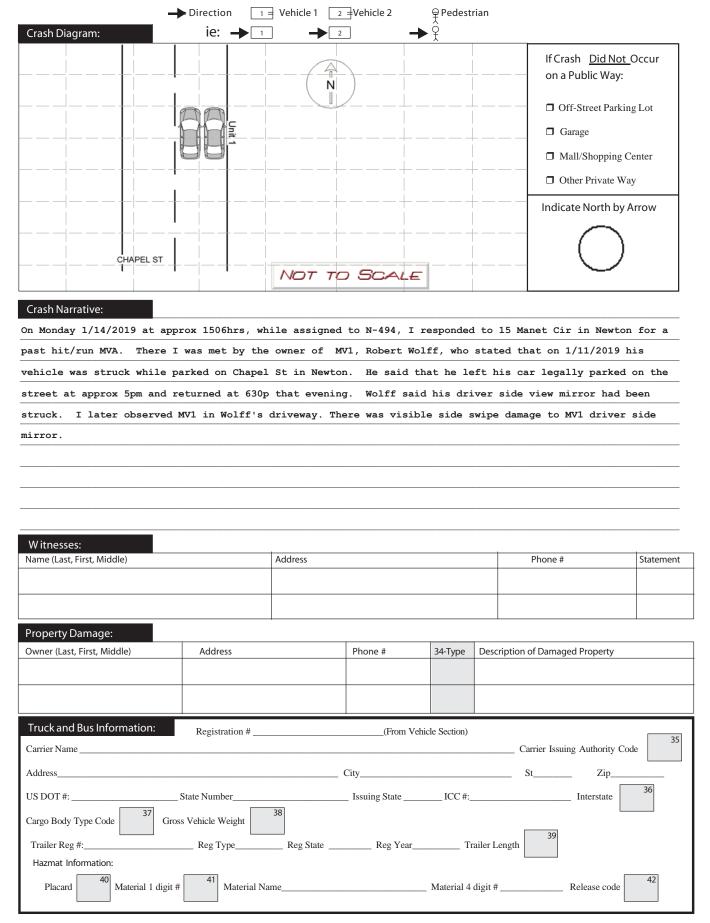
Route   Direction   Name of Intersecting Roadway/Street   Address   Freet   NS   E   W   of   Mile Marker   Exist Number		Poli	ce Use Only		Commonw	ealth	of Mass	achu	setts		F	RMV Do	cumen	t Number		
AT INTERSECTION:    A Route   Direction   Name of Roadway/Street   Route   Direction   Address   Name of Roadway/Street   Power   Name of Roadway/Street   Advanced   Roadway/Street   Power   Name of Roadway/Street   Advanced   Roadway/Street   Power   Name of Roadway/Street   Advanced   Roadway/Street   Advanced   Roadway/Street   Power   Name of Roadway/Street   Advanced   Roadway/Street   Advanced   Roadway/Street   Power   Name of Roadway/Street   Advanced   Roadway/Street   Power   Name of Roadway/Street   Advanced   Name of Roadway/Street   Name of Roadway/Street   Advanced   Name of Roadway/Street   Name of Roadw			17:30		141010			sh	Vehicles	Injured	Latitud	le	Lo	ocal Police IBTA Police	Xi D	
NORTH   76 CHAPELST   Name of Roadway/Street   Name of Roadway/Street   Peer N S E W of Mile Marker   Name of Roadway/Street   Name of Intersecting Roadway/Street   Peer N S E W of Mile Marker   Name of Roadway/Street   Name of Intersecting Roadway/Street   Peer N S E W of WAITENDOWN ST   Thirdway/Street   Name of Intersecting Roadway/Street   Peer N S E W of WAITENDOWN ST   Name of Intersecting Roadway/Street   Peer N S E W of WAITENDOWN ST   Name of Roadway/Street   Peer N S E W of WAITENDOWN ST   Name of Roadway/Street   Peer N S E W of WAITENDOWN ST   Name of Roadway/Street   Peer N S E W of WAITENDOWN ST   Name of Roadway/Street   Peer N S E W of WAITENDOWN ST   Name of Roadway/Street   Peer N S E W of WAITENDOWN ST   Name of Roadway/Street   Peer N S E W of WAITENDOWN ST   Name of Roadway/Street   Peer N S E W of WAITENDOWN ST   Name of Roadway/Street   Peer N S E W of WAITENDOWN ST   Name of Roadway/Street   Peer N S E W of WAITENDOWN ST   Name of Roadway/Street   Peer N S E W of WAITENDOWN ST   Name of Roadway/Street   Peer N S E W of WAITENDOWN ST   Name of Roadway/Street   Peer N S E W of WAITENDOWN ST   Name of Roadway/Street   Peer N S E W of WAITENDOWN ST   Name of Roadway/Street   Peer N S E W of WAITENDOWN ST															2	
Foce   N   S   E   W   of   Mile Marker   Estit Number							NORTH 76 CHAPEL ST									
Feet   N   E   W   of   Mile Marker   Estit Number	$\frac{1}{4}$	l					Route# Direction Address # Name of Roadway/S						vay/Stre	eet	$ 2^1$	
Rouse   Direction   Name of Intersecting Roadway/Street   Feet   N   S   W		At													.	
