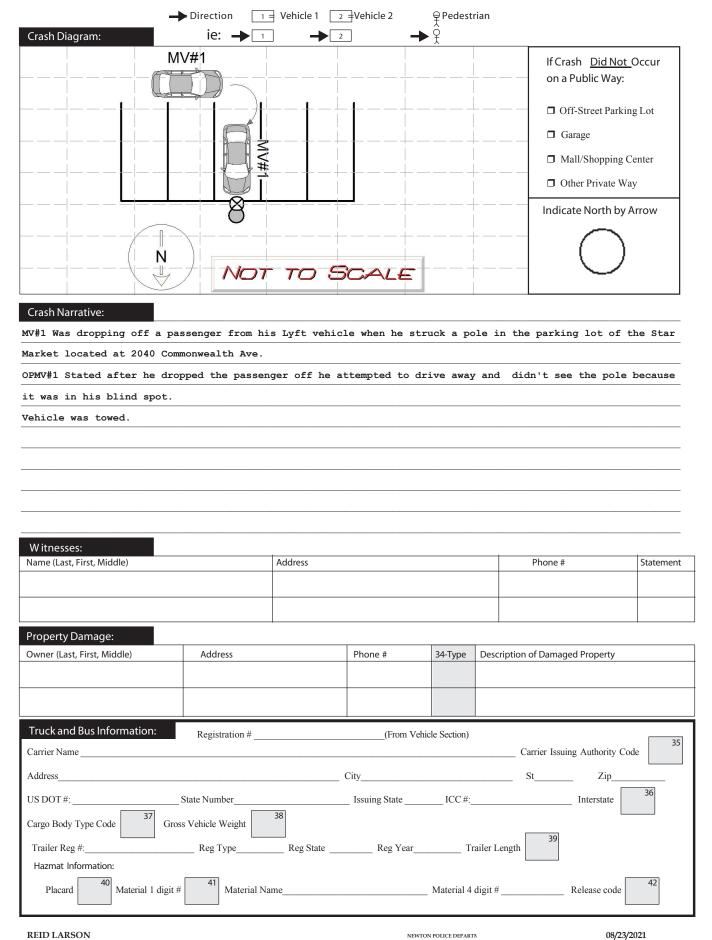
	Poli	ice Use Only		<u>Com</u> monweal	th o	f Massa	ichu	isetts			RMV	⁷ Docum	ent Number		
	Date of Crash 08/23/2021	Time of Crash 21:52 24HR	NEWTON	MIULUI		cle Cra Report	sh	Number Vehicles 1		d Lati	ed Limit tude gitude_		State Police Local Police MBTA Police Other:	XI O	
						LOCATION > NOT AT INTERSECTION:									
						NORTH 2040 COMMONWEALTH AVE									
¹ 97	Route# Direc	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street							Street	_ 2	
						Feet NSEW of or Exit Number									
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of									
² 3]					Route# Intersecting Roadway/Street Feet N S E W of									
	Route# Direction Name of Intersecting Roadway/Street					Landmark									
³ 3	XVehicle1 1 #Occupants Hit/Run Moped Case					Number 2100000627									
	License# St MA DOB/Age					Reg # 7DB146 Reg Type PAN Reg State MA									
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator SAHAL ABDIFATAH					Veh Year 2007 Veh Make TOYT Veh Config. 20									
4 1	Operator SAI	Middle	Owner (Same as operator) Last First Middle												
	Address 5 CIRCUIT ST (apt. 5)					Address									
	City BOSTON State MA Zip 02119 Insurance Company COMMERCE INS					City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
5		Direction:		ling to Emergency? N		equence 23 2		22	22 @)	3	`	4		
2		ssued)		3 3 7		armful Event	23		(ī		9		10 Undercarr 5 11 Totaled	iage	
	Violation	1: ChSec	Violation 2:	ChSec	Driver (Contributing Co		18 24 1	9 24		Ź				
⁶ 2	Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed Y 7 6									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility								ty 23		
	Operator			See Above				99	4 9	0	0	10 1			
										-					
7															
1	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist A Type	14	Action 1	5 Loca	ition	Con	dition	17	Hit/	/Run Mop	ed	
	License#StDOB/Age					g#Reg TypeReg State									
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					h YearVeh MakeVeh Config.									
⁸ 99	Operator					Owner									
	Address					Address									
	CityStateZip					City State Zip Damaged Area Code: (Circle Up to Three)									
	Insurance Company					Vehicle Action Prior to Crash Event Sequence 22									
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled									
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24									
	Violation 3: ChSecViolation 4: ChSec					Underride/Override									
	Pl Name (Last Fi		operator and all oc	cupants involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag Air Status Sv	29 30 bag Eject vitch Cod	Trap le Code	32 Status Co		lity	
	Operator/	Non-Motorist		See Above											



CDP1 11 ·24·00

Police Officer Name (Please Print)