	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	setts	5		RM	V Docur	nent Number		
	Date of Crash 06/21/2022	Time of Crash 09:35	City/To NEWTON	Motor Motor	Veh	icle Cra	sh [Number			ed Limi		State Police Local Police MBTA Police	NA NA	
	00/21/2022	24HR				Report		2	0		ngitude_		Other:		
		AT INTERSECTION: < L					LOCATION > NOT AT INTERSECTION:							2	
	EAST	T HANCO	OCK ST												
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direction Name of Roadway/Street At NORTH WOODLAND RD					Route# Direction Address # Name of Roadway/Street Feet NSEW of • or Mile Marker Exit Nu							/Street	_ 2 10	
													E-'t N1		
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number Feet NSEW of									
	Also at Intersection with					Route# Intersecting Roadway/Street Feet NSEW of									
² 1	Route# Direction Name of Intersecting Roadway/Street														
3	[V]	1 #0		Landmark											
	Wehicle 1 1 #Occupants Hit/Run Moped Case Number 22000550												_		
	License # St MA DOB/Age 18 18 19 19					Reg # 1WZA13 Reg Type PAN Reg State MA									
	Sex F Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2020 Veh Make TOYOTA Veh Config. 1									
⁴ 2	Operator GHAG NAMRATA ULHAS Last First Middle					Owner THUMMPUDI JAYA PRAKASH Last First Middle									
	Address 2350 COMMONWEALTH AVE					Address 2350 COMMONWEALTH AVE									
	City NEWTO		ate MA Zip 02466	City _	NEWTON							Zip <u>02466</u>	-		
	Insurance Company GOVERNMENT EMPLOYEES INSURANCE COMPA					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									
2	Vehicle Travel	Direction:	S E W Res	ponding to Emergency?_N	Event	Sequence 1	22 22 22		22	2)	3	$\overline{}$	4		
	Citation # (If I	· · · · · · · · · · · · · · · · · · ·			Most I	Harmful Event	1 23		24	—	9		10 Undercarr 5 11 Totaled	age	
6	Violation	1: ChSec	Violation	1 2: ChSec	Driver	Contributing Co	ode 9	9 24	ш,	9	<u> </u>		6		
⁶ 1		Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed <u>Y</u>								
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB		26 27 Seat Safety os. System	28 Airbag A Status S	29 Sirbag Ejectoristich Cod	0 31 Trap e Code	32 Injury Tra Status Co	33 ansp. ode Medical Facili	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Operator			See Above				1	4 4	1 0	0	10 1	NONE		
⁷ 2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupar	nts Non-Motorist A Typ	pe 1	14 Action 1	Loca	tion	16 Co	ndition	17	Hi	t/Run Mop	ed	
	License#St MA DOB/Age					Reg # 25NH76 Reg Type PAN Reg State MA							State MA	_	
	Sex_M Lic.	Sex_M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2017 Veh Make SUBARU Veh Config. 1								
⁸ 2	Operator MERKOWITZ ALEXANDER SOKOLOFF Last First Middle					Owner MERKOWITZ HOWARD J									
	Address 16 WILLISTON RD					Address 16 WILLISTON RD									
	City NEWTO	N	City NEWTON State MA Zip 02466								Zip <u>02466</u>	_			
	Insurance Company_THE STANDARD FIRE INSURANCE COMPANY					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel	Direction: N	S X W Re	Responding to Emergency? $\underline{\underline{N}}$		Event Sequence 1 22 22 22 22 3 4									
	Citation # (If I	ssued)	Most Harmful Event 1 23 9 5 11 Totaled									riage			
	Violatio	n 1: ChSe	ec Violatio	Driver	Driver Contributing Code 99 24 24										
	Violatio	n 3: ChSe	ec Violatio	Underride/Override 25 Towed N 8 7 6											
	Pl Name (Last Fi	ease fill out for		26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Sirbag Sex Pos. System Status Swife Code Code Status Code Code						ansp.	lity				
		Non-Motorist		Address See Above				1		1 0	0	10 1			
														\dashv	

