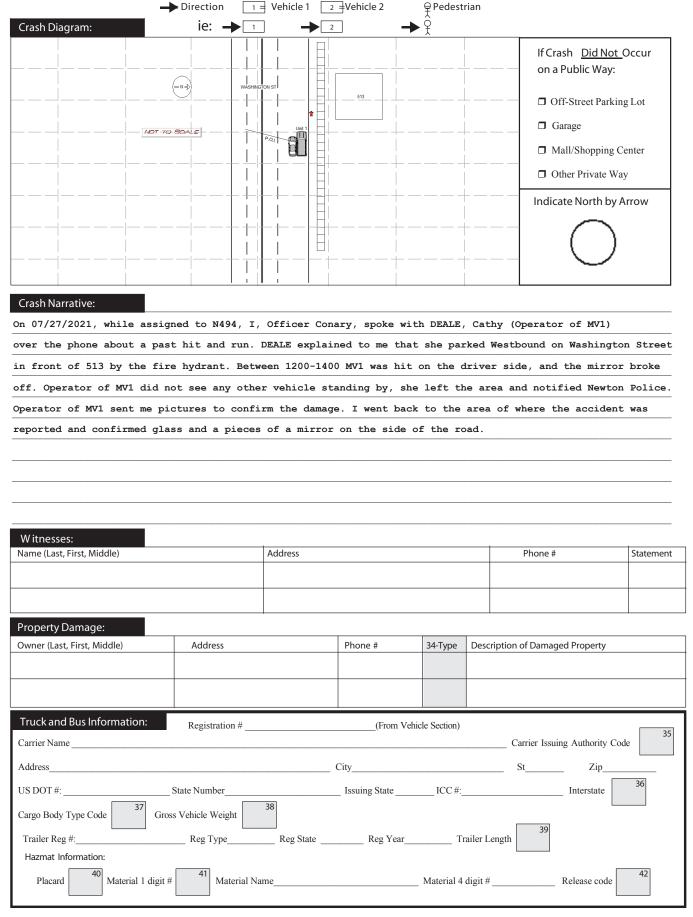
	ice Use Only		Common									t Number	
Date of Crash 07/27/2021	Time of Crash 14:49	City/Tow NEWTON	<sup>n</sup> Mo		hicle Cra	sh   N	umber ehicles	Number Injured	Speed 1 Latitud	Limit <u><b>25</b></u> e		tate Police ocal Police IBTA Police	X
	24HR			Police Repor		- 1	1	0	Longitude		0	Other:	
	AT INTER	RSECTION:	<	LOCA	ATION	>		NOT	AT IN	TERS	ECT	ION:	_
					WEST	513		WASHIN	NGTON	ST			
Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Street							eet	_
_		A			Feet	N S E W	of –		• _	or			_
Route# Direc	etion N	Jame of Intersecting	Roadway/Street		F . [5	vlal <b>el</b> w	1 6	Mile Ma	arker		E	xit Number	_
		Also at Interse	ction with			N S E W		Route#	Inte	ersecting F	Roadwa	y/Street	-
Route# Direc	tion	Name of Intersect	ng Roadway/Street		Feet [	N S E W	of						
Route# Direc	tion	Name of intersect	<del></del>							Landmar	rk		$\dashv$
XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	r	2100	000557						
License#		St MA		Reg	5PLK80			_Reg Typ	e PAN	R	Reg Stat		
Sex_F Lic.	Class D 18 18	Lic. Restrictions	19 CDLP	Veh	Year 2015	Veh M	lake_BM	IW		Veh	Config	20	
Operator DE	ALE	CATHERINE	P Endorsmer	nt Own	er DEALE	:	MARTI	N First			iddle		_
Address 1425	BEACON ST.	rirst	Middle	Addr	ess 1425 BEACO	N ST		rirst		IVII	iddie		
City NEWTON State MA Zip 02458					State MA Zip 02468								
Insurance Com	pany_COMMER	Vehi	Vehicle Action Prior to Crash  11 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel	Direction: N	S E X Respon	nding to Emergency?	N Even	t Sequence 2 2	22 22	22	22 2		3	4		
Citation # (If I	ssued)			Most	Harmful Event	2 23			_   \	9		10 Undercarr	iage
Violation	1: ChSec	Violation 2	: ChSec	Drive	er Contributing Co	ode 1	24	24	<b>-</b> /	۲V			
Violation	3: ChSec	Violation 4	: ChSec	Unde	erride/Override	25	Towed	<u>N</u> 0		O	0		
Please Name (Last Fir		ator and all occupa	nts involved		Age/DOB	Seat Pos.	Safety A	28 29 Airbag Airbag Status Switch	30 Eject Tr Code C	31 32 rap Injury ode \$tatus	33 Transp.	Medical Facili	
Operator	st Wilddie)		See Above	:	Age/DOB			4 4	0 (		Code 1	Medicai Facili	iy
													$\neg$
													$\dashv$
													_
								7	$\perp$				_
Please Select ( of the Followi	\/obiclo	# Occupants	Non-Motorist	A Type	14 Action 1	Locatio	on I	6 Condit	ion	17	Hit/Ru	ın Mop	ed
License#		St	DOB/Age	Reg	<del></del>		Reg Tyn	R	Reg State				
Sex Lic. Class         18         18         Lic. Restrictions         19											20	-	
Operator		_	Endorsme	nt	er								
1	Last	First	Middle		Las Tess						iddle		_
1			Zip								Zip		-
Insurance Com					cle Action Prior to		21	_				le Up to Thre	_
Vehicle Travel			onding to Emergency		t Sequence 2	22 22	22	<b>22</b> 2		3	4		
Citation # (If I	Most	10 Undercarriage								iage			
`	·	ec Violation	2: Ch Sec		L er Contributing Co	ode	24	24	<b>~</b>   /	9	5	11 Totaled	
			4: Ch Sec		erride/Override	25	Towed	8		7	6		
Pl	ease fill out for		ccupants involved			26 Seat	5 27 Safety	28 29 Airbag Airbag	30 Eject Ti	31 32 rap Injury	33 Transp.		$\dashv$
Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex Pos	System	Status Switc	h Code (	Code Status		Medical Facil	ity
Эрегилоп/			300 710000	•					+				$\dashv$
													=



KRISTINA CONARY 07/27/2021 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date