	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	setts			RMV	V Docun	nent Number		
	Date of Crash 01/15/2022	Time of Crash 12:41	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		Latit	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	Xi	
		AT INTER	SECTION:		LOCA'		>	4					CTION:	_	
	WES		SON AVE											2	
1 1	Route# Direc			Roadway/Street		Route# Direction	on Add	ress #		Na	me of F	Roadway/	Street	$ 2^1$	
1	NOR	At NORTH WALNUT ST					Feet NSEW of or							$- \frac{2}{ }$	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street									
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
3						Landmark									
	XVehicle1	1_#Occupants	Hit/Run	Moped Case	Number		220	000047						┙	
	License# St MA DOB/Age					Reg # 1WRW87 Reg Type PAN Reg State MA									
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions T 19 CDL_Endorsment					Veh Year 2003 Veh Make BMW Veh Config. 20									
⁴ 2	Operator WANG QIUSHI Last First Middle					Owner (Same as operator) Last First Middle									
	Address 95 PEARL ST					Owner (Same as operator) Last First Middle Address									
	City NEWTON State MA Zip 02460					CityStateZip									
[_	Insurance Company COMMERCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
5 1	Vehicle Travel	Direction:	S E W Resp	onding to Emergency? N	Event	Sequence 1 2	22 22 23	22	22 €)	3	$\overline{\mathcal{I}}$	1011-1		
	`	ssued)			Most I	Harmful Event	1	24	0	←	9	$(\mid \cdot \mid \cdot \mid$	10 Undercari 5 11 Totaled	nage	
⁶ 1]			2: ChSec	Driver	Contributing Co	ode 99				7		6		
1	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					ride/Override		Towe	d_1		31	32	33	1	
	Name (Last First Middle) Address					Age/DOB	Sex Se	26 27 sat Safety s. System	28 Airbag Airb Status Swi	9 30 Eject ch Code	31 Trap Code	32 Injury Tra Status Co	33 nsp. de Medical Facil	1 1	
	Operator			See Above				99	4 4	0	0	10 1			
⁷ 3	Please Select C of the Followi		2 1_#Occupant	s Non-Motorist A Ty	rpe 1	Action 1	Locat	ion	16 Conc	lition	17	Hit	t/Run Mor	oed	
	License# St MA DOB/Age					Reg # 245CB5 Reg Type PAN						Reg State MA			
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2007 Veh Make HYUNDAI Veh Config. 1							nfig. 20		
8 1	Operator MOSCA LUCAS K Last First Middle Middle					Owner MCLELLAN SARAH L Last First Middle									
	Address 100 MADISON AVE (apt. 9)					Address 1 FELOWSHIP CIR									
	City NEWTON State MA Zip 02460					City PLYMOUTHH State MA Zip 02360									
	Insurance Company COMMERCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: N S E X Responding to Emergency? N					Event Sequence 1 22 22 22 22 2 3 4 10 Undercarriage									
	Citation # (If I	ssued)	Most I	Most Harmful Event 1 9 5 11 Totaled											
	Violatio	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 99 24 24									Q Q				
	Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed N									
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex P	26 27 sat Safety os. System	28 2 Airbag Airb Status Sw	ag Eject	Trap e Code	Injury Tra	33 nsp. ode Medical Faci	ility	
	Operator/	Non-Motorist		See Above			-	99	4 4	0	0	10 1			
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