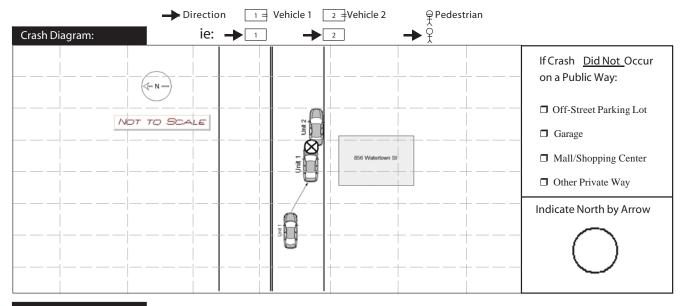
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Route   Direction   Name of Readway/Street   Route   Direction   Name of Readway/Street   Route   Direction   Name of Intersecting Routeway/Street   Peer   N   N   W   d   ADELLA AVE   Route   Intersecting Routeway/Street   Direction   Name of Intersecting Routeway/Street   Direction   Direc	07/01/2020								2	1 -				Other:	; <b>u</b>
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Albe at Intersection with	Route# Direc	tion N	Jame of Intersect	ng Roadway/Stree	t	— <u> </u>		1 5 E	vv 01	Mile	Marker	r	01	Exit Number	
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By Chicle 1 _ #Occupants	$\neg$						Feet 1	N S E	W of	Rout	e#	Intersec	ting Koa	dway/Street	
License # St MA DOB/Age *** Reg # JANN87 Reg State MA See, M Lic. Class D 18 IB Lic. Restrictions P 19 CDL Veh Year 2020 Veh Make, NISSAN Veh Config. 1 20 Owner MORGAN BRITTANY P MAddress 43 OAKLAND ST City WATERTOWN State MA Zip 02472 City WATERTOWN State Make Make Make Make Make Make Make Mak	Route# Direct	tion	Name of Inters	ecting Roadway/St	reet				_			La	ndmark		_
License #	XVehicle1	#Occupants	Hit/Rur	Морес	d Case N	umber		20	00000035	7					
Sex_M_Lic. Class D	License #		S. N	IA DOR/Age =			ANN57				Cumo P	AN	Dag	State MA	$\dashv$
Operator KIEIT HENOK Findexsment Operator KIEIT HENOK State MA Zip O2472 Address 43 OAKLAND ST City WATERTOWN State MA Zip 02472 Insurance Company GOVERNMENT EMPLOYEES Vehicle Travel Direction: N S XW Responding to Emergency? N Citation # (If Issued) T28080927 Violation 1: Ch 90408c Violation 2: Ch Sec Underride Override Please fill out for operator and all occupants involved Address Age-DOB Sec Pice Spatial State St		18 1	8	19					N					20	
Address 43 OAKLAND ST  City WATERTOWN  State MA Zip 02472  Vehicle Tavel Direction:  Vehicle Tavel Direction:  Vehicle Tavel Direction:  Violation 1: Ch. 99/108-e. Violation 2: Ch. Sec.  Violation 3: Ch. Sec.  Violation 3: Ch. Sec.  Violation 5: Ch. Sec.  Violation 5: Ch. Sec.  Violation 6: Ch. Sec.  Violation 6: Ch. Sec.  Direct Contributing Code  Please fill out for operator and all occupants involved  Name (Law First Middle)  Address  Operator  Sec Above  Please select One of the Following:  License # St. DOB/Age Reg # 22519  Reg Type CON Reg State MA  State MA Zip 02472  City WALTHAM  State MA Zip 02472  Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction:  New York Total State Ma Age-DoB Sec.  Sec. Middle Maidle Address  Operator  Operator  City State  Zip City WALTHAM  State MA Zip 02451  Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction:  New York Total State Ma Zip 02472  Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction:  New York Total State Ma Zip 02451  Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction:  New York Total State Ma Zip 02451  Damaged Area Code: (Circle Up to Three)  Veh Config.  Zip 04  Vehicle Action 1:8 Location 1:6 Condition 1:7	1			ilis   CD									_ ven Co	niig.	
City WATERTOWN  State MA Zip 02472  Insurance Company GOVERNMENT EMPLOYEES  Vehicle Action Prior to Crash  Vehicle Travel Direction: NS NW Responding to Emergency? NEvent Sequence 2 22 22 22 22 22 22 22 22 22 22 22 22	Operator 43 O	Last AKI AND ST		M	iddle	Owner	Las 43 OAKI AN	D ST	DKIII	First			Middle		- [
