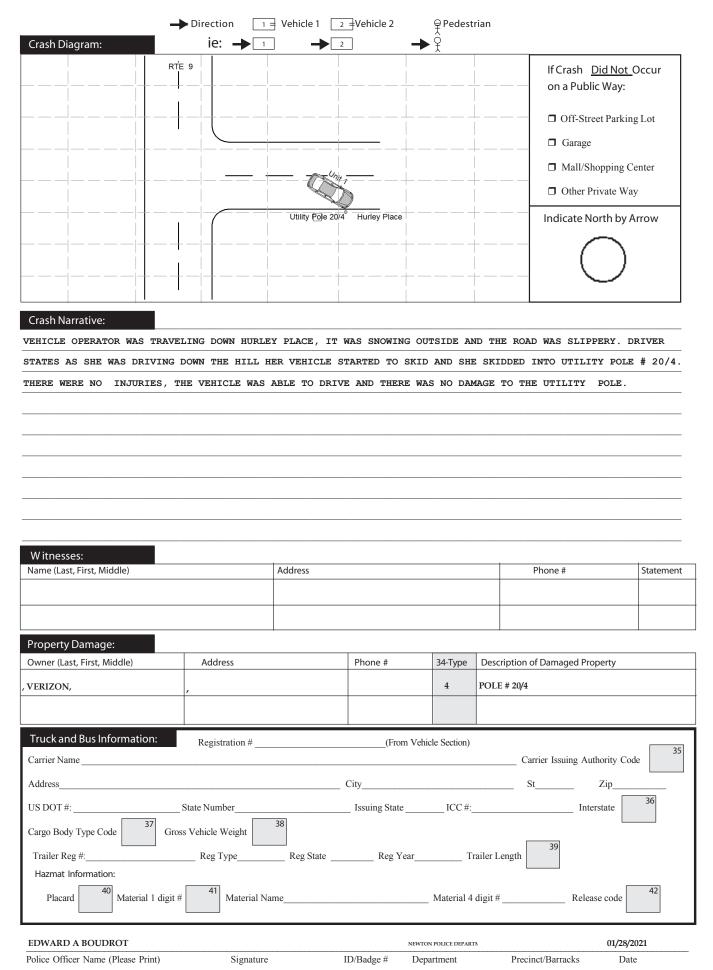
	Poli	ice Use Only		<u>Com</u> monwea	lth o	f Mass	achu	setts			RMV	V Docur	ment Number	•		
	Date of Crash 01/28/2021	Time of Crash 12:23 24HR	NEWTON			icle Cra Report	sh	Number Vehicles 1		d Lati	ed Limi tude gitude_		State Police Local Police MBTA Polic Other:	E XI		
		AT INTER		OCATION > NOT AT INTERSECTI							CTION:					
1						NORTH 34 HURLEY PL										
Ĺ	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street										
	Route# Direc		Name of Intersecting R	on Javany/Changet	L	Feet	N S E	W of	Mile l	 Marker	<u> </u>	or	Exit Number			
	Route# Direc	cuon 1	Also at Intersecting R			Feet	N S E	W of	Route	<u> </u>	Intersec	ting Roa	dway/Street	_		
4						Feet	N S E	W of	Route	,	mersee	ting Roa	dway/Bireet			
3	Route# Direction Name of Intersecting Roadway/Street										Lar	ndmark				
4	XVehicle1	#Occupants	Hit/Run	Moped Case I	Number		210	00000063						Щ		
	License#	18 1	18	DOB/Age		NPKR30							20			
		Class D	Lic. Restrictions	CDLEndorsment		ar 2016						Veh Co	onfig. 1			
⁴	Operator SAN	Last SW 131 PL CIR	SAMANTHA First E	Middle		ner (Same as operator) Last First Middle lress							2	_ [
	City MIAMI			FL Zip 33184		S							Zip	_		
	Insurance Company GEICO					Action Prior to							Circle Up to Th			
2	Vehicle Travel	Direction:	S E W Respond	ling to Emergency?_N	Event S	Sequence 22	22 22	22	22 €		3		4			
	Citation # (If I	ssued)			Most H	Iarmful Event	22 23		0	—	9		10 Underca 5 11 Totaled	~		
3				ChSec	Driver	Contributing C	ode 1		24 8				6			
3	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ide/Override		Towe	d <u>N</u>) 31 t Trap	32				
	Name (Last Fir			Address See Above		Age/DOB	Sex Se	os. System		tch Code	Code	status CC	33 ansp. ode Medical Fac	cility		
	Operator			See Above				2	4 99	0	0	10 1	•			
										+						
7 1	Please Select C	Vehicle	e# Occupants	Non-Motorist A Typ	e 14	4 Action	I5 Locat	tion	16 Cone	lition	17	Пні	it/Run	oped		
	of the Following.													4		
	License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19					# Reg Type Reg State Year Veh Make Veh Config.							20			
1	- Endorsment Operator					vner										
1	Last First Middle Address					Last First Middle Address										
	City State Zip					City State Zip										
	Insurance Com	nsurance Company					Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 2 2 3 4 10 Undercarriage										
	Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec					Most Harmful Event 5 11 Totaled 5										
				: ChSec : Ch Sec		Contributing Contr	ode	Towed	8		7		<i>)</i> 6			
	Pl	ease fill out for	operator and all oc		Undell	ido/Override	Se	26 27 eat Safety	28 2 Airbag Air	29 30 bag Eiect	31 Trap	32 Injury Tra	33 ansp.			
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB		os. System	Status Sw	itch Cod	de Code		Code Medical Fa	acility		
	1															
											+					



CDP1 11 ·24·00