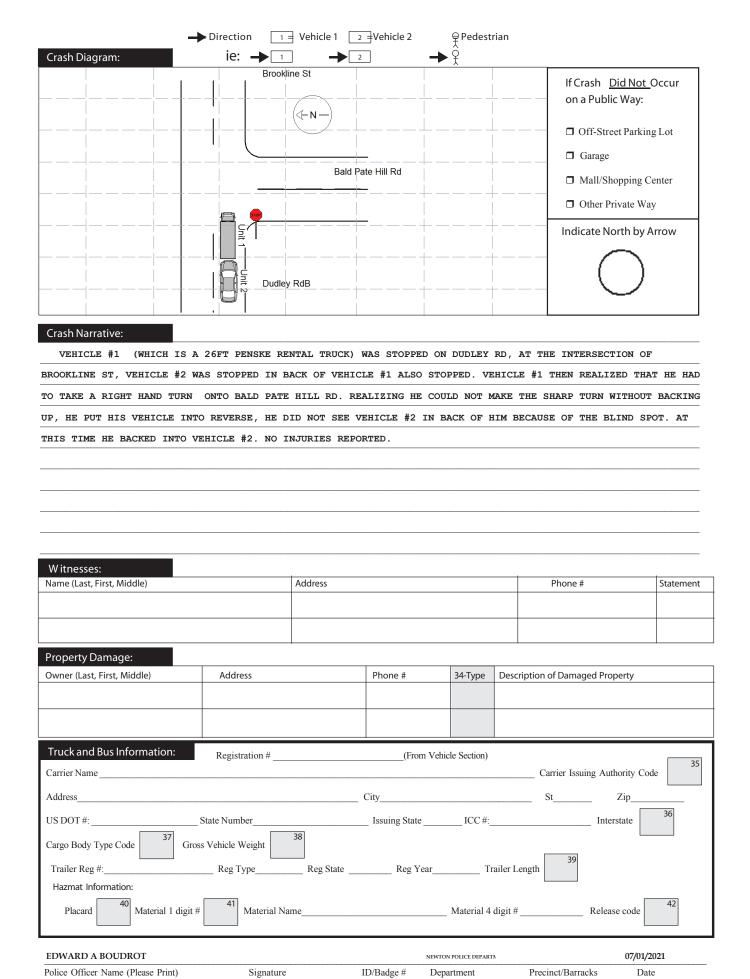
	Poli	ice Use Only		Common	wealth	of Mass	achus	setts			RMV	Docum	ent Number		
	Date of Crash 07/01/2021	Time of Crash 08:12	City/To	wn Mo		hicle Cra	ash [N	Number Vehicles	Number Injured		d Limit ude		State Police Local Police MBTA Police	NA NA	
	.,.,	24HR				Report		2	0		gitude_		Other:		
		AT INTER	SECTION:	LOC	LOCATION > NOT AT INTERSECTION							TION:	<u> </u>		
	EAST	T BROOK	LINE ST												
1 1	Route# Direction Name of Roadway/Street					Route# Direction Address# Name of Roadway/S						Street			
	At DUDLEY RD					Feet NSEW of or									
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
			Also at Inter	section with		Feet	N S E W	of of	Route#	— Ir	ntersect	ing Road	way/Street	-	
2 1				Feet NSEW of											
3	Route# Direction Name of Intersecting Roadway/Street					Landmark									
³ 1	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	er	2100	0000480							
	License#		St MA	A DOB/Age	Reg	# 3079791			Reg Ty	ne AP		Reg S	State_IN		
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2018 Veh Make FREIGHTLINER Veh Config. 7									
4	1	-	EDDY	Endorsme	nt	ner PENSKE BO	STON							_	
2	Address 127 A								First			Middle		_	
	City CHELSEA State MA Zip 02150					Address 436 RIVERSIDE AVE City MEDFORD State MA Zip 02155									
	Insurance Company SAFETY INSURANCE					icle Action Prior t	o Crash	21					ircle Up to Thr	ree)	
5				onding to Emergency?			22 22	22	22 2		3	(9		
1	Citation # (If I			onding to Emergency.		t Harmful Event	23						10 Undercar	riage	
			 Violation	2: Ch Sec			1 ode 18	24 1	24	←	9		11 Totaled		
⁶ 1		3: Ch Sec		Driver Contributing Code 18 27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
	Please		emde/Ovemde	2 Sea			g 30 Eject	31	32 njury Tran	33					
	Name (Last First Middle) Address					Age/DOB	Sex Pos		28 29 Airbag Airba Status Swite		Code	status Cod	le Medical Facil	ity 1	
	Operator			See Above				- 1	4 99	0	0	10 1			
4	Please Select C of the Followi		2 <u>1</u> # Occupant	s Non-Motorist	A Type	14 Action	15 Location	on	Condi	tion	17	Hit/	/Run Mor	ped	
	License# St MADOB/Age					Reg # J531 Reg Type PAN Reg State N						State MA			
	Sex F Lic. Class D 18 1 18 Lic. Restrictions 1 1 CDL												20		
8	Operator KOTZEN KAREN Endorsment					Owner (Same as operator)									
1	Last First Middle Address 786 NEWTON ST					Last First Middle Address									
	City BROOKLINE State MA Zip 02467					City State Zip									
	Insurance Company VERMONT MUTUAL					Damaged Area Code: (Circle Un to Three)									
	Vehicle Travel Direction: N S W W Responding to Emergency? N					Event Sequence 1 22 22 22 22 22 3 4									
	Citation # (If I		174			Most Hermful Event 23									
	`	,		Driver Contributing Code 1 24 1 24 5 11 Totaled											
			c Violatio	rride/Override 25 Towed N 7 6											
1	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					J. Hao, O verride	2 Sea		28 29 Airbag Airba	g 30 Eject	31 Trap I	32 Tran	33	\dashv	
	Name (Last Fi	rst Middle)	1	Address		Age/DOB	Sex Po	s. System	Status Swi	ch Code	Code	Status Co		ility	
	Operator/	Non-Motorist		See Above	;			- 1	4 99	0	0	10 1		\blacksquare	



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