	Poli	ice Use Only		<u>Com</u> monweal	th o	f Mass	achu	isetts	5		RMV	/ Docun	nent Number		
	Date of Crash 05/29/2022	Time of Crash 01:34 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	N N	
		AT INTER		OCATION > NOT AT INTERSECTI							CTION:				
1										GROVE ST					
4	Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Street									
	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or Exit Number									
	Route# Direc	cuon 1	Also at Intersec	·	-	Feet	N S E	W of	Rout	-#	Intersec	ting Road	dway/Street	_	
2 <b>1</b>			27 07	D 1 (0)	-	Feet	N S E	W of	Rout	Orr	mersee	ting Road	iway/Bireet	1	
3	Route# Direction Name of Intersecting Roadway/Street					Landmark									
	XVehicle1	#Occupants	Hit/Run	Moped Case N	umber		22	2000461						Ц	
	License # St XX DOB/Age 18 18 19 19					Reg #         KTR3907         Reg Type         PAN         Reg State         NY									
	Sex_M_ Lic.	Class 99	Lic. Restrictions YUHENG	CDLEndorsment		ar 2018	Vel			TI		Veh Co		_	
<sup>4</sup>	Operator SHI	Last DOPERS STREE	Middle	Owner ZHU QIRUI  Last First Middle  Address 125 (apt. 43G) W. 31ST ST.											
	City WELLESLEY State MA Zip 02453					Address 125 (apr. 456) W. 5151 51.  City NEW YORK State NY Zip 10001									
	Insurance Company UNKNOWN					Vehicle Action Prior to Crash  The state of									
5 <b>2</b>	Vehicle Travel	Direction: X	S E W Respon	ding to Emergency? N	Event S	Sequence 21	22 22		22	2	3		4		
		ssued)_T2014400			Most H	armful Event	21 23		(	•	9		10 Undercarr 5 11 Totaled	riage	
<sup>6</sup> 1	1			Ch_90/10/Sec		Contributing C	ode = 25	10 24	24		7		6		
1	Violation 3: Ch89/4A_Sec Violation 4: ChSec  Please fill out for operator and all occupants involved					Underride/Override									
	Name (Last First Middle)  Operator			Address See Above	Address Age/DOB S			Seat Safety Pos. Systen	1 Status Sv	rbag Ejec vitch Cod	e Code	Status Co	de Medical Facil	ity 2	
	Operator			566710076				3	1 3	9 0	0	10 1			
7 <b>1</b>	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	14	Action 1	I5 Loca	ation	16 Cor	ndition	17	Hit	t/Run Mop	ped	
	License#StDOB/Age					g#Reg TypeReg State									
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					YearVeh MakeVeh Config. 20									
8 1	Operator	Last	First	Middle	Owner	erLast						Middle	ile		
	Address					Address									
	CityStateZip					CityStateZip  Vahiela Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Insurance Company  Vehicle Travel Direction: N S E W Responding to Emergency?					Vehicle Action Prior to Crash  Event Sequence  22 22 22 22 23 4									
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled									
	Violatio	n 1: ChS	ec Violation 2	2: ChSec	Driver	Contributing C		24	24		ZÍ				
	Violation 3: ChSecViolation 4: ChSec					ide/Override	25	Towe	d	30   30	7	1 22 1	6		
	Pl Name (Last Fi		r operator and all oc	ecupants involved Address		Age/DOB		26 27 Seat Safety Pos. Syste	28 Airbag A m Status S	29 30 rbag Ejec witch Co	0 31 Et Trap de Code	Injury Tra	33 nsp. ode Medical Faci	ility	
	Operator/	Non-Motorist		See Above											
									1						

