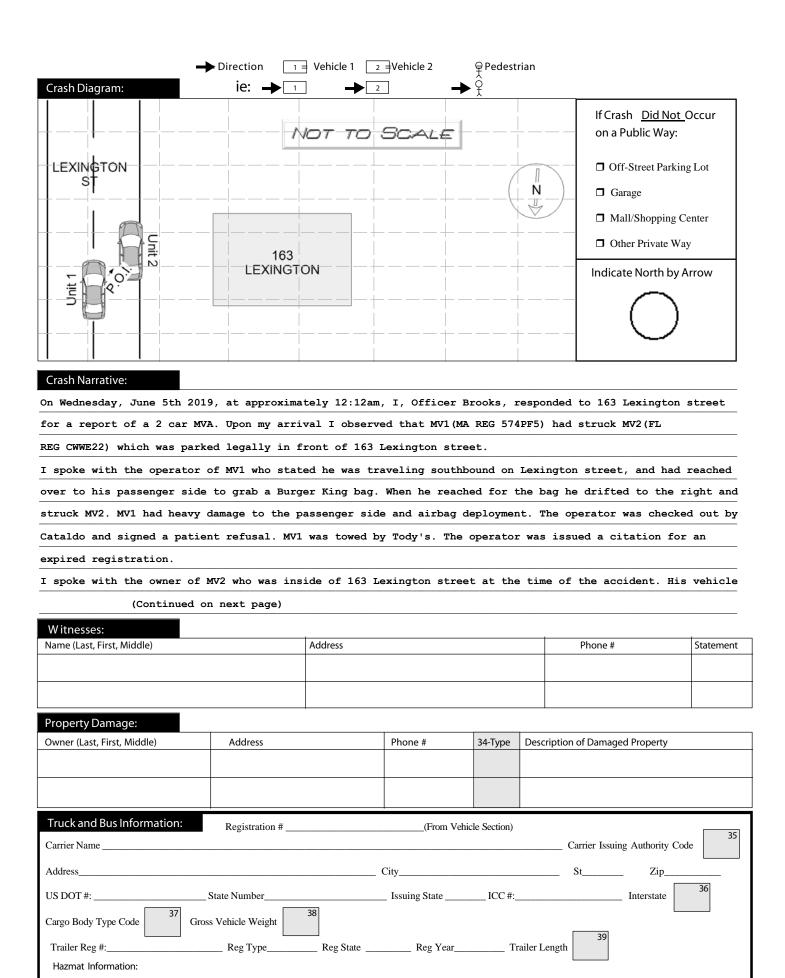
1	ice Use Only			_		of Massa								t Number	_
Date of Crash 06/05/2019	Time of Crash 00:12	City. NEWTON	Town	Mo		nicle Cra	sh	Number Vehicles			peed Linatitude _		$- _{L}^{S}$	tate Police ocal Police IBTA Police	X
00/03/2013	24HR				Police	Report		2	0		ongitude			ther:	Ц
	AT INTER	RSECTION	l :	<	LOCA	TION :	>		N	OT A	T INT	ERS	ECT	ION:	
						SOUTH	163	;	LEX	INGTO	N ST				
Route# Direc	Route# Direction Name of Roadway/Street				Route# Direction	n Ad	dress #			Name of	Roadw	ay/Stre	eet		
			At			E I	ılelel	W -c			•				
Route# Direc	etion N	Name of Interse	cting Poadway	Street		Feet N	(SE	oi -		le Mark		or		xit Number	_
Koute# Direc	ction 1		ntersection with			Feet [N	N S E	W of							_
1						Feet N	SE	w of	Ro	ute#	Interse	ecting R	Coadwa	y/Street	
Route# Direc	Route# Direction Name of Intersecting Roadway/Street										L	andmar	·k		
X Vehicle 1	_1_#Occupants	☐ Hit/Rt	ın M	Ioped	Case Number	_	10	00000577							
								00000577							
License #	18 1	St	MA DOB/A	Age <u></u>	_	574PF5			_				-	20	_
Sex_M Lic.	Class D	Lic. Restrict		CDL Endorsme	nt	Year_2013		Make_V	OLK			_Veh	Config	g. 1	
Operator GH		SAMMIR First	R	Middle	Owne	er GHANTOUS		RAED	Firs	t	S	Mic	ddle		_
Address 23 SI	HIORT ST (apt. 2	2)			Addr	ess 5 MOUNTAI	N ROC	K LANE							_
City WALPO	LE		State MA Z	Zip <u>02032</u>	City	NORFOLK					Stat	e_MA	_Zip	02056	_
Insurance Com	npany_PLYMOUT	TH ROCK			Vehic	cle Action Prior to	Crash	1 2	1	Dama	iged Are	a Code	: (Circ	le Up to Thr	ree)
Vehicle Travel	Direction: N	X EW R	esponding to I	Emergency's	? Even	Event Sequence 2 22 22 22 22 3 4									
Citation # (If I	(ssued) T1442369	<u> </u>			Most	Harmful Event	23			1 4	. }-	9	5	10 Undercard	riage
Violation	1: Ch <u>90/9</u> Sec	c Violat	ion 2: Ch	Sec	Drive	er Contributing Co	ode 1	19 24 9	24					11 Totaled	
Violation	3: ChSec	c Violat	ion 4: Ch	Sec	Unde	erride/Override	25	Towe	d_ <u>Y</u>	8	7	7	6		
	fill out for opera	ator and all oc	cupants invo					26 27 Seat Safety	28 Airbag	29 Airbag E	30 3: ject Trap ode Code	1 32 Injury	33 Transp.	.	
Name (Last Fir				See Above		Age/DOB	Sex 1	os. \$ystem	Status 1	Switch C		\$tatus 10	Code 1	Medical Facil NONE	ity
					3										
1										,	0	10	1		
1												10			
					3							10			
Please Select (One W Vehicle	2 1 #Occur		n-Motorist		14 1	5	ation	16 C		17			ın Mor	ned
	One W Vehicle	≘2 <u>1</u> #Occup	pants No	on-Motorist	А Туре	14 Action 1		ation		ondition	17			un Mor	ped
Please Select (One Yehicle	St	pants No	/Age	А Туре	14 1	5	ation	C		17		Hit/Ru	te_FL	ped
Please Select C of the Followi	One Y Vehicle	St	pants No	/Age 9 CDL	A Type Reg #	14 Action 1	5 Loca	ation	C Reg	ondition	17]	Hit/Ru	te FL	oed
Please Select Cof the Following License # Sex_M_ Lic. Operator CUI	Oneing: Vehicle	StStStStStSTEPHEN	pants No FL DOB/ ions 19	/Age	A Type Reg # Veh Y	14 Action 1 CWWE22	Veheator)	ation	C Reg	ondition Type_I	17	Ro_Veh	Hit/Ru	te FL	ped _
