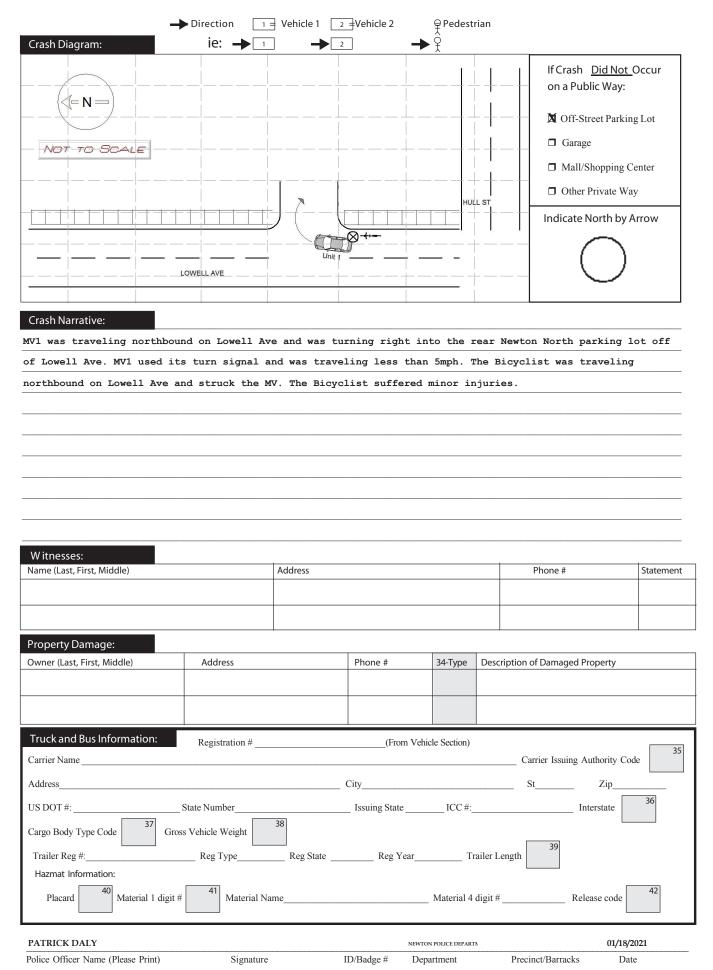
	Poli	ice Use Only		Commonwea	lth o	f Massa	chu	setts			RMV	/ Docum	ient Number		
	Date of Crash 01/18/2021	Time of Crash 15:22 24HR	NEWTON	MIOTOI		icle Cra Report		Number Vehicles	Numb Injure 1	d Latit	d Limitude gitude_		State Police Local Police MBTA Police Other:	N N	
			RSECTION:					_				NTERSECTION:			
					NORTH LOWELL AVE								2		
1 [Route# Direc	ute# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street							Street	$ _{2}$	
	At					Feet NSEW of or Exit Number									
	Route# Direction Name of Intersecting Roadway/Street					Feet NSWW of HULL ST									
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street									
1	Route# Direction Name of Intersecting Roadway/Street					Feet N	SEV	of			Ι			$ \begin{vmatrix} 1 \end{vmatrix}$	
3	XVehicle1 1 #Occupants Hit/Run Moped Case					Landmark									
	A venicie i	_1_#Occupants		Moped Case	Number		210	0000027						4	
	License # St MA DOB/Age St 18 18 19					Reg # 5645YF Reg Type PAN Reg State MA									
	Sex_F Lic.	Class D	Lic. Restrictions	CDL		ear_2005						Veh Cor			
1	Operator KUI		KIT First	Middle		KURITZKES		DANII	First			Middle		- 6	
	Address 81 SHEFFIELD RD					S 81 SHEFFIEL	D RD					344		-	
	City NEWTON State MA Zip 02460					EWTON							2ip 02460	-	
5	Insurance Company AMICA MUTUALINSURANCE COMPANY					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three)									
		Direction:	S E W Respon	iding to Emergency? N		Sequence 4 2	23		22 2		Ţ		10 Undercarr	riage	
	Citation # (If I	/					4	24	24	←	9	$[\ \]$	5 11 Totaled	luge	
1				ChSec		Contributing Co	de 1 25				7		6		
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ide/Override		Towe		29 30	31 Trap	32	33	_	
	Name (Last First Middle) Address					Age/DOB	Sex Po	s. \$ystem		itch Code	Code	32 Injury Trai Status Coo	nsp. de Medical Facili	ity 3	
	Operator			See Above				1	4 4	0	0	10 1		_	
7 1	Please Select One of the Following: Vehicle#Occupants X Non-Motorist A Ty					4 Action 2	Locati		16 Con	dition 1	17 L	Hit	/Run Mop	ed	
	License# St DOB/Age DOB/Age					Reg # Reg Type Reg State									
	Sex_F_ Lic. Class 18 18 Lic. Restrictions 19 CDL					h YearVeh MakeVeh Config.									
1	Operator JAMES OLIVIA A Endorsment Last First Middle					Owner Last First Middle									
	Address 211 HOMER ST					Address									
	City NEWTON State MA Zip 02459					City State Zip									
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 3 4									
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled									
	Violatio	n 1: ChS	ec Violation	2: ChSec	Driver	Contributing Co		24	24		$\sqrt{1}$		6		
	Violation 3: ChSecViolation 4: ChSec					ide/Override	25	Towed			/				
	Pl Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB	Sex Po	26 27 at Safety os. Systen	28 Airbag Air Status Sv	29 30 bag Eject vitch Code	Trap Code	Injury [Frai	33 nsp. ode Medical Faci	lity	
	Operator/	Non-Motorist		See Above								8 1			



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