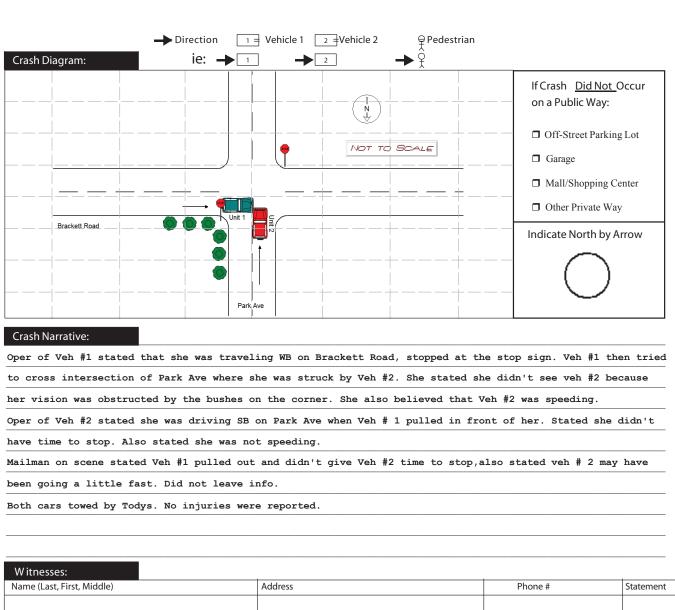
SOUTH PARK AVE  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street    Feet   N   E   W   of		Poli	ice Use Only		Comm	onweal	th o	f Mass	ach	iuse	etts			RM	V Doc	cumen	t Number		
AT INTERSECTION:    Note   Direction   Dir				1	Town				ash				ed Lat	itude _			tate Police ocal Police IBTA Police	XI	
Number   Direction   Name of Roadway/Street   South   FARK AVE   South   FARK AVE   Route   Direction   Name of Intersecting Roadway/Street   Peet   Ni E W of   Mile Market   Or   Fost Number   South   Fark AVE   Feet   Ni E W of   Mile Market   Or   Fost Number   South   Fost   Ni E W of   Mile Market   Or   Fost Number   South   Fost   Ni E W of   Mile Market   Or   Fost Number   South   South   Fost   Ni E W of   Mile Market   Or   Fost Number   South   South   Mile Market   Or   Fost Number   South   Mile Market   Or   Fost Number   South   South   Mile Market   Or   Fost Number   South   Or   Or   Or   Or   Or   Or   Or   O										2						0	ther:	_	
Resulted   Direction   Name of Roadway/Street   Also of Intersecting Roadway/Street   Also of Intersecting Roadway/Street   Also of Intersecting Roadway/Street   Also of Intersecting Roadway/Street   Peet   N   E   W   Mike Market   Total N   M			AT INTER	RSECTION		< L	OCAT	ION	>			NO	T AT	INT	ERS	ECT.	ION:	_	2
SOUTH PARK AVE  Routed Direction  Name of Intersecting Roadway/Street  Also a Intersecting Roadway/Street  Also a Intersecting Roadway/Street  Also a Intersecting Roadway/Street  Feet NSEW of  Roated Intersecting Roadway/Street  I and District No. 1 and District No. 2 and Distri		WES	T BRACE	KETT RD														ŀ	_
SOUTH FARK AVE  Routed Direction  Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Peet N S E W of  Feet N S	1 <b>1</b>	Route# Direc	tion	Name			F	Route# Direct	ion 1	Addres	s#		N	ame of I	Roadw	ay/Stre	eet		2
Rouge# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street    Foot   N   E   W   of   Route# Intersecting Roadway/Street		SOU	TH PARK	AVE	At			Feet	N S	E W	of -		'	_	or			_	_
Rouse# Direction  Name of Intersecting Roadway/Street    Feet   S   E   W   of   Landmark		Route# Direc	etion N	Name of Intersec	ting Roadway/Stree	et		<b></b>	av a l			Mile	Marker			E	xit Number	-	
Rouge# Direction   Name of Intersecting Roadway/Street   Landmark				Also at Int	ersection with		-  -					Rout	e#	Intersec	ting R	oadwa	y/Street	-	
Second   Process   Procedure   Process   Pro	1	Poute# Direc	tion	Name of Inter	secting Pondway/S	traat	-	Feet	N S	E W	of								3
License # St MA DOBAge		Route# Direc	tion	Name of inter	secting Koadway/3	li eet								La	ndmar	k		-	
Compared		XVehicle1	2_#Occupants	Hit/Ru	n Mope	d Case N	umber			21000	00195								
Sec. F   Lie Class   D   18   18   Lie. Restrictions   19   CDL   Veh Year 2007   Veh Make MERZ   Veh Config.   2   20		License#			MA DOB/Age		Reg#8	872MF7				_Reg '	Гуре РА	N.	R	eg Stat	e MA		
Address   29 WOODCHESTER DR   State MA   Zip   02467   City   NewTON   State MA   Zip   02469   City   NewTON   State MA   Zip   02459   Ziv		Sex F Lic.	Class D 18 1	Lic. Restricti		L											20		
Address 29 WOODCHISTER DR  Insurance Company COMMERCE  Vehicle Travel Direction: NS FW Responding to Emergency? N  Vehicle Action Prior to Crash  Insurance Company COMMERCE  Vehicle Travel Direction: NS FW Responding to Emergency? N  Vehicle Action Prior to Crash  Veh Make JEEP  Veh Config  Veh Config  Vehicle Action Prior to Crash  Vehicl		Operator SIL	E	AYSE ESIN	End		Owner	(Same as op	erator)									_	1
