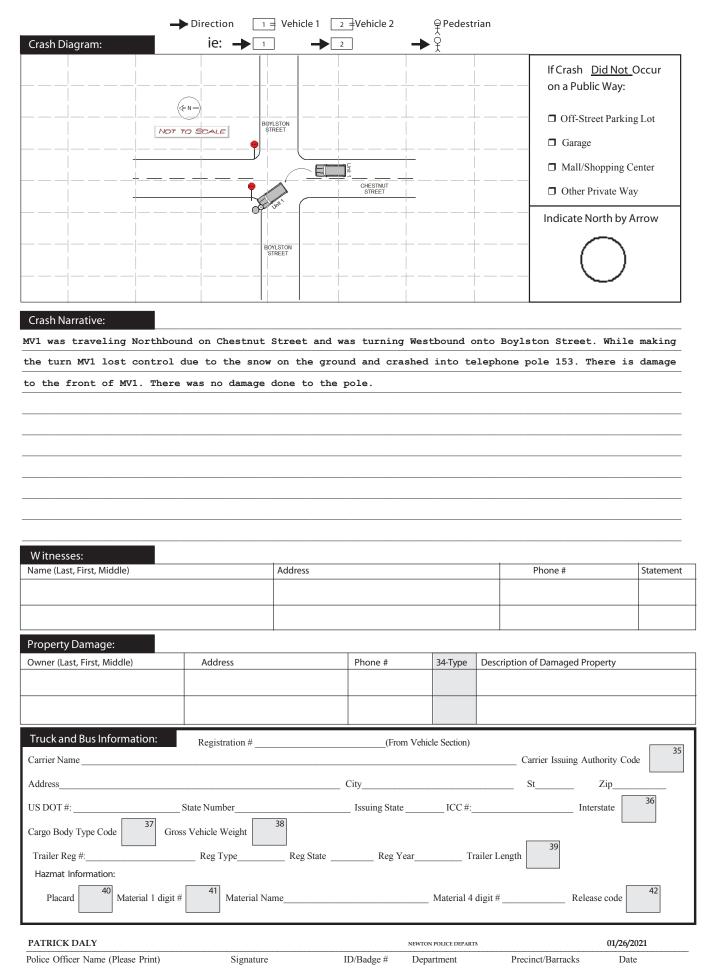
	Poli	ice Use Only		Common	wealth	of Mass	sachi	usetts	,		RMV	<sup>7</sup> Docun	nent Number		
	Date of Crash 01/26/2021	Time of Crash 18:42	City/Tow NEWTON	m Mo	otor Ve	hicle Cra	ash	Number Vehicles			d Limit ude		State Police Local Police MBTA Police	N X	
	01/20/2021	24HR				Report		1	0	1	gitude_		Other:		
		AT INTER	RSECTION:	<	LOC	ATION >			NOT	INTE	NTERSECTION:				
	WES	T BOYLS	TON ST											2	
1 <b>4</b>	Route# Direc	Route# Direction Name of Roadway/Street  At					Route# Direction Address #				Name of Roadway/Street				
	NORTH CHESTNUT ST					Feet NSEW of Mile Marker Exit Number								_	
	Route# Direc	etion N	Name of Intersecting			Feet	N S E	w of	Wille IV	iarker			Exit Number	_	
2	1		Also at Interse	ection with				_	Route#	I	ntersect	ting Road	dway/Street	-  -	
<b>4</b>	Route# Direc	Route# Direction Name of Intersecting Roadway/St				Feet NSEW of						dmark		$- \frac{1}{2}$	
3	Wyshisto 1	1 #Occupants								Landmark					
	Venicie	_1_#Occupants	Hit/Run	Moped	Case Numb	er	2	100000051						_	
	License#	eg # 4RT985 Reg Type PAN Reg State MA													
	Sex_F Lic.		Lic. Restrictions	B 19 CDL Endorsme	ent	Year_2016		h Make_T	OYOTA			Veh Co	nfig. 2	_ 3	
<sup>4</sup> <b>2</b>		Last First Middle													
	Address 251 SYLVIA ST					Address									
	City ARLINGTON State MA Zip 02476  Insurance Company GOVERNMENT EMPLOYEES INSURANCE					CityStateZip									
5	1		Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)  Damaged Area Code: (Circle Up to Three)												
1	]			nding to Emergency		nt Sequence 22	2:				Ţ		10 Undercar	riage	
	`	ssued)		) Cl		t Harmful Event	22	24		←	9		5 11 Totaled		
<sup>6</sup> 3	1			2: ChSec		er Contributing (	25 25	11	8		7		6		
3	Violation 3: ChSecViolation 4: ChSec  Please fill out for operator and all occupants involved					erride/Override		Towe  26 27 Seat Safety		9 30 Eject	31 Trap	32 Injury Tra	33	_	
	Name (Last First Middle)  Operator S			Address See Abov		Age/DOB	Sex	Pos. System	Status Swite	h Code	Code	Status Co	nsp. de Medical Facil	lity 2	
	Operator			See Abov				1	4 4	0	0	10 1			
2	Please Select One of the Following: Vehicle#Occupants			Non-Motoris	t A Type	Type 14 Action 15			ation 16 Condition			Hit	t/Run Mor	oed	
	License # St DOB/Age				Reg	#	Reg Ty	Гуре Reg State				_			
						YearVeh MakeVeh Config.									
8 <b>1</b>	Operator Last First Middl				Owr	WNET Last First Middle							-		
						ldress									
	CityStateZip C					yStateZip									
	Insurance Com	icle Action Prior				amageo	d Area	Code: (C	Circle Up to Thi	ree)					
			, , , , ,				nt Sequence						10 Undercar	riage	
	Citation # (If I	/	Responding to Emergency? Event Sequence  Most Harmful Event  23  10 Un 5 11 To							5 11 Totaled					
			ChSec Violation 2: ChSec Driver Contributing Code 8 7 6								6				
	Violation 3: ChSec Violation 4: ChSec Ui  Please fill out for operator and all occupants involved					1 owed   26   27   28   29   30   31   32   33									
	Name (Last Fi	me (Last First Middle)			S	Age/DOB Sex		Pos. System	Airbag Airban Status Swi	ig Eject tch Code	Eject Trap Code Code		nsp. ode Medical Fac	ility	
	Operator/	Non-Motorist		See Abov	e					+					
										+					
		<del></del>			·										



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