Insurance Company GOVERNMENT EMPLOYEES  Vehicle Action Prior to Crash  Vehicle Travel Direction: NSNW Responding to Emergency? Network Event Sequence  Vehicle Travel Direction: NSNW Responding to Emergency? Network Event Sequence  Vehicle Travel Direction: NSNW Responding to Emergency? Network Event Sequence  Vehicle Travel Direction: NSNW Vehicle 2 22 22 22 22 22 22 22 23 4 10 Undervariage  Flease fill out for operator and all occupants involved  Name Clast First Middle)  Please Select One of the Following:  License # St DOB/Age Reg # R22519 Reg Type CON Reg State MA  Sex. Lic. Class State St	1			MA a	2472								MA	02472	-
Vehicle Travel Direction: NS W Responding to Emergency? Notation # (If Issued) 12080927  Uviolation 1: Ch 90/10 the Violation 2: Ch See Driver Contributing Code Driver Con				•	2472										-
Citation # (If Issued) 1200927  Violation 1: Ch 39/1080c Violation 2: Ch Sec Driver Contributing Code 19 24 24  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y 7 6  Please fill out for operator and all occupants involved Name (Last First Middle) 10 Underride/Override 25 Towed Y 7 6  Please Select One of the Following 14 Action 15 Location 16 Condition 17 Hit/Run Medical Facility Action 15 Location 16 Condition 17 Hit/Run Medical Facility New Marks 18 18 Lic. Restrictions 19 CDL Veh Year 2015 Veh Make JEEP Veh Config. 2 Normal Middle Name (Last First Middle) 10 Underride/Override 22 Towed Y 7 6  Please Select One of the Following 15 Location 16 Condition 17 Hit/Run Medical Facility New Medical	_								1				•	•	iee)
Violation 1: Ch 90/10kec Violation 2: Ch Sec Driver Contributing Code 19 24 24 9 5 5 11 Totaled  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y 7 6  Please fill out for operator and all occupants involved Name (Last First Middle)  Operator See Above				sponding to Emerg	gency? N	Event S	Sequence 2			22	<u> </u>	$\overline{\Box}$		١	
Violation 1: Ch	1					Most H	farmful Event	2 23		(	•	9	]		riage
Please fill out for operator and all occupants involved Name (Last First Middle)  Please Select One Operator  See Above  Please Select One of the Followings:  License #  St  DOB/Age Sex  Lic. Class  Bill Lice. Restrictions  Operator  Please Select One City  Middle  Name (Last First Middle)  Non-Motorist A Type  Action  If Condition  If	Violation	1: Ch90/10/Sec	Violatio	n 2: ChSec	·	Driver	Contributing Co		19			$\sqrt{1}$		(	
Please Select One of the Following:    Vehicle 2 0_#Occupants					·	Underri	ide/Override		Tow	ed <u>Y</u>					
Please Select One of the Following:    Vehicle 2 0_#Occupants			ator and all occ		ddress		Age/DOB	Sex S	26 27 Seat Safety Pos. System	28 Airbag A Status Sv	29 Eje vitch Co	30 31 ect Trap de Code	32 Injury Tra Status Co	33 ansp. ode Medical Faci	lity
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Operator Endorsment  Operator Last First Middle  Address 39 EMERSON RD STE 160  City MALTHAM State MA Zip 02451  Insurance Company HARTFORD Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S X W Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2			8	19		-	2)						20	_	
Address 39 EMERSON RD STE 160  City State Zip City WALTHAM State MA Zip O2451  Insurance Company HARTFORD	_	Class	Lic. Restriction												
City		Last	First	M	iddle		Las	t		First			Middle		_
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Violation 3: ChSec Violation 4: ChSec Underride/Override	Violation	n 1: ChSe	ec Violati	on 2: ChSe	ec	Driver	Contributing Co				3	<u> </u>		Q	
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility						Underri	ide/Override		Towe	d_N_		,			
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## Crash Narrative:

On Wednesday, 7/1/2020, at 2230hrs, I was dispatched to the area of 856 Watertown St for a report of a possible car crash. Watertown St is a public way as it is owned and maintained by the City of Newton. Upon arrival, I met with operator, Henok Kiflit, who was out of the vehicle and very disorientated. I observed a gash on his head right above his eye and noticed all airbags had been deployed in his vehicle. I asked him to sit down and I radioed for an ambulance. Kiflit stated that he was driving EAST on Watertown St when he collided with a unoccupied parked car (a red 2015 Jeep Wrangler, MA Con R22519) which was parked on the street outside of 856 Watetown St. Kiflit was driving his girlfriend's car (a gray 2020 Nissan Sentra, MA Reg 1ANN57) and was on his way home in Watertown. When I asked for Kiflit's license, he told me that he only has a permit and has yet to take the test. He apologized repeatedly. Kiflit did not have any passengers

(Continued on next page) Witnesses: Name (Last, First, Middle) Address Phone # Statement **Property Damage:** Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # \_\_\_\_\_\_(From Vehicle Section) 35 Carrier Name \_ \_\_\_ Carrier Issuing Authority Code Address\_\_\_ US DOT #: State Number \_\_\_ Issuing State \_\_\_\_\_ ICC #:\_\_\_\_ Cargo Body Type Code Gross Vehicle Weight Reg Type\_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year\_\_\_\_ Trailer Length Trailer Reg #:\_ Hazmat Information: Material Name\_\_\_\_\_\_ Material 4 digit # \_\_\_\_\_\_ Release code Placard Material 1 digit #

ALEX N KANE		38800	NEWTON POLICE DEPARTM		07/02/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

•	Direction 1	Vehicle 1	2 ≢Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: → 1	<b>→</b>	2	<b>₽</b> Ŷ		
				<u> </u> 		h <u>Did Not</u> Occur ublic Way:
		<u> </u>			off-	-Street Parking Lot
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Crash Narrative:						
in his vehicle. Kiflit sa	id the roadway	was so dark a	and he didn't	see the p	arked Jeep. He cl	aimed he was not
speeding. There was minim	nal damage done	to the driver	rs side rear bu	umper of	the Jeep. The Nis	san had extensive
front end damage and was	subsequently to	wed by Tody's	Towing. Tower	d motor v	ehicle form fille	ed out and filed,
copy made for police pros	secutor.					
Owner of the Jeep came ou	it and took posse	ession of the	e vehicle. Kif	lit was t	aken to NWH for	evaluation of his
injuries. Kiflit's driver	history shows	that he had a	an surchargable	e acciden	t recently 05/30/	2020.
Massachusetts Uniform Cit	ation T2080927	was filled ou	it and prepared	d to be m	ailed to Kiflit a	it his Watertown
address.						
Henok Kiflit is being cit	ed for:					
(Continued	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damageo	l Property
Truck and Bus Information:	Registration #		(From Veh	icle Section)		35
Carrier Name					Carrier Issuing	Authority Code
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC #:_		Interstate 36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39	
Hazmat Information:  Placard  A0  Material 1 digi	t # 41 Material N	Jame		_ Material 4 o	ligit # R	telease code 42
ALEX N KANE		3880	0 NEWTO	ON POLICE DEPARTM		07/02/2020

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

-	Direction 1	Vehicle 1 2	₹Vehicle 2	₽Pedestri	ian	
Crash Diagram:	ie: 🕕 🛚	2	<b>→</b>	Ŷ		
					If Crash <u>[</u> on a Publi	Did Not Occur c Way:
					Off-Stre	et Parking Lot
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	į	į			☐ Mall/Sh	opping Center
					□ Other Pi	ivate Way
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Crash Narrative:						
90/10 - Operating without	a License (Lear	ner's Permit	violation; Ki	flit, ope	erator, was not acco	empanied by
any motorist)						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:					-	
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Pro	perty
Truck and Bus Information:	Pagistration #		(From Vehic	ela Saction)		
Carrier Name					Carrier Issuing Aut	hority Code 35
Address			City		St	Zip
US DOT #:	State Number		_ Issuing State	ICC #:	Inter	estate 36
37	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iller Length 39	
Hazmat Information:						
Placard 40 Material 1 digit :	# 41 Material Na	nme		Material 4 d	ligit # Releas	se code 42
ALEX N KANE		38800	NEWTON	N POLICE DEPARTA		07/02/2020
Police Officer Name (Please Print)	Signature	]	ID/Badge # Depa	artment	Precinct/Barracks	Date