	Poli	ice Use Only		Commonwea	lth o	f Mass	ach	use	tts			RMV	V Doci	ıment	t Number		
	Date of Crash 04/21/2022	Time of Crash 17:23 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Nun Vehi	- 1	Numbe Injured	Lati	ed Limi tude gitude_		Sta Lo Ml Ot	ate Police ocal Police BTA Police ther:	NA NA D	
		AT INTER									AT INTERSECTION:						
				SOUTH 384 BROOKLINE ST													
1 1	Route# Direc	tion	Name of R	oadway/Street t	F	Route# Directi	#	Name of Roadway/Street									
						Feet NSEW of or Mile Marker Exit Number											
	Route# Direc	ction 1	Name of Intersecting Also at Interse			Feet N S E W of					REDWOOD RD Route# Intersecting Roadway/Stree						
2 1					- -	Feet [N S I	E W of		Route#]	Intersec	ting Ro	oadway	y/Street	1	
	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Landmark										
3	XVehicle1	2_#Occupants	Hit/Run	Moped Case N	Number			2200032	28								
	License # St MA _ DOB/Age					Reg # 5WX979 Reg Type PAN Reg State MA											
	Sex_F Lic.	Class D	Lic. Restrictions	19 CDLEndorsment		ear_2013	V	eh Mak	e_TOY	OTA			Veh C	Config.	2 20		
4 1	Operator SEV	Last	CLAUDIA	Middle		SEVI		LE	ONID	HA First			Mide	ile		- 3	
	Address 10 GAY DR					S 10 GAY DR							МΔ		02067	-	
	City SHARON State MA Zip 02067 Insurance Company ARBELLA					HARON Action Prior t	o C1	, _	21	Г.		_ State			e Up to Thre	ee)	
5	1	Direction: N		nding to Emergency? N		Sequence 20		_	1	22 O	-	3		4	c op to rinc	,	
1		ssued) T2012684	-	nding to Emergency:		Iarmful Event		23				M			10 Undercarri	iage	
				: ChSec		Contributing C		2 24	1	24	•	9		5	11 Totaled		
⁶ 1	Violation	3: ChSec	c Violation 4	: ChSec	Underr	ide/Override	2	²⁵ T	owed_	<u>Y</u> 0		7		6			
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 Seat S Pos. \$	27 afety Ai ystem St	28 2 rbag Airbatatus Swite	9 30 Eject ch Code	31 Trap Code	32 Injury 1 Status	33 Fransp. Code	Medical Facilit	ty 2	
	Operator			See Above					99 3	99	0	0	10	1			
	COPELAND,	ANASTAZIA		NORTH MAIN ST T HARTFORD, MA 06117			F	3	99 3	99	0	0	8	2			
7																	
1	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	e 14	Action	15 Lo	cation	16	Cond	ition	17	Ů	Hit/Ruı	n Mop	ed	
	License#StDOB/Age					eg#Reg TypeReg State										_	
	Sex Lic. Class					eh YearVeh MakeVeh Config.											
8 1	Operator					Owner Last First Middle										-	
	Address					s										-	
	CityStateZip					City State Zip Damaged Area Code: (Circle Up to Three)											
	Insurance Company Vehicle Travel Direction: NSEW Responding to Emergency?					Action Prior t				22 2		3	Couc.	4	c op to rme		
	Citation # (If Issued)					Most Harmful Event 23											
	`	/	ec Violation	2: ChSec		Contributing C	ode	24	1	24	←	9		5	11 Totaled		
	Violation 3: ChSecViolation 4: ChSec					Underride/Override 25 Towed 8 7 6											
	Pl Name (Last Fi		operator and all o	occupants involved		Age/DOB	Sex	26 Seat S Pos. S	27 afety Ai	28 29 rbag Airba Status Swi	9 30 ag Eject	31 Trap le Code	32 Injury I Status	33 Transp. Code	Medical Facil	ity	
		Non-Motorist		See Above							230				1 4011		

