ed				
	License# St MA DOB/Age					Reg # 7BS683 Reg Type_PAN Reg State_M						State_MA	_		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2018 Veh Make AUDI Veh Config. 1									
8 1	Operator LI ZHI Last First Middle Middle					Owner (Same as operator) Last First Middle									
	Address 22 BRANDEIS CIRC				Address										
	City NEWTON CENTER State MA Zip 02459					CityStateZip									
	Insurance Company COMMERCE INSURANCE					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three) Figet Sequence 22 22 22 22 2 3 4									
	Vehicle Travel		S E X Resp			ent Sequence 1 23					10 Undercarriag				
	Citation # (If Issued) Most Harmful Event 1 Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24								1 9 5 11 Totaled						
										8 0 6			6		
	Pl	ease fill out for		26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.						nsp.	\dashv				
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex I	os. System	Status Sv	ritch Coo	de Code 0		ode Medical Faci	lity	
								+		\top					
								+		+					



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