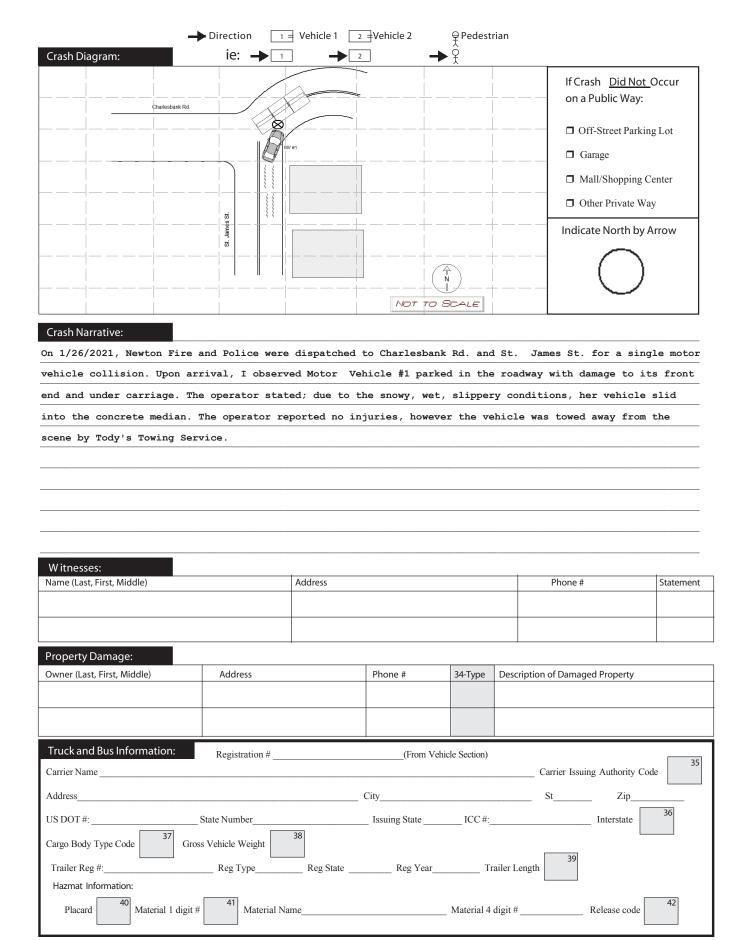
	Pol	ice Use Only		Commonweal	lth o	f Massa	achu	setts			RMV	Docum	ent Number		
	Date of Crash 01/26/2021	Time of Crash 19:47 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 1		Latit	d Limit ude gitude_		State Police Local Police MBTA Police Other:	N N	
		<u> </u>	RSECTION:		OCAT		>		NO	ГАТ	INTE	CRSEC	TION:		
1					EAST				80 CHARLESBANK RD						
4	Route# Direc	etion	Name of Ro	me of Roadway/Street At		Route# Direction Address # Name of Roadway/Street							Street		
	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or Exit Number									
	Route# Direc	ction	Also at Intersecting R			Feet [N S E	W of	Route	<u> </u>	ntercect	ing Roads	way/Street	_	
2 4			D 1 (G)	Route# Intersecting Roadway/Street Feet N S E W of											
3	Route# Direction Name of Intersecting Roadway/Street					Landmark									
	XVehicle1	_1_#Occupants		Moped Case N	lumber		210	00000054						Ц	
	License # St MA DOB/Age					Reg # 7WJJ70 Reg Type PAN Reg State MA									
	Sex_F_ Lic.	Class D	Lic. Restrictions MAYUMI	CDL Endorsment		ar 2008	Veh					Veh Con		_	
4 1	Operator CHO Address 52 SY	Last (DNEY ST	Middle	Owner CHOI HYOK C Last First Middle Address 52 SYDNEY ST											
	City MEDFORD State MA Zip 02155					EDFORD					State	MA Z	ip	-	
	Insurance Company SAFECO INSURANCE COMPANY					Action Prior to	o Crash	1 2					ircle Up to Thre		
5	Vehicle Travel	Direction: N	S X W Respond	ling to Emergency? N	Event S	Sequence 25	22 22	22	22 0		3	<u> </u>	4		
	Citation # (If I	ssued)			Most H	armful Event	25 23	,	0	+	9		10 Undercarr 5 11 Totaled	riage	
5 3	1			ChSec	Driver	Contributing Co	ode 1		24 6		$\sqrt{1}$		6		
3	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed 1									
	Name (Last First Middle)			Address See Above		Age/DOB	Sex Se	os. \$ystem	Status Swit	ch Code	Trap I Code S	Status Cod	sp. e Medical Facili	ity 2	
	Operator			See Above				99	4 99	0		10 1		_	
										+					
										+				_	
7 1	Please Select (of the Followi	I Vehicle	e# Occupants	☐ Non-Motorist A Type	; 14	Action 1	I5 Locat	tion	16 Cond	ition	17	Hit/	Run Mop	ed	
	License#	DOB/Age	Reg#	rg# Reg Type Reg State							tate	4			
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					YearVeh MakeVeh Config.						20	_		
3	Operator					Owner Last First Middle									
	Address					Address									
	City State Zip					City State Zip Damaged Area Code: (Circle Un to Three)									
	Insurance Company Webiele Toront Direction N. S. E. W. December 4: Experience 2					venicie Action Prior to Crash									
	Vehicle Travel Direction: NSEW Responding to Emergency? Citation # (If Issued)					Most Harmful Event 23									
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24 5 11 Totaled									
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed 6									
	Pl Name (Last Fi		operator and all oc	cupants involved		Age/DOB		26 27 eat Safety Pos. System	28 2 Airbag Airb Status Sw	9 30 ag Eject itch Code	31 Trap I	32 njury Tran Status Coo		lity	
		Non-Motorist		See Above											



 DANIEL SOHN
 NEWTON POLICE DEPARTM
 01/26/2021

 Police Officer Name (Please Print)
 Signature
 ID/Badge # Department
 Precinct/Barracks
 Date