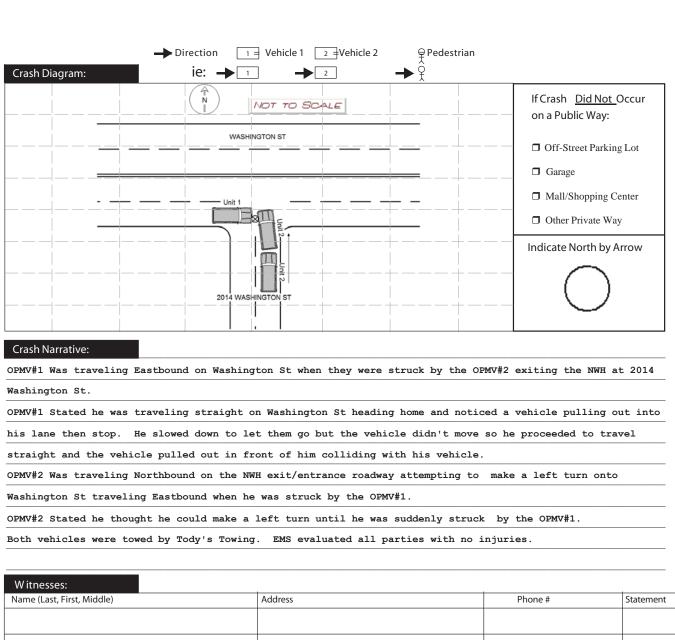
| | | ce Use Only | | | | | of Massa | | seus | | | | | | t Number | |
|----------|--|--|--------------------------------|-----------------------------|---------------------------|---|---|-------------------------------|----------------------------------|-------------------------------|----------------------|---------------------------------|---------------------|-----------------------|---|------|
| | | Time of Crash 18:28 | City/ NEWTON | Town | | | icle Cra | $\mathbf{sh} \mid \mathbb{N}$ | Number Vehicles | Nun Inju | | peed Lin | | St Lo | ate Police ocal Police BTA Police | X |
| | 07/00/2019 | 24HR | | | | | Report | | 2 | 0 | | ongitude | | Ot | ther: | |
| ļ | | AT INTER | SECTION | [• | < I | LOCAT | ΓΙΟN : | > | | N | OT A | T INT | ERSI | ECTI | ION: | |
| | | | | | | | EAST | 2014 | | WAS | HING | TON ST | | | | |
| | Route# Direction | ion | Name | of Roadway/Stree | et | | Route# Direction | n Addr | ess# | | | Name of | Roadwa | ay/Stre | et | _ |
| \dashv | At | | | | | Feet N | I S E W | of . | | | • | or | | | | |
| - | Route# Direction Name of Intersecting Roadway/Street | | | | — <u>[</u> | Feet NSEW of — or Exit Number | | | | | | | | | | |
| ľ | | | Also at In | ntersection with | | | Feet N | s s w | of | Rou | | | | | IT ROADW y/Street | T.) |
| | | | | | | . | Feet N | SEW | of | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| ⇉. | Route# Direction | on | Name of Inter | rsecting Roadway/ | /Street | | | | | | | L | andmarl | k | | |
| | Wehicle1 | 1_#Occupants | ☐ Hit/Ru | ın Mop | ed Case N | Number | | 1900 | 0000698 | | | | | | | |
| 7 | License# | | St ¹ | MA DOB/Age | | Reg# | 4888RH | | | Reg | Type I | PAN | R, | eg State | _a MA | |
| | Sex_M Lic. C | 18 18 18 D | | 19 | DL | _ | ear_2014 | | | _ | | | | - | 20 | - |
| | | | | F Er | ndorsment | | (Same as oper | ator) | | | | | | | | |
| | Operator SLAY Address 199 LO | DWDER ST | First | | Middle | | Last | | | | | | Mid | ldle | | - |
| | City DEDHAM | | | State_MA Zip_ | 02026 | | 55 | | | | | | | 7in | | - |
| | Insurance Comp | | | StateZip_ | | - | e Action Prior to | | 2 | 1 | | | | - | le Up to Thre | |
| \dashv | • | | | asponding to Em | ougonovi? | | 2 | 2 22 | 22 | | Ø | 3 | | 4 | | , |
| | Vehicle Travel I | | 1 | esponding to Eme | ergency ? | | Sequence 1 | 23 | | | | | | | 10 Undercarr | iage |
| | Citation # (If Iss | | | ion 2: ChS | 'aa | | | 1 | 24 | 24 | • | • ፲ | 9 | 5 | 11 Totaled | |
| 1 | | | | | | | Contributing Co | 25 | | . v | 6 | | , | 6 | | |
| + | | | | ion 4: ChS | | Underr | ride/Override | 2 Sea | Towe | | 29 | 30 31 ject Trap | 32 Injury | 33 | | |
| - | Name (Last First | | | * | Address | | Age/DOB | Sex Pos | | 28 Airbag Status S | Airbag E Switch C | 30 31 ject Trap Code Code | Injury Status | Transp. Code | Medical Facili | ty |
| - | Operator | | | See | e Above | | | | - 99 | 1 | 1 (| 0 | 10 | 1 | | |
| - | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | Please Select Or | ne 🔽 Valeiala | 2 <u>2</u> # Occup | . □Nan A | Motorist A Type | 1 | 14 15 | 5 | | 16 | 11.61 | 17 | | Hit/Ru | | |
| 4 | of the Following | g: Venicle | 2 <u>2</u> #Occup | ants Non-IV | notorist A Type | е | Action | Location | On | | ondition | | | HII/KU | n Mop | ea |
| | License# St MA DOB/Age | | | | e | Reg # 3RE293 Reg Type PAN Reg State MA | | | | | | e MA 20 | - | | | |
| - | Sex_M Lic. C | D 18 18 | Lic. Restrict | | DL | Veh Ye | ear_2015 | Veh N | lake_To | OYT | | | _Veh 0 | Config. | | |
