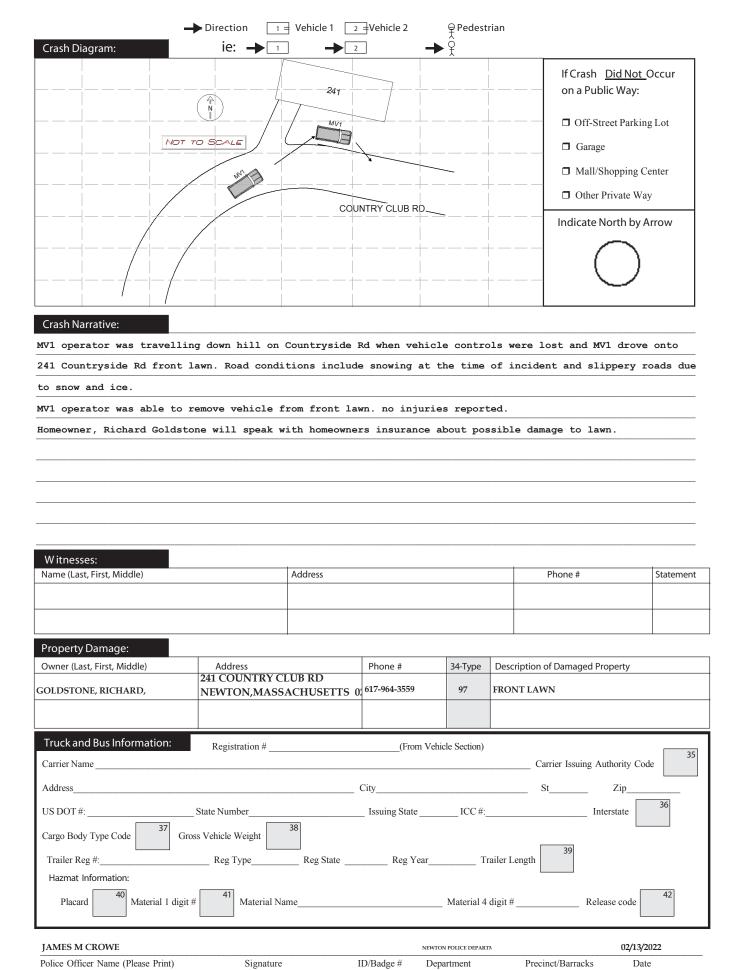
	Poli	ice Use Only		Common	wealth	of Mas	sach	uset	ts		RM	V Docui	ment Numb		
	Date of Crash 02/13/2022	Time of Crash 18:56	City/Tow NEWTON	m Mo	otor Ve	hicle Cr	ash	Num			eed Limi		State Police Local Police MBTA Po	ce 🔼	
	02/13/2022	24HR	NEWTON			Report		1	0		ngitude_		Other:	lice 🔲	
		AT INTER	RSECTION:	LOCATION > NOT AT INTERSECTION:											
				SOUTH 241 COUNTRY CLUB RD											
	Route# Direc	tion	Name of R	oadway/Street		Route# Dire	ction A	Address #	#	N	lame of I	Roadway	/Street		
┪			Feet NSEW of or												
	Route# Direc	etion N	Name of Intersecting	Roadway/Street		F .	N G		Mil	e Marke	r		Exit Numb	er	
			Also at Interse	ction with			N S		Rou	te#	Intersec	ting Roa	idway/Street		
	Route# Direc	tion	Name of Intersect	ing Roadway/Street		Feet	N S	E W of							
4			Landmark												
╝	X Vehicle 1	1_#Occupants	Hit/Run	Moped	Case Numb	er		2200014	4						
	License#	Reg	# 838AH6			Reg	Туре_Р	AN	Reg	State MA	201				
	Sex_M Lic.	Class D 18 1	Lic. Restrictions	B CDL	Veh	Year_2021	V	eh Make	MERCEI	DES		Veh Co	onfig. 2	20	
	Operator LAF	BUN	GRIGORIY	Endorsme	Owi	ner (Same as o	perator)		First			Middle	e		
ᅦ	Address 23 PEACH TREE LANE					lress									
	City NEWTO	N	State	2 MA Zip 02459	City						State		Zip		
	Insurance Company COMMERCE					icle Action Prior	to Crasi	1		Damag		`	Circle Up to	Three)	
	Vehicle Travel	Direction: N	X E W Respon	nding to Emergency	N Eve	nt Sequence 5	1	22 22	2 22	2	3		4		
	Citation # (If I	ssued)			Mos	t Harmful Even	51	23		1 🖊	9		10 Under 5 11 Totals	_	
_	Violation	1: ChSec	Violation 2	: ChSec	Driv	er Contributing		99 24		8	$\sqrt{\frac{1}{7}}$	\sum	6		
		Violation 3: ChSec Violation 4: ChSec U							owed N			T as 1			
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB	Sex	26 Seat Sai Pos. Sys	27 28 fety Airbag A stem Status S	irbag Eje witch Co	30 31 Ect Trap de Code	32 Injury Tra Status Co	33 ansp. ode Medical I	Facility	
	Operator			See Above	e			9	9 4	99 0	0	10 1	NON	IE	
٦	Please Select C	\/ohiclo	e#Occupants	Non-Motorist	A Type	14 Action	15 Lo	cation	16 Co	ndition	17	Ні	it/Run	Moped	
				<u> </u>											
	License # St DOB/Age 19 19 19 19							Reg Type				20			
	Sex Lic. Class Lic. Restrictions CDL Endorsment					h Year Veh Make Veh Config.									
	Operator Last First Middle					Owner									
	Address												7.		
	CityStateZip Insurance Company					City State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Insurance Com			onding to Emergency				22 22		2	3	couc. (4	Timee)	
	Vehicle Travel		ent Henry Col. Franct. 23							_					
	Citation # (If I	Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 24 24 5 11 Tot								5 11 Totale	ed				
						· ·	L	25		8	7		6		
-				4: ChSec		lerride/Override			wed 27	29	30 31 Frap	32	33		
	Name (Last Fi	rst Middle)	- Perator and all to	Address		Age/DOB		Seat Sai	fety Airbag A ystem Status	irbag Eje Switch C	ode Code	Injury I'r	ansp. Code Medical	Facility	
-	Operator/	Non-Motorist		See Above	•		-								
-															



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