Date of Crash O2/15/2022 Date of Crash O2/15/2022 Date of Crash Date	2 2 aber
AT INTERSECTION: WEST FISHER AVE Route# Direction Name of Roadway/Street At SOUTH WALNUT ST At Feet N S E W of or	2 2 2 bber
Name of Roadway/Street Route# Direction Direction Name of Roadway/Street Route# Direction Address # Name of Roadway/Street	2 2 2 bber
Route# Direction Name of Roadway/Street At SOUTH WALNUT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of • or	nber t
At SOUTH WALNUT STFeet N S E W of • or	nber t
	t
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet N S E W of	
Peet NSEW of Name of Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street	
Landmark	
3 Vehicle 1 2 #Occupants Hit/Run Moped Case Number 22000154	
License # St MA DOB/Age Reg # 2KLL94 Reg Type PAN Reg State MA	
Sex F Lic. Class D 18 Lic. Restrictions 9 CDL Veh Year 2021 Veh Make KIA Veh Config. 2	20
4 Operator CHO NAYEONG Last First Middle Owner HYUNDAI LEASE TITLING TRUST Last First Middle Last First Middle	
1 Last First Middle Last First Middle Address 15 PENNSYLVANIA AVE (apt. 1) Address 2975 BRCKNRDG BLVD	1
City NEWTON State MA Zip 02464 City DULUTH State GA Zip 30096	
Insurance Company GEICO Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to	Three)
Vehicle Travel Direction: NXEW Responding to Emergency? N Event Sequence 1 22 22 22 22 3 4	
Citation # (If Issued) Most Harmful Event 1 23	ercarriage
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24	iled
Violation 3: Ch_Sec_Violation 4: Ch_Sec_Underride/Override	
Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.	l Facility 1
Name (Last First Middle) Address Age/DOB Sex Pos. \$ystem Status Switch Code Code \$fatus Code' Medical Operator See Above	l Facility 1
CHOLISAAC 15 PENNSYLVANIA AVE (apt 1) M 4 4 4 90 0 10 10 1	
NEWTON, MA 02464 19 2 2 3 9 0 0 10 1	
Please Select One of the Following: Vehicle 2 1 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run	Moped
License # St MA DOB/Age Reg # 1EFL28 Reg Type PAN Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 9 CDL Veh Year 2022 Veh Make VOLKSWAGEN Veh Config. 1	20
8 Operator DONLAN MADELINE ROSE Owner (Same as operator) Last First Middle Last First Middle	_
Address 133 CHARLEMONT STREET Address	
City NEWTON State MA Zip 02461 City State Zip	
Insurance Company FOREMOST INSURANCE Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to	Three)
Vehicle Travel Direction: N ★ E W Responding to Emergency?N Event Sequence 1 22 22 22 22 22 44	
Citation # (If Issued) Most Harmful Event 1	ercarriage
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 24 5 11 Total	lied
Violation 3: ChSec Violation 4: ChSec Underride/Override	
Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33 32 33 32 34 35 35 35 35 35 35 35	
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Coperator/Non-Motorist See Above	al Facility

