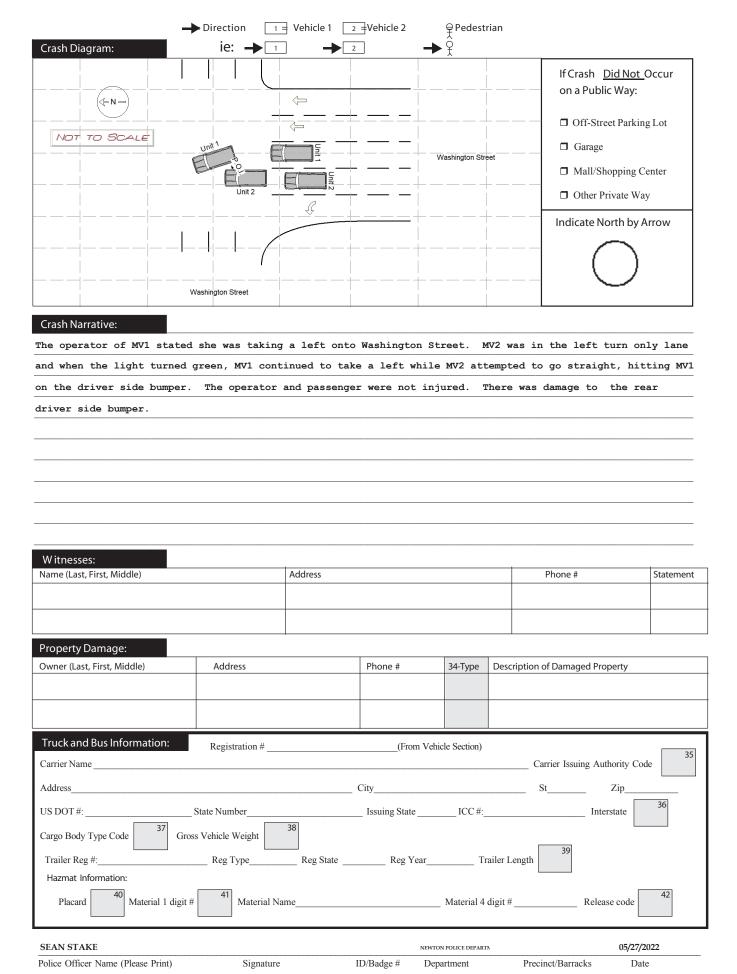
| Poli  | ce Use Only  |   | Common              | wealth    | of Massa  | achu      | setts                |                     |                             | RMV                | / Docum               | nent Number                                 |          |
|---|--|---|---------------------|-----------|---|-----------|----------------------|---------------------|-----------------------------|--------------------|-----------------------|---|----------|
| Date of Crash<br>05/27/2022                   | Time of Crash                                      | City/Tov<br>NEWTON  | vn Mo               | otor Ve   | hicle Cra   | sh        | Number<br>Vehicles   |                     |                             | ed Limi<br>tude _  |                       | State Police<br>Local Police<br>MBTA Police | □<br>Xi  |
| 03/27/2022                                    | 24HR   | NEWTON  |                     | Police    | Report  |           | 1                    | 0                   |                             | gitude_            |                       | Other:                                      | - 🗖      |
|   | AT INTER   | SECTION:  | <                   | LOC       | ATION   | >         |                      | NOT                 | T AT                        | INTI               | ERSEC                 | CTION:                                      |          |
|   |  |   |                     |           | NORTH   | 313       |                      | WASH                | NGTO                        | N ST               |                       |   |          |
| Route# Direction Name of Roadway/Street       |  |   |                     |           | Route# Direction Address # Name of Roadway/Street |           |                      |                     |                             |                    |                       |   |          |
| -   |  | A   | At                  |           | Feet []   | N S E     | w of                 |                     |                             |                    | or                    |   |          |
| Route# Direc                                  | etion N  | Jame of Intersecting  | g Roadway/Street    |           | -   | ,   0   2 |                      | Mile N              | 1arker                      |                    |                       | Exit Number                                 | _        |
|   |  | Also at Inters  | ection with         |           | Feet [1   | N S E     | W of                 | Route#              |                             | ntersec            | ting Road             | lway/Street                                 | _        |
| ]   |  |   |                     |           | Feet [1   | SE        | W of                 | Routen              |                             | intersee           | ing read              | .way/Bireet                                 |          |
| Route# Direct                                 | tion   | Name of Intersec  | ting Roadway/Street |           |   |           |                      |                     |                             | Lar                | ndmark                |   |          |
| XVehicle 1                                    | 2_#Occupants                                       | X Hit/Run   | Moped               | Case Numb | er  | 22        | 000460               |                     |                             |                    |                       |   |          |
| License#                                      |  | St MA   | DOB/Age             | Reg       | # 6EB993  |           |                      | Reg Ty              | pe PAI                      | N                  | Reg S                 | State_MA                                    |          |
| Sex F Lic. 0                                  | Class D 18 13                                      | 8<br>Lic. Restrictions  | B CDL               | Veh       | Year_2018   |           |                      |                     |                             |                    |                       | 20  |          |
|   | TTON BEAN  | _   | Endorsm             | ent       | ner (Same as ope                                  |           |                      | First               |                             |                    |                       |   | l        |
| Address 78 GI                                 | REYLOCK RD   | First   | Middle              |           | lress   | t         |                      |                     |                             |                    | Middle                |   | _        |
| City NEWTO                                    |  | Sta   | te_MA Zip_02465     |           |   |           |                      |                     |                             |                    | Z                     | Zip   | _        |
| Insurance Com                                 |  | Phicle Action Prior to Crash  A 21  Damaged Area Code: (Circle Up to Three) |                     |           |   |           |                      |                     |                             |                    |                       |   |          |
| Vehicle Travel                                | Direction:   | S E W Respo   | onding to Emergency | y? N Eve  | nt Sequence 1                                     | 22 22     | _                    | <b>22</b> 2         |                             | 3                  |                       | 4   |          |
| _   | ssued)   |   |                     |           | st Harmful Event                                  | 1 23      |                      |                     |                             | M                  | $\langle   \ \rangle$ | 10 Undercar                                 | riage    |
| 1   |  |   | 2: Ch Sec           |           | l<br>er Contributing Co                           | _         | 24                   | 24                  | •                           | 9                  |                       | 5 11 Totaled                                |          |
