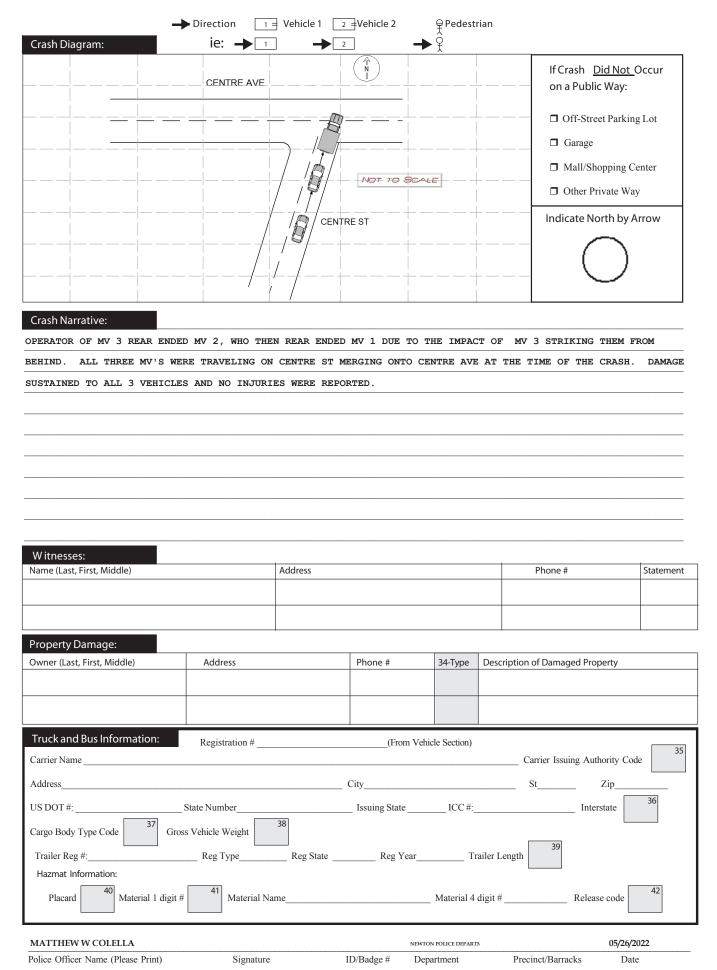
	Poli	ce Use Only		Commonwea	lth o	of Mass	achı	ısett	S		RM	V Docur	ment Number		
	Date of Crash 05/26/2022	Time of Crash 09:38	City/To	MIOTOI		icle Cra Report	sh	Numbe Vehicle		ed Lat	eed Limititude _		State Police Local Police MBTA Police Other:	Xi	
			RSECTION:		LOCAT		>						CTION:	$\neg$	
	1 EAST	CENTR	E AVE											2	
1 1	Route# Direct			Roadway/Street		Route# Direction	on Ad	ldress #		N	ame of I	Roadway	Street	2	
	2 NOR	TH CENTR		Feet [	N S E	W of			•	or		$- \frac{2}{ }$			
	Route# Direc		-					e Marker			Exit Number	_			
			Feet NSEW of Route# Intersecting Roadway/Street												
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	EAST		N CI .	ting Roadway/Street	-	Feet	N S E	W of				_		2	
3	Route# Direct	tion	Landmark												
	XVehicle1	_1_#Occupants	Hit/Run	Moped Case I	Number		22	2000452							
	License#		StSt	DOB/Age	Reg#_	274H			Reg	Туре_РА	AS	Reg	State MA	_	
	Sex_M_ Lic. 0	Class D 18 1	Veh Year 2020 Veh Make UNKNOWN Veh Config. 13												
4	Operator KEL	Last	THEODORE	Endorsment	Owner BOSTONIAN TOWIN										
3	Address 36 BR		31	ut	Address 9 FLETT RD										
	City DORCH	ESTER	Sta	te_MA Zip_02124	City BELMONT State MA Zip 02478										
	Insurance Com	pany_COMMER		Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)											
5 <b>1</b>	Vehicle Travel	Direction:	S E W Resp	onding to Emergency? N	Event S	Sequence 97			22	2	3		4		
	Citation # (If Is	ssued)			Most E	Iarmful Event	1 23			1 📥	9	$\left( \left  \cdot \right  \right  \right)$	10 Undercarr 11 Totaled	iage	
6	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing C		1 24	24		ŹŢ				
<sup>6</sup> 1				4: ChSec	Underr	ide/Override	25	Tow	ed N	8			6		
		Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB Sex Pos. System Status Switch Code Code Status Code N							ity 1:	
	Operator			See Above				1	4	99 0	0	10 1			
<sup>7</sup> <b>3</b>	Please Select C of the Followin	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Typ	e 1	4 Action	Loca	ation	16 Co	ndition	17	Hi	t/Run Mop	ed	
	License#		DOB/Age	Reg # 3EJ159 Reg Type							PAS Reg State MA				
	Sex_F_ Lic. 0	Sex F Lic. Class D 18 18 Lic. Restrictions 11 19 CDL  Operator MC CAULEY COURTNEY  Last First Middle					Veh Year 2018 Veh Make JEEP Veh Config.								