Route# Direction   Name of Intersecting Roadway/Street   Landmark   Landmark																
Second   S	2	Also at Incisculon with												y/Street	<b>4</b> 1	
License # St DOB/Age Reg #4F399 Reg Type_PAN Reg State_MA Sex_Lic Class		Route# Direct	tion	ng Roadway/Street										╗		
Sex_Lic. Class   18   18   Lic. Restrictions   19   CDL   Veh Year_2016   Veh Make_VOLK   Veh Config.   120    Operator   Last   Free   Middle   Mi	3	XVehicle 1	_0_#Occupants	X Hit/Run	☐ Moped Ca	ase Numbe	r	190	0000052							
Sex_Lic_Class   Lic_Restrictions   CDL   Veh Year   Veh Male   Vol. K   Veh Config.   1  Operator   State   Size		License#				Reg#	4CF399			_ Reg Typ	e PAN	F	Reg State			
Operator  Law Fow Middle Address  Address 15 MANET CIR  City State Zip City NEWTON  Insurance Company VERMONT MUTUAL  Vehicle Tarvel Direction: X[S]EW Responding to Emergency?  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Underride Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Operator  See Above  Please fill out for operator and all occupants involved  Name (Last First Middle)  Operator  See Above  Please fill out for operator and all occupants involved  Name (Last First Middle)  Operator  See Above  Please Select One of the Following Code 1  Please Following Code 1  Please Following Code 1  Agendor Sec Note Source Name Seets Code State Cod		Sex Lic. 0			CDL	Veh						Veh	Config	. 20		
Address Address 15 MANET CIR  City		Operator	Last	First			WOLFF La	st	ROBER	T First		M	iddle		<b>3</b> <sup>1</sup>	
Insurance Company_VERMONT MUTUAL  Vehicle Travel Direction: X S E W Responding to Emergency?  Event Sequence 22 22 22 22 22 22 22 24 4  Vehicle Travel Direction: X S E W Responding to Emergency?  Event Sequence 1 23 22 22 22 22 22 22 24 4  Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled  Priver Contributing Code 1 24 24 24 24 24 24 24 24 24 24 24 24 24								CIR				MA		02467		
Vehicle Travel Direction: X S E W Responding to Emergency? Event Sequence 1 22 22 22 23 4 10 Undercarriage Citation # (If Issued)								o Crash	21				_ ^		e)	
Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24	5															
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code					amg to Emergency.		^	23					- 1		age	
Please fill out for operator and all occupants involved Name (Last First Middle)  Address Age/DOB Sex Pos. System Statute Switch Code Code Status Code Medical Facility  1  Please Select One of the Following:  License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class IS		Violation	1: ChSec	Violation 2:	ChSec	Drive	r Contributing C	ode 1	24					11 Totaled		
Operator  See Above  Non-Motorist A Type  14 Action  15 Location  16 Condition  17 Hit/Run  Moped  License # St DOB/Age Reg # Reg Type Reg State  Sex Lic. Class  Sex Lic. Class  Sex Lic. Class  Sex Lic. Restrictions  Operator  Owner  Last First Middle  Address  City State Zip City State Zip  Insurance Company  Vehicle Action Prior to Crash  Veh Config.  Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction:  N S E W Responding to Emergency?  Event Sequence  22 22 22 22 22 23 4  10 Undercarriage	<sup>6</sup> 1			Unde	Underride/Override Towed N											
Please Select One of the Following:  Vehicle#Occupants  Non-Motorist A Type							Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Fac							Medical Facility	<u></u> 1	
of the Following:  Vehicle#Occupants  Non-Motorist A Type		Operator			See Above			-								
of the Following:  Vehicle#Occupants  Non-Motorist A Type																
Operator																
Operator	7															
Sex Lic. Class	1		I Vehicle	# Occupants	Non-Motorist A	Туре				Condit	ion	17	Hit/Ru	ın Mope	ed	
Sex Lic. Class		License #StDOB/Age					g # Reg Type Reg State									
Operator Owner Owner Last First Middle Address Address Address Octy State Zip City State Zip Vehicle Action Prior to Crash		Sex Lic. Class														
City State Zip City State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22	8 <b>1</b>	Operator	Last	First		Owne	er	First Middle								
Insurance Company																
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 3 4  Citation # (If Issued)  Most Harmful Event 23																
Citation # (If Issued)  Most Harmful Event 23							22 22 22 2									
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Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 24 24		Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24									
Violation 3: ChSec Violation 4: ChSec Underride/Override         Underride/Override         8         7         6	,						Underride/Override Towed						Г			
Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Ag		Name (Last Fi	rst Middle)	Address		Age/DOB		at Safety . System	28 29 Airbag Airbag Status Swite	g Eject T	rap Injury	Transp.	Medical Facili	ty		
Operator/Non-Motorist See Above		Operator/	Non-Motorist		See Above											
											+				$\dashv$	



KEVIN DURICKAS 01/14/2019 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date