City NEWTON State MA Zip 02467  Insurance Company COMMERCE  Vehicle Travel Direction: NSEM Responding to Emergency? Notice Action Prior to Crash 121  Vehicle Travel Direction: NSEM Responding to Emergency? Notice Action Prior to Crash 121  Vehicle Travel Direction: NSEM Responding to Emergency? Notice Action Prior to Crash 122  Vehicle Travel Direction: NSEM Responding to Emergency? Notice Action Prior to Crash 122  Vehicle Travel Direction: NSEM Responding to Emergency? Notice Action Prior to Crash 122  Vehicle Action Prior to Crash 122  Vehicle Action Prior to Crash 123  Most Hamful Event 122  Please fill out for operator and all occupants involved Non-Motorist A Type 142  Please fill out for operator and all occupants involved Non-Motorist A Type 144  Action Prior to Crash 122  Vehicle Action Prior to Crash 123  Most Hamful Event 122  Vehicle Action Prior to Crash 123  Domaged Area Code: (Circle Up to Three)  Vehicla Action Prior to Crash 123  It Undercarriage  To Clitation # (If Issued)  Vehicle Action Prior to Crash 123  Vehicle Action Prior to Crash 123  Non-Motorist A Type 144  Action 155  Location 166  Condition 177  In Hit/Run 160  Most Hamful Event 155  Location 167  Please Select One 157  Non-Motorist A Type 144  Action 155  Location 167  Condition 177  In Hit/Run 160  Most Market Make 1EEP 167  Veh Config 120  Operator 167  Non-Motorist A Type 144  Action 155  Location 167  Condition 177  In Hit/Run 167  Most Market Make 1EEP 167  Noner COOK 167  Non	2	Address 29 W	OODCHESTER	DR First	N	fiddle									Mic	ldle		- F	_
Insurance Company COMMERCE  Vehicle Action Prior to Crash  Vehicle Travel Direction: NSEN  Responding to Emergency? N  Vehicle Travel Direction: NSEN  Vehicle Action Prior to Crash  I 2 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NSEN  Vehicle Action Prior to Crash  I 2 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NSEN  Vehicle Action Prior to Crash  I 2 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NSEN  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction: NSEN  Vehicle Action Prior to Crash  Vehicle Travel Direction: NSEN  Vehicle Action Prior to Crash  Vehicle Travel Direction: NSEN  Vehicle Travel Direction: NSEN  Vehicle Travel Direction: NSEN  Vehicle Travel Direction: NSEN  Vehicle Action Prior to Crash  Vehicle Travel Direction: NSEN Prior Pr					State MA Zip 0	2467									;	Zip			
Vehicle Travel Direction: NSEN Responding to Emergency? N  Citation # (If Issued) C  Violation 1: Ch Sec Violation 2: Ch Sec Diriver Contributing Code 99 24 24 8 7 6 11 Totaled  Please fill out for operator and all occupants involved  Name (Last First Modelle)  Please Select One of the Following: Sec Above  Please Select One of the Following: Sec Above		Insurance Com	pany COMMER	RCE			Vehicle	Action Prior	to Cras	sh	1 2	1	Damag	ed Area	Code	: (Circ	le Up to Thr	ree)	
Citation # (If Issued) C	1	Vehicle Travel	Direction: N	S E X Re	sponding to Emer	gency? N	Event S	Sequence 1	22	22		22	Ð	<u>(</u>	)	4			
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Please fill out for operator and all occupants involved   Address   AgeDOB   Sec.			-		on 2: ChSe	c	Driver	Contributing (		99 2	24	24	<b>—</b>			٦	11 Totaled		
Please fill out for operator and all occupants involved   Address   AgeDOB   Sec.	1	Violation	3: ChSec	c Violatio	on 4: ChSe	c	Underri	ide/Override		25	Towe	ΙΥ	В	7	у_	6			
Operator   See Above   Operator   See Above   Operator   Operato				ator and all occ	cupants involved								29 3	0 31	32 Injury	33 Transp.			1
ECEMIS, ALARA    29 WOODCHESTER DR   NEWTON, MA O2467			st Middle)							Pos.	System	Status S	vitch Cod	e Code	Status	Code	Medical Facil	ity	_
Please Select One of the Following:    NewToN, MA O2467		*	RA		9 WOODCHESTE	R DR			F	3	-			-					
Condition   Cond		ECEIVIIO, TIET		1	NEWTON, MA O2	467			+		,,,	-			10	-			