| - 1 | | Operator GREEN WILLIAM Endorsment Last First Middle | | | | Owner (Same as operator) Last First Middle | | | | | | | | | - | |
| ┨ | Address 52 LAN | NEWOOD AVE | E | | | Addres | SS | | | | | | | | | - |
| - | City FRAMING | GHAM | | State_MA_Zip_ | 01701 | City_ | | | | | | Stat | e | _Zip_ | | - |
| | Insurance Comp | oany COMMER | CE INSURAN | ICE | | Vehicle | e Action Prior to | Crash | 6 2 | 1 | Dama | aged Are | a Code: | : (Circl | e Up to Thre | ee) |
| - 1 | Vehicle Travel Direction: X S E W Responding to Emergency? | | | | ergency? | Event Sequence 1 22 22 22 2 3 4 | | | | | | | | | | |
| - 1 | venicie Traver D | | tation # (If Issued) | | | | Most Harmful Event 1 23 10 Undercarriag | | | | | | | | | iage |
| - 1 | | sued) | | | | | | | 24 | 24 | , | | $\mathcal{A} \perp$ | " | | |
| - 1 | Citation # (If Iss | | | ation 2: Ch | Sec | Driver | Contributing Co | de 19 | | | | V | | | | |
| - 1 | Citation # (If Iss Violation | 1: ChSe | ec Viola | ation 2: Ch | | | Contributing Co | 25 25 | Towed | | 0 | V 6 |) | 6 | | |
| - 1 | Citation # (If Iss Violation Violation Plea | 1: ChSe 3: ChSe ase fill out for | ecViola | | Secvolved | | ride/Override | 25 25 Sea | Towed 6 27 t Safety | Y 28 Airbag | Q Airbag E | 30 31 Eject Trap | 32 Injury | 33 Transp. | | |
| - 1 | Citation # (If Iss Violation Violation Plea Name (Last Firs | 1: ChSe 3: ChSe ase fill out for st Middle) | ecViola | ation 4: Chall occupants in | Sec | | Ī | 25 | Towed 6 27 t Safety s. System | Y 28 Airbag A | Switch | Code Code | Status | 33 Transp. Code | Medical Facil | lity |
| | Citation # (If Iss Violation Violation Plea Name (Last Firs Operator/N | 1: ChSe 3: ChSe ase fill out for st Middle) Non-Motorist | ec Viola ec Viola operator and | ation 4: Chall occupants in | Secvolved Address e Above | | ride/Override | 25 Sex Po | Towed 6 27 t Safety System - 99 | Y 28 Airbag A Status | Switch 99 (| Code Code 0 | 10 | 33 Transp. Code | Medical Facil | lity |
| | Citation # (If Iss Violation Violation Plea Name (Last Firs | 1: ChSe 3: ChSe ase fill out for st Middle) Non-Motorist | ec Viola ec Viola operator and | all occupants in | Secvolved Address e Above | | ride/Override | 25 25 Sea | Towed 6 27 t Safety s. System | Y 28 Airbag A Status | Switch | Code Code 0 | Status | 33 Transp. Code | Medical Facil | lity |



| Witnesses: | | | | | | | |
|--|---------------------|-----------|-----------------|--------------|-----------------------------|-------------------------------|-----------|
| Name (Last, First, Middle) | | Address | | | | Phone # | Statement |
| | | | | | | | |
| | | | | | | | |
| Property Damage: | | | | | | | |
| Owner (Last, First, Middle) | Phone # 34-Type Des | | | Desc | ription of Damaged Property | | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Information: Carrier Name | | | (From Vehic | cle Section) | | Carrier Issuing Authority Cod | e 35 |
| Address | | | City | | | St Zip | |
| US DOT #: | State Number | | _ Issuing State | ICC #:_ | | Interstate | 36 |
| Cargo Body Type Code Gross | s Vehicle Weight | 38 | | | | 39 | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | ailer L | | |
| Hazmat Information: | | | | | | | |
| Placard 40 Material 1 digit # | 41 Material Na | me | | Material 4 o | ligit # | Release code | 42 |

REID LARSON NEWTON POLICE DEPARTS 07/08/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date