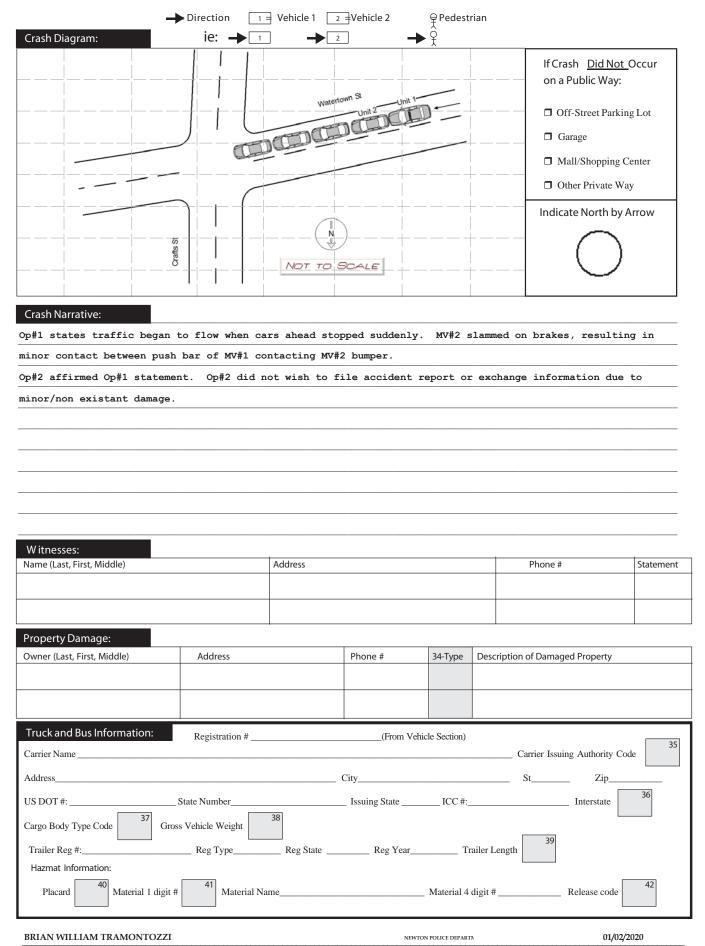
	Poli	ice Use Only		Comm	onweal	lth o	f Mass	ach	use	tts			RMV	/ Docu	ıment	Number			
	Date of Crash 01/02/2020	Time of Crash	City/To NEWTON	own]	Motor	Vehi	icle Cra	ish		mber	Numbe		ed Limi		Sta	ate Police ocal Police BTA Police	<u>N</u>		
	01/02/2020	12:44 24HR	NEWTON		Poli	ice I	Report		2		0		igitude_		Ot Ot	BIA Police her:			
		AT INTER	SECTION:		< L	OCAT	TION	>			NO	ΓАТ	INTI	ERSE	CTI	ON:	\exists		
	WES'	T WATER	TOWN ST																
1 1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Stre								et					
	SOUTH CRAFTS ST					Feet NSEW of or Exit Number													
	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of													
			Also at Inte	rsection with		-	_				Route	-	Intersec	ting Ro	adway	//Street	- -		
² 1	Pouto# Direc	tion	Nama of Intara	acting Pondway/St	reat	-	Feet	N S F	E W o	f									
3	Route# Direction Name of Intersecting Roadway/Street						Landmark												
3	XVehicle1	#Occupants	Hit/Run	Mopeo	d Case N	umber		2	200000	00004									
	License#		St M	IA DOB/Age		Reg# I	MP508B				Reg Ty	ne MV	/N	Re	g State	MA			
	Sex_M Lic.	18 18		19	 L	-	ear_2019	V	oh Mal	, FO		-		Veh C		20			
4			DANIEL		orsment ANO									, von C	omig.		_ -		
3	Operator VALENTE III DANIEL GAFTANO Last First Middle Address 1321 WASHINGTON ST					Owner CITY OF NEWTON Last First Middle Address 1000 COMMONWEALTH AVE													
	City NEWTON State MA Zip 02465					City NEWTON State MA Zip 02459													
5	Insurance Company SELF						Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three) 2 Damaged Area Code: (Circle Up to Three)												
1	Vehicle Travel	Direction: N	S E X Res	ponding to Emerg	gency?_N	Event S	Sequence 1		3	22			\bigcap			10 Undercarr	iona		
	Citation # (If I	ssued)				Most H	Iarmful Event	1		4	0	←	9		- 1	10 Undercarr 11 Totaled	rage		
6	Violation	1: ChSec_	Violatio	n 2: ChSec	·	Driver	Contributing C		99	4	24 8			\sum	6				
⁶ 1				n 4: ChSec	·	Underr	ide/Override	2		Γowed	<u>N</u> _		,						
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	26 Seat S Pos. S	27 Safety A	28 Airbag Airl Status Swi	29 30 ag Ejec ich Cod	0 31 Trap e Code	32 Injury T Status	33 ransp. Code	Medical Facili	ity .		
	Operator				Above						4 99		0		1				
-																			
2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> # Occupar	nts Non-Mo	torist A Type	14	4 Action	15 Lo	cation	1	Conc	lition	17	□ [†]	lit/Ru	n Mop	ed		
	License#St MADOB/Age					Reg#	7PP792	Reg Type PAN					Reg State MA						
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 1 CDL					Veh Year 2019 Veh Make MITSUBISHI Veh Config. 1													
8	Operator WILLOUGHBY WILLIAM D					Owner (Same as operator)													
1	Address 5 GRENVILLE RD						La S	st			First			Midd	le				
	City WATERTOWN State MA Zip 02472												State		Zip		-		
	Insurance Company PROGRESSIVE					-				21] 1					e Up to Thr	- ee)		
	Vehicle Travel Direction: N S E X Responding to Emergency?N						Action Prior t			2 22	22 2		3		4	- 1 111	7		
			SEX R	esponding to Emer	gency /1		Sequence 1	2	3					\overline{A}		10 Undercarr	riage		
	Citation # (If Issued)						Most Harmful Event 1 24 1 4 9 9 11 Totaled												
	Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code 1												
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						Underride/Override Towed N												
	Pl Name (Last Fi		operator and al		olved Address		Age/DOB	Sex	26 Seat Pos.	27 Safety A System	28 2 Airbag Airl Status Sw	9 30 ag Ejec itch Co) 31 Trap de Code		ransp. Code	Medical Faci	lity		
	Operator/	Non-Motorist		See A	Above					99	4 99	0	0	10	1				
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Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks

Date