	Poli	ice Use Only		Commonwe	alth o	of Mass	achu	setts			RM	V Docur	ment Number		
	Date of Crash 06/14/2021	Time of Crash 08:19	NEWTON	MIOTO		icle Cra Report	sh [Number Vehicles 2		red Lat	ed Limitude _		State Police Local Police MBTA Police Other:	XI XI	
İ			RSECTION:	<	LOCA'		>						CTION:	ℸ	
ľ				WEST 401 WATERTOWN ST								╡			
	Route# Direc	tion	Name o	f Roadway/Street		Route# Direction		dress #				Roadway	/Street	_	
\dashv	At					Feet NSEW of or									
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
			Also at Inte	ersection with		Feet	N S E	W of	Rou	te#	Intersec	ting Roa	dway/Street	-	
			N. C.	D. 1. (G)		Feet	N S E	W of				J	•		
4	Route# Direction Name of Intersecting Roadway/Street										La	ndmark			
	XVehicle1	1_#Occupants	s Hit/Run	Moped Cas	e Number		21	00000424							
ſ	License#St MA_ DOB/Age					Reg # 2SH825 Reg Type PAN Reg State MA									
	Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2000 Veh Make TOYOTA Veh Config. 20									
	Operator FER		NICOLE	Endorsment MARIE	_ Owner	Owner (Same as operator) Last First Middle								_	
	Address 999 WASHINGTON STREET					Address									
	City NEWTON State MA Zip 02460					City State Zip									
	Insurance Company GEICO					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency? N	Event	Sequence 1	22 22	22	22	2	3		4		
	`	ssued)			Most	Harmful Event	1 23	24	24	1	9	1	10 Undercar 5 11 Totaled	riage	
				n 2: ChSec	Driver	Contributing C	ode 4			0	<u> </u>) 6		
	Violation 3: ChSecViolation 4: ChSec					ride/Override		Towe	d_N		0 31	32		_	
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Po	26 27 eat Safety os. System	28 Airbag A Status S	29 Sirbag Ejec witch Coc	0 31 Trap le Code	32 Injury Tra Status Co	ansp. ode Medical Facil	lity	
	Operator			See Above				1	4	99 0	0	9 1			
L	Please Select C of the Followi	IX Vehicl	le2 <u>1</u> #Occupa	nts Non-Motorist A T	ype	Action Action	Loca	tion	16 Co	ndition	17	Hi	t/Run Mor	ped	
	License# St MA DOB/Age					Reg # 1KXG58 Reg Type PAN Reg State MA							State MA	_]	
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions B 19 CDL					Veh Year 2019 Veh Make CHEVY Veh Config. 20									
	Operator ZHOU MINGZONG Last First Middle					Owner (Same as operator) Last First Middle									
T	Address 37 UPHAM STREET					Address									
	City NEWTON State MA Zip 02465					CityStateZip									
	Insurance Company ARBELLA					Vehicle Action Prior to Crash The prior to Crash Three Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three) Output Damaged Area Code: (Circle Up to Three) A prior to Crash Three Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSEX Responding to Emergency? N					Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 20 0 0 10 Undercarriage									
	Citation # (If Issued)					Most Harmful Event 1 24 1 5 11 Totaled									
	Violation 1: ChSecViolation 2: ChSec					Driver Contributing Code 1									
ļ	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ride/Override		Towed		29 3 Lirbag Ejec	0 31 ct Trap] 32	33		
-	Name (Last Fi	rst Middle)	- operator and a	Address		Age/DOB	Sex I	Pos. System	n Status	Switch Co	de Code	Status C	ansp. Code Medical Fac	ility	
ļ	Operator/	Non-Motorist		See Above			-	1	4	99 0	0	9 1			
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