	Poli	ice Use Only		Commonwea	lth o	f Mass	achi	isetts	}		RMV	Docum	ent Number		
	Date of Crash 07/30/2021	Time of Crash 12:56 24HR	NEWTON			icle Cra Report	sh	Number Vehicles		d Lati	ed Limit tude gitude_		State Police Local Police MBTA Police Other:	Xi	
		AT INTER		LOCATION > NOT AT INTERSE							TION:				
					WEST 871 BEACON ST										
	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street								_ 2	
						Feet NSEW of or Exit Number									
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of									
1						Route# Intersecting Roadway/Street Feet N S E W of									
	Route# Direction Name of Intersecting Roadway/Street					Landmark									
1	XVehicle 1 0 #Occupants X Hit/Run Moped Case					Number 2100000569									
	License #StDOB/Age					Reg # 2VFY41 Reg Type PAN Reg State MA									
	Sex Lic. Class 18 18 Lic. Restrictions CDL					Veh Year 2019 Veh Make SUBA Veh Config. 1 20									
1		Last	Owner JANG HWAKYUNG First Middle 1641 (art 7) COMMONIATA LTL AVE												
	Address					Owner JANG HWAKYUNG Last First Middle Address 1641 (apt. 7) COMMONWEALTH AVE City BOSTON State MA Zip 02135									
	City State Zip Insurance Company GEICO					Action Prior to	o Create						ip 02133 ircle Up to Thre	ee)	
5		Direction: N	S.E.W. Respond	ling to Emergency? N			22 22	11	22 2	_	3		4		
		ssued)		ing to Emergency		armful Event	23]					10 Undercarr	iage	
	`	·		ChSec		Contributing C		1 24	24	—	9		5 11 Totaled		
1	Violation	3: ChSec	Violation 4:	ChSec	Underri	de/Override	25	Towe	ed_N 8		O		6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex 1	26 27 Seat Safety Pos. System	28 Airbag Air Status Sw	29 30 bag Eject	31 Trap I	32 Injury Tran Status Cod	33 isp. e Medical Facili	ity 1	
	Operator			See Above					Julius Dir	New Code	Code	Julius Cou	o Modela Facili	,	
7 1	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist A Type	e 14	Action	Loca	ation	16 Con	dition	17	Hit/	⁄Run Mop	ed	
	License# St DOB/Age					eg # Reg Type Reg State 20								_]	
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					Year Veh Make Veh Config.									
1	OperatorLast First Middle					Owner Last First Middle									
	Address					Address									
	CityStateZip					City State Zip Vehicle Action Prior to Crash Damaged Area Code; (Circle Up to Three)									
	Insurance Company Vehicle Travel Direction: NSEW Responding to Emergency?					venicle Action Prior to Crash									
	Vehicle Travel Direction: NSEW Responding to Emergency? Citation # (If Issued)					Most Harmful Event 23									
	Violation 1: Ch Sec Violation 2: Ch Sec					Driver Contributing Code 24 24 5 11 Totaled									
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed 8 7 6									
	Pl	ease fill out for	operator and all oc	cupants involved				26 27 Seat Safety	28 Airbag Air	29 30 bag Eject	31 Trap I	njury [Fran	33 isp.		
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB		Pos. Syster	n Status Sv	vitch Cod	le Code	Status Co	de Medical Facil	lity	
										\top					
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