Please Select Cof the Following License # Sex_M_ Lic. Operator CUI	One Vehicle	StStStStStSTEPHEN	pants No FL DOB/ ions 19	Age	A Type Reg# Veh!	Action 1 CWWE22 Year 2016 Came as open	Veheator)	ation	_ Reg	ondition Type_I	17	Ro_Veh	Hit/Rueg Stat	te FL	oed -
Please Select Cof the Following License # Sex_M_ Lic. Operator CUI	One ing: Vehicle Class D 18 LLER Last LACEBARK TR	StStStStStSTEPHEN	pants No FL DOB/ tions 19 1	Age	A Type Reg# Veh V nt Owne Addr	Action 1 CWWE22 Year 2016 CSame as open Last	Verator)	n Make_TC	Reg DYOT	ondition	17 PAN	Ro_Veh	Hit/Rueg Stat	te FL	
Please Select Coof the Following License # Sex_M_ Lic. Operator CUI Address_4651 City_OVIEDC	One ing: Vehicle Class D 18 LLER Last LACEBARK TR	StSt	pants No FL DOB/ tions 19 1	Age	A Type Reg # Veh Y nt Owne Addr City	14 Action 1 ‡ CWWE22 Year 2016 CSame as oper Last ess	Veh	n Make_TC	Reg DYOT	ondition Type_I	17 PAN	R	Hit/Rueg Stat	te FL 20 1	
Please Select Cof the Following License # Sex_M_ Lic Operator CUI Address 4651 City OVIEDO Insurance Com	One ing: Vehicle Class D 18 1: CLASS LLER LACEBARK TRI	StSt	pants No FL DOB/ tions 19 1	Age	A Type Reg # Veh Y nt Owne Addr City Vehic	Action 1 CWWE22 Year 2016 Came as oper Last	Veh	n Make_TO	Reg	ondition Type I	17 PAN	Re_Veh	Hit/Rueg Stat	te FL 20	
Please Select Cof the Following License # Sex_M_ Lic. Operator CUI Address 4651 City OVIEDO Insurance Com Vehicle Travel	One ing: Vehicle Class D 18 1 Class Last LACEBARK TR. D Apany PROGRES	St Lic. Restrict STEPHEN First LL SSIVE	pants No FL DOB/ tions 1 State FL Z	Age	A Type Reg # Veh Y Addr City Vehic Event	Action 1 CWWE22 Year 2016 Classess Cle Action Prior to	Verator)	n Make TO	Reg DYOT	ondition Type I	State ged Are	Ro_Veh	Hit/Ru eg Stat Config Zip :: (Circ	te FL 20 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Please Select Cof the Following License # Sex_M_ Lic. Operator CUI Address 4651 City OVIEDO Insurance Com Vehicle Travel Citation # (If I	One ing: Vehicle Class D 18 LLER Last LACEBARK TR D npany PROGRES Direction: N	St Lic. Restrict STEPHEN First LL SSIVE	pants No FL DOB/ tions 15 State FL Z Responding to	CDL	A Type Reg # Nont Owne Addr City Vehic Even Most	Action 1 CWWE22 Year 2016 Cle Action Prior to to t Sequence 1 12	Vertrator) Crash 22 22 1 23	Make TO	Reg DYOT	Dama 2	State ged Are	Re_Veh	Hit/Ru eg Stat Config Zip :: (Circ	te FL 20 1 20 le Up to Thr	
Please Select Cof the Following License # Sex_M_ Lic Operator CUI Address_4651 City_OVIEDC Insurance Com Vehicle Travel Citation # (If I	One ing: Vehicle Class D 18 1 Class LACEBARK TR D 18 1 Last LACEBARK TR D 18 1 LACEBARK TR LACEBARK TR D 18 1 LACEBARK TR LACEBARK TR D 18 1 LACEBARK TR LACEBARK	St Lic. Restrict STEPHEN First LL SSIVE X E W ec Viola	pants No FL DOB/ ions 1 State FL 2 Responding to	Age	A Type Reg # Veh Y nt Owne Addr City Vehic ? Even Most Drive	Action 1 CWWE22 Year 2016 Cle Action Prior to the Sequence 1 Harmful Event 1 Car Contributing Contributi	Vertrator) Crash 22 22 1 23	11 2 22 22 24 24	Reg DYOI Firs 22	Dama 2	State ged Are	Ro_Veh	Hit/Ru eg Stat Config Zip :: (Circ	te FL 20 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Please Select Cof the Following License # Sex_M_ Lic. Operator CUI Address 4651 City OVIEDO Insurance Com Vehicle Travel Citation # (If I Violatio Violatio	One ng: Vehicle Class D 18 LLER Last LACEBARK TR D npany PROGRES Direction: N (ssued)	St Lic. Restrict STEPHEN First LL SSIVE EC Violatec	pants No FL DOB/ tions 1 State FL Z Responding to ation 2: Ch_ ation 4: Ch_	CDL	A Type Reg # None Addr City Vehic Even Most Unde	Action 1 CWWE22 Year 2016 Classic ess	Veh- rator) 2 22 22 22 23 1 23 ode 1 25	11 2 22 Towed	Reg Pirs Pirs 22 24	Dama 2	State aged Are	R Veh	Hit/Ru eg Stat Config Zip :: (Circ 4 5 6	te FL 20 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Please Select Cof the Following License # Sex_M_ Lic. Operator CUI Address 4651 City OVIEDO Insurance Com Vehicle Travel Citation # (If I Violatio Violatio Pl Name (Last Fi	One ng: Vehicle Class D 18 1 Class LLER Last LACEBARK TR D Direction: N 1 (ssued) on 1: Ch Se lease fill out for	St Lic. Restrict STEPHEN First LL SSIVE EC Violatec	Pants No FL DOB/ TIST State FL Z Responding to ation 2: Ch_ ation 4: Ch_ all occupants	CDL	A Type Reg # None Addr City Vehic Even Most Drive Unde	Action 1 CWWE22 Year 2016 Cle Action Prior to the Sequence 1 Harmful Event 1 Car Contributing Contributi	Veh- rator) Crash 22 22 1 23 ode 1 25	11 2 21 Towed	Reg Prirs Prirs 22 24 Y 28 Airbag	Dama 2 Airbag E	State ged Are	Re_Veh	Hit/Rueg Stat Config Zip Zip 5 6	te FL 20 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	— — — eee)



Material Name____

Placard

Material 1 digit #

_____ Material 4 digit # _____ Release code

-	→ Direction 1	Vehicle 1 2	₹Vehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: → 1	2		 	If Cra on a l	sh <u>Did Not</u> O Public Way: f-Street Parking rage all/Shopping Ce	Lot
		 	 	 		her Private Way te North by Ar	
			 	 			TOW
Crash Narrative:	hen struck. MV2	sustained ma	jor damage to	the driv	er's side. MV2 w	as towed by	,
Tody's.							
Both operators were provide	ded the report n	umber.					
Witnesses:		1			BI #		.
Name (Last, First, Middle)		Address		Phone #		Statement	
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	d Droporty	
Owner (Last, First, Middle)	Address		Filone #	34-1ype	Description of Damage	и гторену	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			35
Carrier Name					Carrier Issuin	g Authority Code	
Address			City		St	Zip	
US DOT #:	_ State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39		
Hazmat Information:	<u> </u>						42
Placard Material 1 digit	# Material Na	ame		_ Material 4	ligit #	Release code	42
	_						_