Condition   Cond																<u> </u>			
Condition   Cond																			
Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL	2			2 <u>1</u> #Occupa	ants Non-Mo	otorist A Type	14		15 Lo	ocation		Co:	ndition	17		Hit/Ru	ın Mop	oed	
Sex F Lic. Class D Lic. Restrictions 1 CDL Veh Year 2011 Veh Make JEEP Veh Config. 2  Operator HANSELL KATHRYN  Cowner COOK JAN  Address 30 HOBART RD  City NEWTON State MA Zip 02459  Insurance Company GEICO  Vehicle Travel Direction: NXEW Responding to Emergency? N  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)  Name (Last First Middle)  Veh Year 2011 Veh Make JEEP Veh Config. 2  Veh Cooff JAN  Owner COOK JAN  Owner Coo		License#					Reg#_	019SLP				_Reg	Гуре_РА	N	R	eg Stat		_	
Operator HANSELL KATHRYN  Address 30 HOBART RD  City NEWTON  State MA Zip 02459  Insurance Company GEICO  Vehicle Travel Direction: NXEW Responding to Emergency? N  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)  Name (Last First Middle)  Address 30 HOBART RD  City NEWTON  State MA Zip 02459  City NEWTON  State MA Zip 02459  Vehicle Action Prior to Crash 1 21  Damaged Area Code: (Circle Up to Three)  Which is a state of the sec		Sex_F_ Lic.	Class D 18 1		ons 1 CD		Veh Ye	ar_2011	V	/eh Ma	ike_JE	EP			_Veh	Config			
Address 30 HOBART RD  City NEWTON  State MA Zip 02459  Insurance Company GEICO  Vehicle Travel Direction:  NXEW  Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address 30 HOBART RD  City NEWTON  State MA Zip 02459  City NEWTON  State MA Zip 02459  Damaged Area Code: (Circle Up to Three)  Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	1	Operator HA	NSELL				Owner	соок	ast	JA	AN	First			Mic	ddle		_	
Insurance Company GEICO  Vehicle Action Prior to Crash  I 21 Damaged Area Code: (Circle Up to Three)  Event Sequence  I 22 22 22 22 22 22 22 22 22 22 22 22 22		Address 30 HOBART RD  City NEWTON State MA Zip 02459  Insurance Company GEICO					Address	S	ΓRD									_	
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Vehicle Travel Direction: N   E   W   Responding to Emergency! N   Event Sequence   1   23   10 Undercarriage   11 Totaled    Violation 1: Ch   Sec   Violation 2: Ch   Sec   Driver Contributing Code   99   24   24   9   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)   Address   Age/DOB   Sex   System Status Switch   Code   Code   Status Code   Medical Facility   Code   Code   Code   Status Code   Medical Facility   Code   C							Vehicle	Action Prior	to Cras	sh	1 2	П	Damag	ed Area	Code	: (Circ	le Up to Thr	ree)	
Citation # (If Issued) Most Harmful Event 1 2							Most Harmful Event 1 23 10 Undercarriage  Driver Contributing Code 99 24 24 5 11 Totaled												
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Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility  Code Status Code Medical Facility				operator and a	*						27 Safety	28 Airbag A	29 30 irbag Ejec	Trap	32 Injury	Transp.	M " := :		
														de Code			Medical Faci	iiity	
		*																$\dashv$	
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Both cars towed by Todys. N	To injuries wer	e reported.					
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	ŧ	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			
Carrier Name			(Form verne		Carrier Issu	ning Authority Code	35
Address			City		St	Zip	
US DOT#:	State Number		Issuing State	ICC#		Interstate	36
37		38	_ 15541119 54410	100			
Cargo Body Type Code Gross	s Vehicle Weight				20		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Length 39		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42
MICHAEL D POUDDEAU						02/10/202	11

MICHAEL D BOUDREAU		NEWTON POLICE DEPARTM	03/19/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date