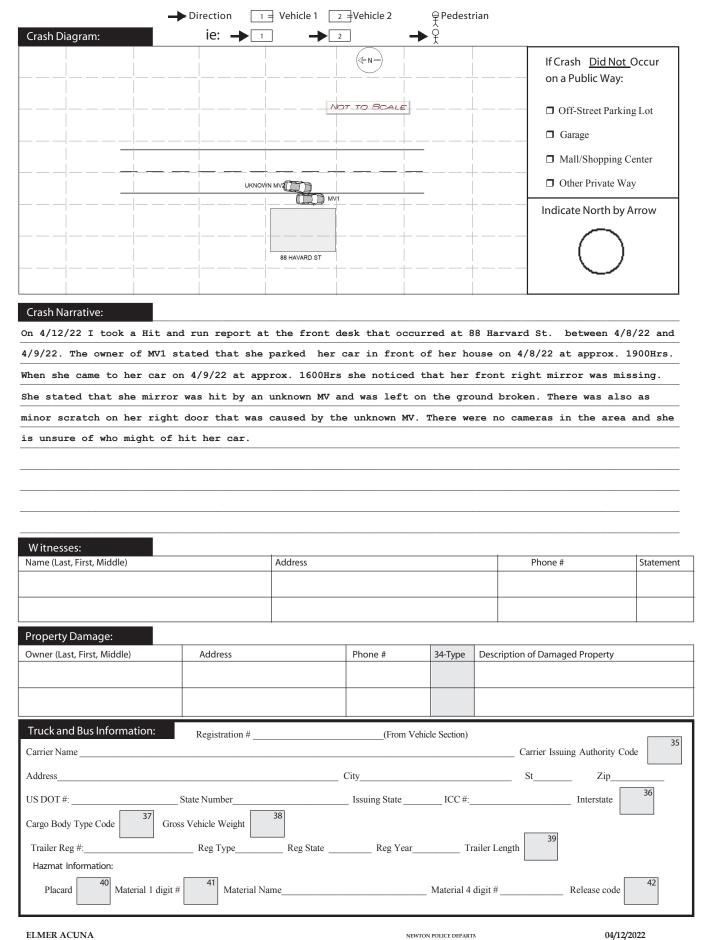
	Poli	ice Use Only		Commony	vealth	of Mass	achu	isetts			RMV	Docume	nt Number		
	Date of Crash 04/12/2022	Time of Crash 17:15 24HR	NEWTON			nicle Cra Report	ash	Number Vehicles	Injured	Latitu	d Limit .	20 S	State Police Local Police MBTA Police	N N	
		<	LOCA				NOT		Other: TINTERSECTION:						
		AT INTE		SOUTH 88 HARVARD ST								2			
1	Route# Direc	tion	Name of Roa	dway/Street		Route# Direct		dress #	HAKV			adway/St	reet	_ _	
4	At					Feet NSEW of or								2	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street									
2 1				Feet NSEW of								4			
3	Route# Direc	tion	Name of Intersecting	Roadway/Street	t						Landmark				
1	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	r	22	2000303							
	License#		Reg#	Reg # 7ZR683 Reg Type PAN Reg State MA											
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					Veh Year 2008 Veh Make TOYOTA Veh Config. 20									
4 1	Operator					Owner WILLIAMS JASMINE Last First Middle									
1	Address					Owner WILLIAMS JASMINE Address 88 HARVARD									
	CityStateZip					City NEWTON State MA Zip 02465									
[_	Insurance Company LM GENERAL INSURANCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
5 2	Vehicle Travel	Direction: N	S E W Respond	ing to Emergency?_	N Even	t Sequence 2	22 22		22 2		3	4	10 Undercarri	i	
	`	ssued)				Harmful Event	2		24	←	9	5	11 Totaled	lage	
⁶ 99	1		c Violation 2: 0			r Contributing (Code 25	1 24 1	ഉ		O	\bigcup_{6}			
99	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					rride/Override		Towe	d_N			32 3	3		
	Name (Last First Middle)				Address Age/DOB Sex				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Med					1 2	
	Operator			See Above								+			
												+			
⁷	Please Select One of the Following: Vehicle#Occupants			Non-Motorist A	Motorist A Type 14 Action			Location 16 Condition			17 Hit/Run Moped			ed	
	License# St DOB/Age					#Reg TypeReg State							ate	_	
	Sex Lic.	Class 18		YearVeh MakeVeh Config.						ig. 20					
8 1	Operator	Last	First	Endorsment	t Own	erLast			First			Middle	-		
_	Address					ddress									
	City State Zip					ityStateZip									
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSEW Responding to Emergency? E					vent Sequence 22 22 22 22 2 3 4									
	Citation # (If Issued)					flost Harmful Event 23 10 Undercarriage 5 11 Totaled									
	Violatio	Drive	Driver Contributing Code 24 24 7 6												
	Violatio	Unde	nderride/Override Towed												
	Pl Name (Last Fi	upants involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 2 Airbag Airb Status Sw	ag Eject	Trap In	32 33 ajury Transı Status Code	p.	lity			
	Operator/	Non-Motorist		See Above						_					



CDP1 11 ·24·00

Police Officer Name (Please Print)