	Poli	ice Use Only		Commonwea	alth o	of Mass	achu	setts	,		RM	V Docui	ment Number		
	Date of Crash 04/04/2022	Time of Crash 17:12	NEWTON	1/10101		icle Cra Report	sh	Number Vehicles 2		d Lat	ed Limitude _		State Police Local Police MBTA Police Other:	XI XI	
		AT INTER	SECTION:		LOCA'		>						CTION:	_	
	SOU		NTON ST											2	
1 1	Route# Direct			Roadway/Street		Route# Direction	on Ado	lress #		Na	ıme of I	Roadway	/Street	2	
1	WEST	T WASHI		Feet NSEW of or								2			
	Route# Direction WASHINGTON ST 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	Route# Direct	tion		Landmark											
	XVehicle1	_1_#Occupants	Hit/Run	Moped Case	Number		220	000270							
	License#St MA DOB/Age					Reg # 57VH24 Reg Type PAN Reg State MA									
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2004 Veh Make LEXUS Veh Config. 20									
⁴ 2	Operator HUANG GUAN Endorsment Last First Middle					Owner (Same as operator) Last First Middle									
	Address 54 UPHAM ST					Address									
	City MELROSE State MA Zip 02176												Zip		
	Insurance Company GOVT EMPLOYEE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
5 1	Vehicle Travel	Direction: N	S E X Resp	onding to Emergency? N	Event	Sequence 1	22 22	22	22	:	3		4		
	Citation # (If Is	ssued)			Most I	Harmful Event	1 23		0	•	9		10 Undercar 5 11 Totaled	riage	
6	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing C		9 24	24			Y	(
⁶ 1	Violation 3: ChSecViolation 4: ChSec					ride/Override	25	Towe	d <u>Y</u>		C				
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Se	26 27 eat Safety os. System	28 Airbag Ai Status Sw	29 30 thag Eject titch Cod) 31 t Trap e Code	32 Injury Tr Status C	ansp. ode Medical Facil	lity 1	
	Operator			See Above				1	4 9	9 0	0	10 1	I.		
⁷ 3	Please Select C of the Followin	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Ty	ype 1	Action 1	15 Locat	tion	16 Con	dition	17	Пн	it/Run Mor	ped	
	License# St MA DOB/Age					Reg# 1KZW93 R					Reg Type PAN Reg St				
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2015 Veh Make TOYOTA Veh Config. 1									
8 4	Operator MATWE YNAH Last First Middle Middle					Owner (Same as operator) Last First Middle									
	Address 32 OAKLAND ST					Address									
	City NEWTON State MA Zip 02458					City State Zip									
	Insurance Company GOVT EMPLOYEE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					Event Sequence 1 22 22 22 22 0 0 4									
	Citation # (If Is								10 Undercar 5 11 Totaled	riage					
	Violation	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24)					
	Violation 3: Ch Sec Violation 4: Ch Sec					Underride/Override 25 Towed Y 8 7 6									
	Plo Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 eat Safety Pos. System	28 Airbag Ai n Status S	29 30 bag Ejec witch Co) 31 t Trap de Code		33 ansp. Code Medical Fac	ility	
		Non-Motorist		See Above				1		9 0	0	8 2			