8 <b>4</b>	Operator MC						Owner (Same as operator)								
_	Address 1410	COLUMBIA RO	Last First Middle Address												
	City SOUTH	BOSTON	CityStateZip												
	Insurance Com	pany USAA CAS	Vehicle Action Prior to Crash  2 21  Damaged Area Code: (Circle Up to Three)												
	Vehicle Travel	Direction:	S E W Res	ponding to Emergency?N	Event Sequence 1 22 22 22 22 22 3 4										
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	Violation	n 3: ChSe	ec Violation	Underride/Override Towed N								6			
	Plo Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 Seat Safety Pos. Syste	28 Airbag A m Status	29 irbag Eje Switch Co	ode Code		33 ansp. code Medical Faci	ility	
		Non-Motorist		See Above				1		99 0	0	10 1			
														_	

Name of Roadway/Street	Date of Crash	Time of Crash	City/Town	Commony Mo				Jumber	Number		RMV Doc Limit <u>25</u>	Sta	ate Police		
Routed Direction Name of Intersecting Roadway/Street About Intersection with About Intersection Roadway/Street Feet NSEN of Notice Intersection Roadway/Street Feet NSEN of Notice Intersection Roadway/Street Internation Internation of Roadway/Street Feet NSEN of Notice Intersection Roadway/Street Internation Internation of Roadway/Street Feet NSEN of Notice Intersection Roadway/Street Internation Internation of Roadway/Street Feet NSEN of Notice Intersection Roadway/Street Internation Internation of Roadway/Street Internation Internation of Roadway/Street Feet NSEN of Mide Marker or Institute Internation of Roadway/Street Internation Internation of Roadway/Street Internation Internation of Roadway/Street Internation of Roadway/Street Internation of Roadway/Street Feet NSEN of Mide Marker or Institute Internation Internation of Roadway/Street Inter		09:38		IVIO			V	ehicles	Injured	Latitud	le	Lo MI	cal Police BTA Police	XI	
Route® Direction  Name of Roadway/Street  Route® Direction  Name of Intersecting Roadway/Street  Abo at Intersecting Roadway/Street  Route® Direction  Name of Intersecting Roadway/Street  Feet   N.S. E   W of   Route®   Intersecting Roadway/Street  Route® Direction  Name of Intersecting Roadway/Street  Route® Direction  Name of Intersecting Roadway/Street  Route® Direction  Name of Intersecting Roadway/Street  Feet   N.S. E   W of   Route®   Intersecting Roadway/Street  Intermed   Feet   N.S. E   W of   Route®   Intersecting Roadway/Street  Route® Direction  Name of Intersecting Roadway/Street  Route® Direction  Name of Intersecting Roadway/Street  Route® Direction  Name of Intersecting Roadway/Street  Feet   N.S. E   W of   Route®   Intersecting Roadway/Street  Route® Direction  Name of Intersecting Roadway/Street  Intermed Intersecting Roadway/Street  Route® Direction  Name of Intersecting Roadway/Street  Route® Direction  Route® Direction  Route® Direction  Name of Intersecting Roadway/Street  Route® Direction  R			SECTION:	<				3	_					_	
Fort   N   S   W   O   Mile Marker   Or   Past Number		ATINIER	SECTION.		LOCA				NOI	AIII	VIENS.	LCII	.011.	_	
Fort   N   S   W   O   Mile Marker   Or   Past Number	Bauta# Direct	<del></del>	Name of D	and developed		Bauta# Dissatis				Nome	of Doods	/Ct	-4		
Route# Direction   Name of Intersecting Readway/Street   Feet   N   E   W   of   Route#   Intersecting Readway/Street   Feet   N   E   W   of   Route#   Intersecting Readway/Street   Landmark	Koute# Direct	tion													
Also at Intersection with    Feet   N   S   E   W   of   Route# Intersecting Readway/Street				Feet NSEW of or Exit Number											
Request Direction Name of Intersecting Roadway/Street  License #	Route# Direc	ction N													
License #															
License # — St MA DOB! Age — Reg # 5065RT Reg Type PAS Reg State MA  Sex F Lic. Class D	Route# Direct	Route# Direction Name of Intersecting Roadway/Street					Landmark								
