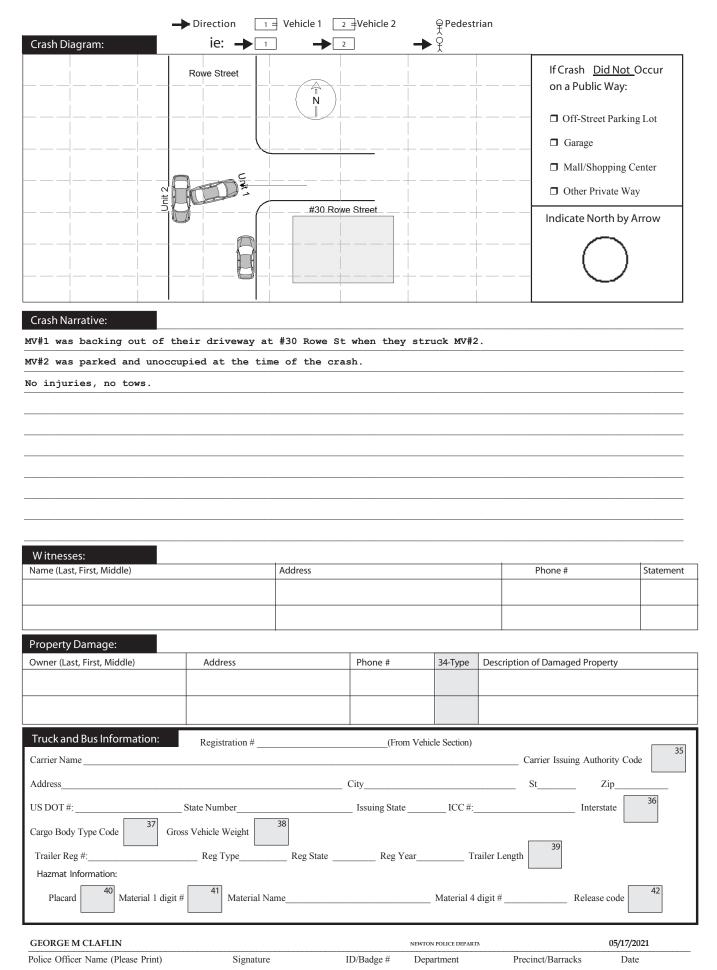
	Poli	ice Use Only		Commonweal	lth o	f Massa	achu	setts			RMV	Docum	ent Number		
	Date of Crash 05/17/2021	Time of Crash 10:49 24HR	NEWTON	Motor		cle Cra Report	sh	Number Vehicles 2	Number Injured 0	Latit	d Limit ude gitude_		State Police Local Police MBTA Police Other:	Xi	
			LOCATION > NOT AT INTERSECTI						TION:						
1	Double Division					SOUTH 29 ROWE ST									
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street									
	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or Exit Number									
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street									
1 1	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of									
3						Landmark									
	XVehicle1	_1_#Occupants	Hit/Run	Moped Case N	Number		210	00000352							
	License# St NH DOB/Age 18 18 19 19					Reg # 3907988 Reg Type PAN Reg State NH									
	Sex_F_ Lic.	Class 99	Lic. Restrictions SUZANNE	CDLEndorsment		ar_2010		Make_VC	DLV			Veh Con	fig. 1	- 1	
1	Operator ROI		Middle	Owner (Same as operator) Last First Middle											
	Address 30 ROWE ST City NEWTON State MA Zip 02465					Address City StateZip									
	Insurance Company PROGRESSIVE					Action Prior to		10 21					ircle Up to Thre		
5		Direction: N		nding to Emergency? N			22 22	22	22 2		3		4		
	Citation # (If I	ssued)			Most H	armful Event	23				9		10 Undercarr	iage	
	Violation	1: ChSe	c Violation 2	ChSec	Driver	Contributing Co	ode 19	9 24	24		Ź				
1	Violation 3: ChSec Violation 4: ChSec					de/Override	25	Towed			7		0		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Se	26 27 sat Safety A s. System	28 29 Airbag Airba Status Swite	g Eject Code	31 Trap I Code S	32 Tran Status Cod	33 lsp. le Medical Facili	ty 2	
	Operator			See Above				1	4 4	0	0	10 1	NONE		
-															
1	Please Select C of the Followi		e2 <u>0</u> #Occupants	Non-Motorist A Type	e 14	Action 1	5 Locat	ion 1	Condi	tion	17	Hit/	/Run Mop	ed	
	License# St DOB/Age					Reg # 7182YE Reg Type_PAN Reg State MA							State MA	-]	
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					eh Year 2010 Veh Make SUBA Veh Config. 1									
1	Operator					Owner STEWART JAMES T									
	Address					Address 29 ROWE ST									
	City State Zip Insurance Company STANDARD FIRE					City NEWTON State MA Zip 02466 Vahiela Action Prior to Crash 21 Damaged Area Code: (Circle Up to Thre								- ee)	
	Vehicle Travel Direction: N X E W Responding to Emergency? N					Vehicle Action Prior to Crash 11 Event Sequence 122 222 222 223 4 Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 22									
	Citation # (If Issued)					Most Harmful Event 1 23									
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 24 5 11 Totaled									
			ecViolation			de/Override	25	Towed	Y 8		0		6		
	Pl Name (Last Fi	ccupants involved		Age/DOB		26 27 at Safety	28 29 Airbag Airba Status Swit	g Eject	31 Trap I	32 njury Tran Status Co		lity			
		Non-Motorist		See Above					Status Swi	cii Code	Code	Status Co	de Medicai Facil	iity	



CDP1 11 ·24·00