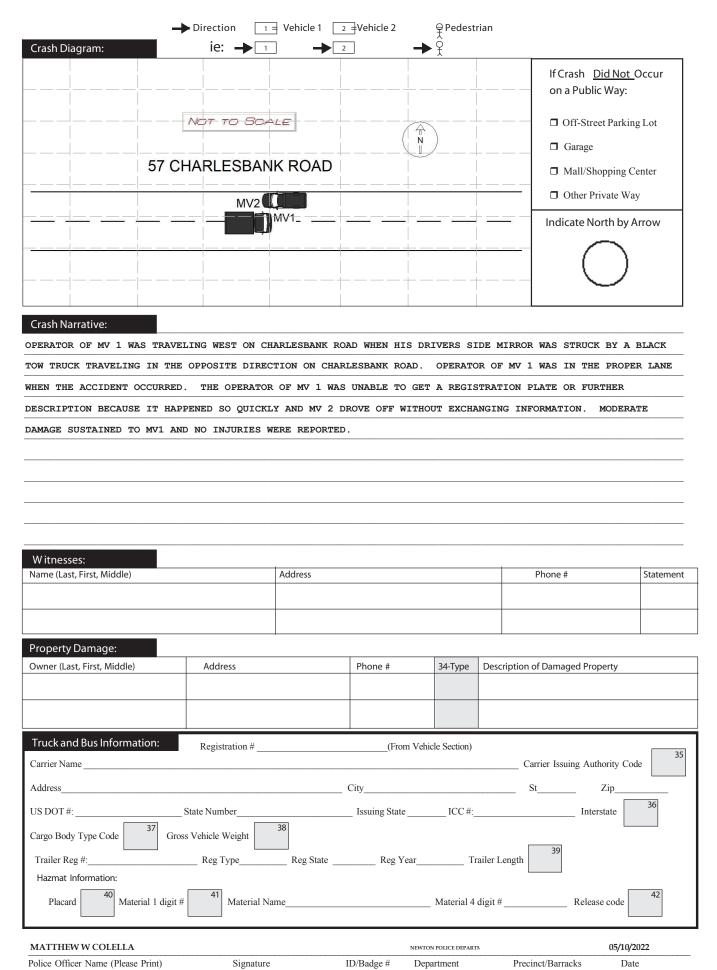
	Pol	ice Use Only		Commonwea	lth o	f Mass	ach	uset	ts		RM	V Doci	ıment	Number			
	Date of Crash 05/10/2022	Time of Crash 13:45 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Numb Vehic 2		ured L	peed Lim atitude _ ongitude		Sta Loc ME Otl	te Police   cal Police   TA Police   the pol			
		AT INTE	OCATION > NOT AT INTERSECTION							ON:							
					WEST 57 CHARLESBANK ROAD												
	Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Street								t			
						Feet NSEW of orExit Number											
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street											
1						Feet	N S E	W of	Ro	ute#	Intersec	eting Ro	oadway.	Street	5		
•	Route# Direction Name of Intersecting Roadway/Street										La	ndmark			┩		
	XVehicle1	_1_#Occupants	X Hit/Run	Moped Case I	Number		2	2000385	5						╛		
	License # St MA DOB/Age					Reg # 2DZ892         Reg Type PAS         Reg State MA           20         20											
	Sex_M Lic. Class D Lic. Restrictions 1 CDL Findorsment					Veh Year 2020 Veh Make GMC Veh Config. 2											
1		Operator BILHETE LUIS  Last First Middle  32 JOSEPHS WAY					Owner (Same as operator)  Last First Middle										
	City NEW BEDFORD State IA Zip 02745					Address  City State Zip											
		npany_COMMER	Vehicle Action Prior to Crash  State Zip  Damaged Area Code: (Circle Up to Three)														
	Vehicle Travel	Direction: N	S E X Respo	nding to Emergency?_N_	Event S	Sequence 1	22 2	2 22	22	2	3		4				
	Citation # (If I	ssued)			Most E	Iarmful Event	1 2.			1	. 9	$\left  \cdot \right $		Undercarria     Totaled	ge		
	1			2: ChSec	Driver	Contributing C	ode 2	1 24		8			6				
1	Violation 3: ChSecViolation 4: ChSec  Please fill out for operator and all occupants involved					ide/Override	1	То	wed N	-					4		
	Name (Last First Middle)  Operator  See Above					Age/DOB	Sex		tem Status	Switch C	30 31 ject Trap ode Code	Status		Medical Facility NONE	1		
	Operator			See Above				1	4	99 0	0	10	1	NONE	+		
															_		
1	Please Select (	I X Vehicle	e2 1_#Occupants	Non-Motorist A Typ	pe 1	4 Action	15 Loc	cation	16	ondition	17	X	Hit/Rur	п  Море	d		
	of the Following: Non Motorist Tyl					Reg # Reg Type CON Reg State MA									-		
	License#         St         DOB/Age           Sex_M         Lic. Class         99         18         Lic. Restrictions         9         CDL         CDL					Veh Year UNKN Veh Make TOW TRUCK Veh Config. 2											
1	Operator UNKNOWN UNKNOWN  Last First Middle Middle					Owner _(Same as operator)											
	Address					Address											
	CityStateZip					CityStateZip											
	Insurance Company UNKNOWN					Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)  Figure Sequence 22 22 22 22 3 4											
	Vehicle Travel Direction: NSWW Responding to Emergency?N Citation # (If Issued)					Most Harmful Front 1 23											
	`	· · · · · · · · · · · · · · · · · · ·	ec Violation	2: Ch Sec		Contributing C	ode	9 24	19 24	1	•   9	4	5 1	1 Totaled			
	l			4: ChSec		ide/Override	2.		ved_N	8	<u> (</u>	)	6				
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB	Sex	26 Seat Saf		29 Airbag E Switch	30 31 Ject Trap Code Code		33 Fransp.	Medical Facilit	,		
		Non-Motorist		See Above				99		99 0				UNKNOWN			



CDP1 11 ·24·00