Sec F Lic. Class D 8 8 Lic. Restrictions 1 19 CDL Veh Year 2007 Veh Make HONDA Veh Config. 120 Operator JAYACHANDRAN GEFHA Address 47 LAKEVIEW AVE City NEWTONVILLE State MA Zip 02460 City NEWTONVILLE State MA Zip 02460 City New Toncian Company AMICA Vehicle Action Prior to Crash 1 1 Damaged Area Code: (Circle Up to Three Vehicle Action Prior to Crash 1 1 Totaled Driver Contributing Code 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	XVehicle 3	#Occupants	Hit/Run	Moped	Case Numbe	r	2200	00452							
Sex F Lie. Class   18   18   Lie. Restrictions   19   20   20   20   20   20   20   20   2	License#		<sub>St</sub> MA	DOP/A go == == ===	Pag	≠ 5065RT			Pag Tum	o PAS	D	og State	MA	_	
Operator JAYACHANDRAN GEFHA  Address 47 LAKEVIEW AVE  City NEWTONVILLE  State MA Zip 02460  City SEWTONVILLE  Insurance Company AMICA  Vehicle Travel Direction: XISEW  Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch. Sec Violation 2: Ch. Sec Underride/Override  Please Select One of the Following:  Please Select One of the Following:  Departure  Vehicle _ # Occupants   Non-Motorist A Type		18 18	8	19			Voh N	Maka HC				-	20	-	
Address  City SEWTONVILLE  State MA Zip 02460  City SewToNVILLE  Sew Vehicle Action Prior to Crash  Webticle Action Prior to Crash  Table Damaged Area Code: (Circle Up to Three Most Hamful Event I 1 2 2 2 2 2 2 2 2 2 2 3 4 10 Undercairs  In Undercairs  Operator  Operator  See Above  Please Select One  Operator  See Above  See Above  See Above  Non-Motorist A Type  In Undercairs  Operator  Owner  Lieut First Middle  Address  Address  City State Zip City State Zip State Zip State Zip  City State Zip State Zip State Zip  City State Zip State Zip State Zip State Zip State Zip State				Endorsmen	nt.	er (Same as oper									
City NEWTONVILLE  State MA Zip 02460  City State Zip  Insurance Company AMICA  Vehicle Travel Direction:  Vehicle Travel Direction:  Vehicle Travel Direction:  Vehicle Travel Direction:  See Violation 2: Ch See Above  Please fill out for operator and all occupants involved  Name (Last Trans Middle)  Operator  See Above  Please fill out for operator and all occupants involved  Name (Last Trans Middle)  See Above  Non-Motorist A Type  If Action Is Location If Condition Is Condition I	Address 47 LA	Last  KEVIEW AVE	First		Last First Middle								-		
Insurance Company AMICA  Vehicle Travel Direction:			State	MA Zip 02460							State	Zip		-	
Vehicle Travel Direction:						Validate Antique Primeta Const. 21 Damaged Area Code: (Circle Unito Three)									
Citation # (If Issued)  Wost Harmful Event  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age-DOB  Sex Pox System Status Switch Code Code Status Code Code Code Status Code Code Status Code Code Code Status Code Code Code Status Code Code Code Code Status Code Code Code Code Code Code Code Code	Vehicle Travel	Direction:	S E W Respon	nding to Emergency?	N Even	1 2 4									
Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle) Operator  See Above  Please Select One of the Following:  License # St DOB/Age Reg # Reg Type Reg State Sex Lic Class   18   18   Lic Restrictions   19   CDL   Sex Lic Class   18   Lic Restrictions   19   CDL   State Zip   Damaged Area Code: (Circle Up to Three Contributing Code   22   22   22   22   22   22   22	_					,	1 23							iage	
Please fill out for operator and all occupants involved Name (Last First Middle)  Please Select One of the Following:  Ple	Violation	1: ChSec	Violation 2	: ChSec	_ Drive	L er Contributing Co	ode 19	24	24		4		11 10taled		
Please Select One of the Following:  Vehicle  #Occupants  Non-Motorist A Type	Violation	3: ChSec_	Violation 4	Unde	Inderride/Override Towed N 8 7 6										