| Violation                                     | 3: ChSec   | Violation   | 4: Ch Sec           |           | lerride/Override                                  | 25        | Towe                 | d N                 |                             | 7                  |                       | 0   |          |
| Please  | fill out for opera                                 | ator and all occup  | ants involved       |           |   |           | 26 27<br>Seat Safety |                     | 9 30<br>ag Eject<br>ch Code | 31<br>Trap<br>Code | 32<br>Injury Trai     | 33<br>nsp.                                  | $\dashv$ |
| Name (Last Fire                               | st Middle)   |   | Address<br>See Abov |           | Age/DOB   | Sex P     | os. \$ystem          | Status Swit         | ch Code                     | Code<br>0          | Status Coo            | de Medical Facil                            | lity     |
| BEAN, BRIAN                                   | Т  |   | GREYLOCK RD         |           |   | M 3       |                      | 4 4                 | 0                           | 0                  | 10 1                  |   | -        |
| DEMY, DRIM                                    | '  | NE  | WTON, MA 02465      |           |   | 141       | 1                    | 1 1                 |                             | -                  | 10 1                  |   | -        |
|   |  |   |                     |           |   |           |                      |                     |                             |                    |                       |   |          |
|   |  |   |                     |           |   |           |                      |                     |                             |                    |                       |   |          |
| Please Select C<br>of the Followi             |  | # Occupant  | s Non-Motoris       | st A Type | 14 Action 1                                       | 5<br>Loca | tion                 | 16 Cond             | ition                       | 17                 | Hit                   | /Run Mor                                    | ped      |
| License# St DOB/Age                           |  |   |                     | Reg       | #   |           | Reg Type             |                     |                             |                    | Reg State             |   |          |
| Sex Lic. Class 18 18 Lic. Restrictions 19 CDL |  |   |                     |           | ryear Veh Make Veh Config.                        |           |                      |                     |                             |                    | 20                    | _   |          |
|   | Last   | _   | Endorsm             | nent      | ner   |           |                      |                     |                             |                    |                       | <i>3</i> ·                                  |          |
|   | Last   | First   | Middle              |           | Iress   |           |                      |                     |                             |                    | Middle                |   |          |
|   |  |   | teZip               |           | · · · · · · · · · · · · · · · · · · ·             |           |                      |                     |                             |                    | Z                     |   | _        |
| Insurance Com                                 |  |   |                     |           | icle Action Prior to                              |           |                      | 1 [                 | Damage                      | d Area             | Code: (C              | Circle Up to Thi                            | ree)     |
| Vehicle Travel                                |  |   | ponding to Emergenc |           | nt Sequence                                       | 22 22     | 22                   | <b>22</b> 2         |                             | 3                  |                       | 4   |          |
| Citation # (If Is                             | ost Harmful Event 23 10 Undercarriage 5 11 Totaled |   |                     |           |   |           |                      |                     | riage                       |                    |                       |   |          |
| `   | ·  | ec Violation  | n 2: Ch Sec         |           | l<br>er Contributing Co                           | ode       | 24                   | 24                  | <b>—</b>                    |                    |                       | 5 11 Totaled                                |          |
|   |  |   | n 4: Ch Sec         |           | lerride/Override                                  | 25        | Towed                |                     |                             | 7                  |                       | 6   |          |
|   |  |   | occupants involved  | d         |   |           | 26 27<br>Seat Safety | 28 2<br>Airbag Airb | 9 30<br>ag Eiect            | 31<br>Trap         | 32<br>Injury Trai     | 33<br>nsp.                                  | $\dashv$ |
| Name (Last Fi                                 | rst Middle)<br>Non-Motorist                        |   | Addres<br>See Abov  |           | Age/DOB   |           | Pos. System          | Status Sw           | tch Cod                     | e Code             |                       | ode Medical Fac                             | ility    |
| Орегатог/                                     | 1 1011-1410101131                                  |   |                     |           |   |           |                      |                     |                             |                    |                       |   | _        |
|   |  |   |                     |           |   |           |                      |                     | -                           |                    |                       |   |          |
|   |  |   |                     |           |   |           |                      |                     |                             |                    |                       |   |          |
|   |  |   | <u> </u>            |           |   |           |                      |                     |                             |                    |                       |   |          |



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