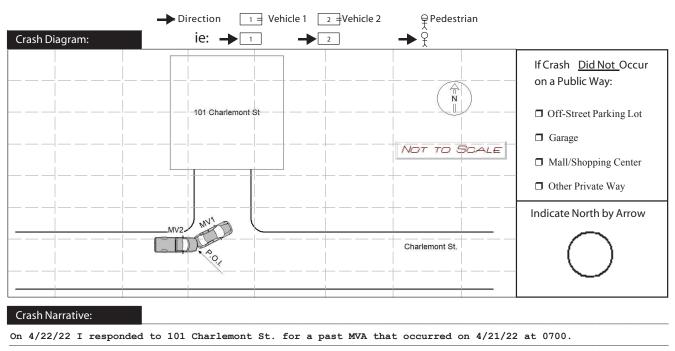
[Poli	ce Use Only		Commonwea	lth o	f Massa	achus	setts			RM	V Docu	ıment	Number	
	Date of Crash 04/21/2022	Time of Crash 07:00 24HR	NEWTON	MIOTOI		icle Cra Report	sh [Number Vehicles 2		ed Lat	ed Limitude _ ngitude_		Sta Lo Ml Ot	ate Police ocal Police BTA Police ther:	NA NA D
			RSECTION:		LOCAT	_	>		NO	Т АТ			CTI	ON:	
						EAST	101		СНА	RLEMO	NT ST				2
1 2	Route# Direc	tion	Name of	Roadway/Street	F	Route# Direction	on Add	ress #		N	ame of I	Roadwa	y/Stree	et	$ 2^1$
	At				Feet NSEW of or								$ \frac{2}{}$		
	Route# Direc	tion	Name of Intersecting	g Roadway/Street	-				Mile	Marker			Ex	tit Number	_
			Also at Inter	section with	-	Feet 1	N S E V	of	Rout	e#	Intersec	ting Ro	adway	//Street	
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$			N. Cr.	P. 1 (G)		Feet	N S E V	of				-	-		2
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								4	
	XVehicle1	#Occupants	Hit/Run	Moped Case I	Number		220	00335							
	License#		St_M		Reg#_1	ITZV55			_Reg	Гуре_РА	N	Re	g State	MA	
	Sex_M Lic.	Class D 18	Lic. Restriction		Veh Ye	ear_2020	Veh	Make_T	OYOTA			_Veh C	onfig.	1 20	
4	Operator ZHI	J	ZHAOZHON	Endorsment Middle	Owner	LIU		CONG	LIN			Midd	Па		1
1	Address 101 C	HARLEMONT	ST	windle	Addres	S 101 CHARLE	MONT S	ST	1º ifSt			ivilud			<u> </u>
	City NEWTO	N	Sta	nte_MA Zip_02461	City NEWTON State MA Zip										
	Insurance Com	pany GEICO IN	NSURANCE		Vehicle	Action Prior to	Crash	10 2	1	Damag	ed Area	Code:	(Circle	e Up to Three	()
5 2	Vehicle Travel	Direction: N	S E X Resp	onding to Emergency? N	Event S	Sequence 10 ²	22 22	22	22	2	3		(4)		
	Citation # (If I	ssued)			Most H	Iarmful Event	10 23	<u> </u>		1 4	9	$\langle $		10 Undercarria 11 Totaled	ge
-	Violation	1: ChSe	ec Violation	2: ChSec	Driver	Contributing Co	ode 1	24	24			\sum		TT TOMICO	
⁶ 1	Violation	3: ChSe	ec Violation	4: ChSec	Underr	ide/Override	25	Towe	d_N	8	7		6		
	Please t		rator and all occu	pants involved Address		Age/DOB	Sex Po	26 27 at Safety s. System	28 Airbag A Status S	29 3 irbag Eje witch Coo	0 31 ct Trap le Code	32 Injury T Status	ransp.	Medical Facility	10
	Operator			See Above				1	4	99 0	0	10	1		
7 1	Please Select C of the Followi		e2 1_#Occupan	s Non-Motorist A Typ	pe 14	4 Action 1	5 Locati	ion	16 Co	ndition	17	□·	Hit/Rui	n Mope	d
	License#	License# St MA DOB/Age				Reg #_V65001			Reg Type CON			Reg State MA		7	
	Sex_M Lic. Class D 18 18 Lic. Restrictions 1 CDL					th Year 2018 Veh Make CHEVROLET Veh Config. 2						20			
⁸ 1	Operator DO		ERIC	M Endorsment Middle	Owner	DONLAN		JAMES	;			_			
1		Last HARLEMONT	Address 133 CHARLMONT ST												
	City NEWTON State MA Zip 02461				City NEWTON State MA Zip										
	Insurance Company SAFETY INSURANCE				Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								:)		
	Vehicle Travel Direction: NSWW Responding to Emergency?N				Event Sequence 10 22 22 22 22 22 3 4										
	Citation # (If I	ation # (If Issued) T1447649				Most Harmful Event 10 23 10 Undercarriage								ge	
00/0/P					Driver Contributing Code 1 24 24										
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 6									
			r operator and all	occupants involved		,	Se	26 27 at Safety	28 Airbag A	29 3 irbag Eje	0 31 Trap		ransp.	M P 1=	
	Name (Last Fi Operator/	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex Po	Systen - 1		Switch Co	de Code 0		Code 1	Medical Facilit	У
								+			+				-



Operator of MV1 stated they were backing out of their driveway and onto Charlemont St. when MV2 was traveling

Eastbound and struck the back of their vehicle. MV1 sustained damage to the rear end.

Operator of MV2 stated they were traveling Eastbound on Charlemont when they didn't notice MV1 backing out of their driveway. The front of MV2 hit the rear of MV1. MV1 sustained damage to the front end.

MV2 was issued MA Uniform Citation #T1447649 for Ch. 90 Sec. 9 Unregistered Motor Vehicle (Straight

Expiration). It should be noted MV2 was down at an auto $\,$ body shop in Scituate at the time I took the $\,$

report. As of 4/28/22 the vehicle's registration is now active.

						_			
						_			
Witnesses:									
Name (Last, First, Middle)	Address			Phone #	Stateme	nt			
Property Damage:									
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Dama	ription of Damaged Property				
Truck and Bus Information:	Registration #	(From Vehi	cle Section)						
Carrier Name			· ·	Carrier Issu		35			
Address		City		St	Zip				
US DOT #:	State Number	Issuing State	ICC #:		Interstate 36				
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #:	Reg Type Reg State	Reg Year	Tra	ailer Length 39					
Hazmat Information:									
Placard 40 Material 1 digit #	Material Name		Material 4 c	ligit #	Release code 42				

JOHN MILDNER		NEWTON POLICE DEPARTM	04/22/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date