Operator  See Above  Non-Motorist A Type  Id Action  If Location  If Condition  If Hit/Run  Moporator  License#  St DOB/Age Reg#  Reg Type Reg State  Sex Lic. Class  Is Is Lic. Restrictions  Operator  Company  Operator  Address  City  State  Zip  City  State  Zip  City  State  Zip  City  State  City  State  City  State  Zip  City  State  City  State  City  State  City  State  City  State  Damaged Area Code: (Circle Up to Three Contributions)  Webicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction:  N S E W  Responding to Emergency?  Event Sequence  Vehicle Action Prior to Crash  Pisst  Most Harmful Event  Address  Nost Harmful Event  Damaged Area Code: (Circle Up to Three Contributions)  State  State  Damaged Area Code: (Circle Up to Three Contributions)  State  State  Divert Contributing Code  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Address  Address  Address  Reg Type  Reg State  Veh Config.  Damaged Area Code: (Circle Up to Three Contributions)  State  Zip  Damaged Area Code: (Circle Up to Three Contributions)  State  State  State  Zip  Damaged Area Code: (Circle Up to Three Contributions)  State  State			ntor and all occupa			A go/DOP	Sear Bear	6 27 t Safety	28 29 Airbag Airba	g Eject T	31 32 Trap Injury	Transp.	Madical Facili		
Citation # (If Issued)  Vehicle#Occupants   Non-Motorist A Type   Action   Location   Condition   Hit/Run   Moporate    StDOB/Age		st Wildle)			:					1 1			wedical raciii	<u>ty</u>	
Condition   Cond															
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Condition   Cond	Plansa Salast C	)no		<u> </u>		14 1	5	1	6		17				
Sex Lic. Class			# Occupants	Non-Motorist	A Type		Location	on	Condit	tion		Hit/Ru	n Mop	ed	
Sex_ Lic. Class   Lic. Restrictions   CDL   Veh Year   Veh Make   Veh Config.    Operator   Endorsment   Owner    Last   First   Middle   Last   First   Middle    Address   Address    City   State   Zip   City   State   Zip    Insurance Company   Vehicle Action Prior to Crash   21   Damaged Area Code: (Circle Up to Thre Vehicle Travel Direction:   N S E W   Responding to Emergency?    Vehicle Travel Direction:   N S E W   Responding to Emergency?   Event Sequence   22   22   22   22   22   22   22	License#StDOB/Age				Reg #							eg State			
Operator	Sex Lic. 0														
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Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 22 22 22 23 4 10 Undercarri Status First Middle)  Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 22 23 4 10 Undercarri Status Switch Code Code Status Code Medical Facility Search Sequence 22 22 22 22 22 22 22 22 23 3 4 10 Undercarri Status Switch Code Code Status Code Medical Facility Search Sequence 22 22 22 22 22 22 22 22 22 22 22 22 22	CityStateZip														
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence    Citation # (If Issued)	Insurance Company					venicle Action Prior to Crash									
Citation # (If Issued) Most Harmful Event	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence									
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code  Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Sec Violation 2: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Age/DOB  Sec Seat Safety Airbag Airbag Airbag Eject   Trap Injury   Transp.   System Status Switch   Code   Code   Status   Code   Medical Facility   Code	Citation # (If Is	ssued)			Most	Harmful Event	23	24	1	<b>←</b> [	9			ıage	
Violation 3: ChSecViolation 4: ChSecUnderride/Override	Violation	n 1: ChSe	ec Violation	2: ChSec	Drive	er Contributing Co		24			7				
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility  Address					Unde	erride/Override				20	31   22			_	
Operator/Non-Motorist See Above			operator and all o	*		Age/DOB		Safety / S. System	Airbag Airbag Status Swite	g Eject I ch Code		Transp.	Medical Faci	lity	
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