	Polic	ce Use Only		Comm	onwealt	th of	f Massa	ichu	setts	5		RM	V Docun	nent Number	
	Date of Crash 05/03/2022	Time of Crash 14:55	City/T NEWTON	Yown I	Motor V	Vehi	cle Cra	sh	Number Vehicles			eed Limi		State Police Local Police MBTA Police	N X
L	05/05/2022	24HR					Report		3	0		ngitude_		Other:	₽ 山
		AT INTER	RSECTION:		< LC	OCAT.	ION >	>		NC	T A	ΓΙΝΤΙ	ERSEC	CTION:	
							SOUTH	1005	;	CENT	RE ST				ŀ
٦	Route# Direct	tion	Name o	of Roadway/Street		R	oute# Direction	n Add	lress #		N	Name of F	Roadway	/Street	
┨				At			Feet N	SEV	W of			•	or		ŀ
-	Route# Direct	tion N	Name of Intersect	ing Roadway/Street	:					Mile	Marke	r		Exit Number	
ľ			Also at Inte	ersection with		_ -	Feet N	SEV	V of	Rout		Intersec	ting Roa	dway/Street	_
						_ -	Feet N	SEV	V of				J	,	
4	Route# Direct	ion	Name of Inters	secting Roadway/Str	reet							Laı	ndmark		
	XVehicle1	1_#Occupants	Hit/Rur	n Moped	Case Nu	mber		220	000365						
	License#		St N	MA DOB/Age		Reg# 30	CP672			Reg	Type P	AN	Reg	State_MA	
	Sex_M Lic. C	Class D 18 1		19			ar_2011							20	
- 1	Operator CAR	-	CLAY	Endo	rsment		(Same as opera								,
_	Address 20 BR	AYTON RD	First	Mi			Last						Middle		_
- 1				State_MA Zip_02										Zip	_
- 1				CE CO			Action Prior to			21				Circle Up to Th	
\neg	•			sponding to Emerg			equence 1 2		22	22	2	3		4	
		ssued)		openang to Emerg				23				Λ	A	10 Undercar	rriage
				on 2: ChSec			Contributing Co		24	24	•	9	<u> </u>	11 Totaled	
				on 4: Ch Sec			de/Override	25	Towe	od N	3	7		6	
+				upants involved		Chachin	de/ 5 verride	Sa		28 Airbag A Status Sv	29 Ei	30 31 ect Trap ode Code	32 Injury Tra	33 ansp.	
-	Name (Last Firs	st Middle)		Ad See A	hove		Age/DOB	Sex Po	s. System		vitch Co		Status Co	de Medical Faci	ility
+	Орегатог			566 75					1	4 :	19 0	U	10 1		
ŀ															
	Please Select O of the Followir		2 <u>1</u> #Occupa	nts Non-Mot	corist A Type	14	Action	5 Locat	ion	16 Cor	ndition	17	Hi	t/Run Mo	ped
	License#		St_N			Reg # 21	FLL40			Reg	Гуре_Р	AN	Reg	State MA	_]
	Sex_F Lic. C	Class D 18 1	Lic. Restriction			Veh Yea	ar_2012	Veh	Make_A	UDI			Veh Co	nfig. 20	
٦	Operator GAR	RCIA	NORMA First		orsment (ddle	Owner _	(Same as oper	ator)		First			Middle		_
\dashv	Address 32 PL	ACID RD				Address									_
	City NEWTON	٧		State MA Zip 02	459	City						State	2	Zip	_
	Insurance Comp	pany SAFETY II	NSURANCE CO)		Vehicle	Action Prior to	Crash	2	21	Damag	ged Area	Code: (0	Circle Up to Th	ree)
	Vehicle Travel I	Direction: N	X E W R	esponding to Emerg	gency?N	Event S	equence 1	2 22	22	22	2	3		4	
	Citation # (If Is	ssued)			1	Most Ha	armful Event	1 23				9	$\langle \rangle$	10 Undercar 11 Totaled	rriage
	Violation	n 1: Ch Se	ecViolat	ion 2: ChSe	c	Driver (Contributing Co	de 1	24	24		ľÍ			
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	Ple Name (Last Fir	ease fill out for		ll occupants invo	ddress		Age/DOB		26 27 eat Safety os. System 1	m Status S	29 Ejo witch C	30 Trap dode Code	Injury Tra	nsp. dode Medical Fac	cility
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	Ple Name (Last Fir	ease fill out for		ll occupants invo	ddress		Age/DOB		os. Syster	m Status S	witch C	ode Code	Status C	nsp. dode Medical Fac	cility

D	Police Date of Crash	Time of Crash	n City/Tow	Commonwea Motor		oi Massa icle Cra		Number			RMV d Limi		State Police		
	05/03/2022	14:55	NEWTON	MIOTOI		icie Cra Report	1511	Vehicles 3		Latit	ude gitude_		State Police Local Police MBTA Police Other:	e 🛣 ce 🔲	
		24HR	RSECTION:		LOCAT		>	3					CTION:		
r		AT INTE	TOTAL						1101	711		ZKOLK	2110111		
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٦	Route# Direction Name of Roadway/Street At														
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(XVehicle 3	1_#Occupants	Hit/Run	Moped Case	Number		2:	2000365							
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1	operator ELD		EMILY	Endorsment		ELDERKIN		JOHN							
		Last BEACON STRE	EET (apt. 708)	Middle		5903 S ABBY		I	First			Middle			
C	City BROOKLINE State MA Zip 02445					VYOMING					State	MI Z	Zip 49418		
Iı	Insurance Company CITIZENS					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									
V	/ehicle Travel	Direction: N	X E W Respo	onding to Emergency? N	Event S	Sequence 1	22 22		22 2		3		4		
	Citation # (If Is	ssued)			Most F	Harmful Event	1 23			←	9	$ \cdot $	10 Underco	_	
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L		3: ChSe	Underr	ride/Override	25	Towe					6				
	Please f Name (Last Firs		rator and all occup	ants involved Address		Age/DOB	Sex I	26 27 Seat Safety Pos. System	28 29 Airbag Airba Status Swite	g Eject h Code	31 Trap Code	32 Injury Tra Status Co	33 nsp. de Medical Fa	cility	
	Operator			See Above				1	4 99	0	0	10 1			
	lease Select O	Vehicle	e#Occupants	Non-Motorist A Typ	pe 14	4 Action	15 Loca	ation	16 Condi	tion	17	Hit	:/Run	oped	
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ı	License # St DOB/Age 18 18 19					Reg # Reg Type Reg State Veh Year Veh Make Veh Config.									
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	Operator Last First Middle					Owner Last First Middle Address									
ı	Address City StateZip					City State Zip									
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