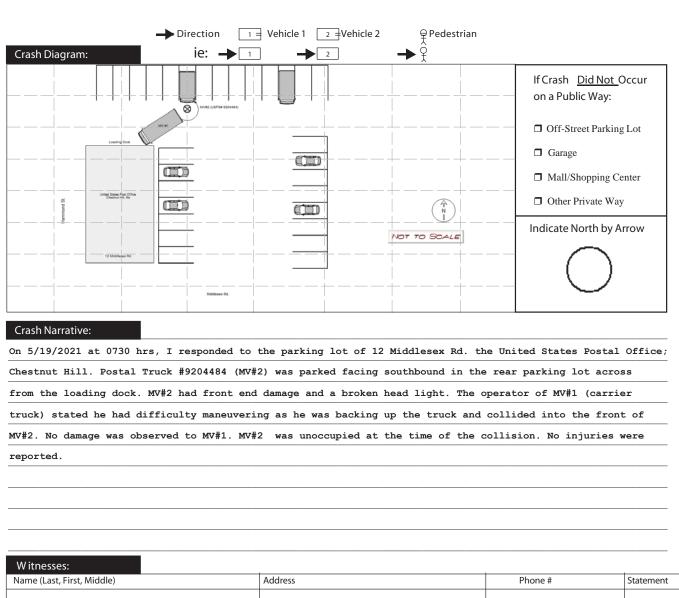
Pol	ice Use Only		Commonw	ealth (of Massa	chus	setts					nt Number	
Date of Crash 05/19/2021	Time of Crash 07:22	City/Tow NEWTON	MIOU		icle Cra	sh N	Number Vehicles	Number Injured		Limit <u>0</u> de		State Police Local Police MBTA Police	X
03/13/2021	24HR	NEWTON	P		Report		2	0		tude	I C	Other:	_
	AT INTER	RSECTION:	<	LOCA	TION :	>		NOT	AT I	NTER	SECT	ION:	
					SOUTH	12		MIDDLI	ESEX RI	D			
Route# Direc	ction		Roadway/Street		Route# Directio	n Addr	ess#		Nam	e of Road	dway/Str	reet	
		A	t		Feet N	SEW	of -		•	or			
Route# Direc	etion N	Jame of Intersecting	Roadway/Street				J c	Mile M	arker		I	Exit Number	—
		Also at Interse	ection with			SEW	_	Route#	Int	tersecting	g Roadwa	ay/Street	-
Route# Direc	etion	Name of Intersect	ing Roadway/Street		Feet N	SEW	of of						
		I _								Landn	nark		\neg
Vehicle1	_1_#Occupants	Hit/Run	Moped Ca	ase Number		2100	0000360						
License#	18 1	St MA		-	5AP731			_Reg Typ			Reg Sta	te NH	_
Sex_M_ Lic.	Class D 1	Lic. Restrictions			ear_2021		/lake_HI	NO		Ve	eh Config		
Operator SW	INTON Last	DOUGLAS	Middle	Owne	ROSE K		TRUCK	ING First			Middle		-
	ROADWAY ST (SS 91 PINEVALI								-
City CHICOI			e_MAZip_01020	City_	NDIAN ORCHA	ARD					-		
Insurance Con	npany PROGRES	SSIVE			e Action Prior to		10 21		maged			cle Up to Thre	e)
Vehicle Travel	Direction: N	S E W Respo	nding to Emergency? N	Event	Sequence 2 2		22	22 2		3	(4)	10 Undercarr	ingo
· ·	Issued)			Most	Harmful Event	2 23	24	24 1	←	9	5	11 Totaled	lage
			2: ChSec		Contributing Co	de 19				7			
			1: ChSec	Under	ride/Override		Towed		30	31 3	27 33	1	
Name (Last Fin		ator and all occup	Address		Age/DOB	Sex Pos	6 27 t Safety . System	28 29 Airbag Airba Status \$witch	g Eject Code	31 3 Frap Inju Code Stat	32 33 ry Transp Code	Medical Facili	ty
Operator			See Above				- 99	4 99	0	10	1		
Please Select (of the Followi		2 <u>0</u> #Occupants	Non-Motorist A	Туре	14 Action 15	5 Locatio	on	Condit	ion	17	Hit/R	un Mop	ed
	ing.		DOD//		9204484						D 0	MA	4
License #	Class 18 1	8 Lic. Restrictions	DOB/Age 19 CDL		ear	Vah N	Asks PC	_Reg Typ STAL TR			Reg Sta	20	-
Sex Lic. Operator		Lic. Restrictions	Endorsment		Last		rake			ve	en Conn	g. <u>*</u>	
Address	Last	First	Middle		Last			First			Middle		-
		Stat	eZip	_	33					State	Zin		-
Insurance Con			о <u></u> д.р		e Action Prior to		11 21	_			r	cle Up to Thre	_
Vehicle Travel		S E W Resr	onding to Emergency?N		Sequence 1 2	2 22	22	22 0		3	4		
	[ssued]					1 23				1		10 Undercarr	iage
1			2: ChSec		Contributing Co		24	24	←	9	5	11 Totaled	
			4: ChSec		ride/Override	25	Towed			7	6		
P	lease fill out for		occupants involved			2 Sea	6 27 t Safety	28 29 Airbag Airba	g 30 Eject	31 3 Trap Inju	ry [Fransp		
Name (Last F	Non-Motorist		Address See Above		Age/DOB	Sex Po		Status Swite	ch Code	Code Sta			iity
													\dashv
							+				+		



Witnesses:										
Name (Last, First, Middle)	Address				Phone #	Statement				
Property Damage:										
Owner (Last, First, Middle)		Phone # 34-Type Des				cription of Damaged Property				
Truck and Bus Information: Registration # (From Vehicle Section)										
Carrier Name Carrier Issuing Authority Code										
			3.							
Address		(City			St	_ Zip			
US DOT #:S	State Number		Issuing State	ICC #:			_ Interstate	36		
Cargo Body Type Code Gross	s Vehicle Weight	38								
			D	_		39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ııler Le	ngth				
Hazmat Information:										
Placard 40 Material 1 digit # 41 Material Name						42				

DANIEL SOHN		NEWTON POLICE DEPARTM	05/19/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date