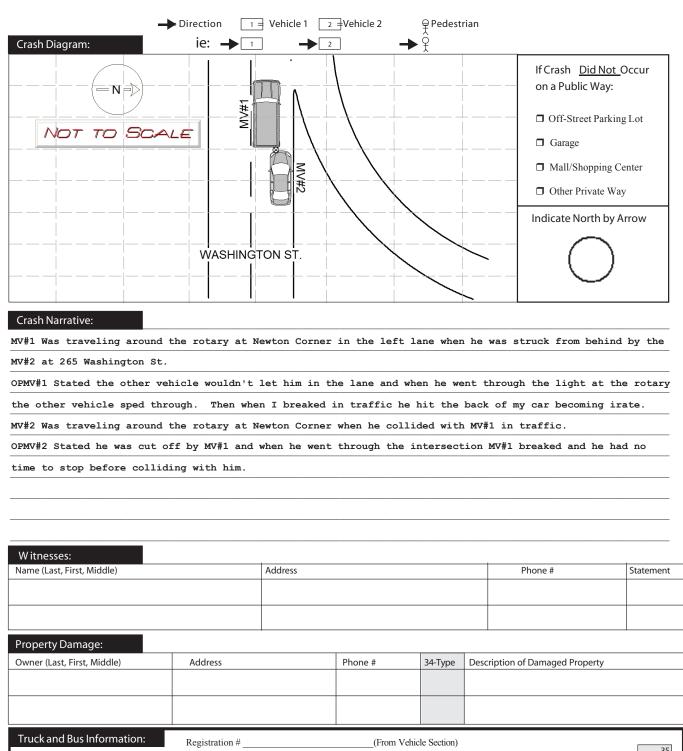
Motor Vehicle Crash   Time of Cush   Cigrif town   Police Report   Police   Po	Poli	ce Use Only		Common	wealth	of Massa	achus	etts		RM	V Docun	nent Number	
AT INTERSECTION:    AT INTERSECTION:   Contain   Contain			,	wn Mo	otor Ve	hicle Cra	$sh$ $\begin{bmatrix} N \\ V \end{bmatrix}$					State Police Local Police	N X
Routed   Direction   Name of Roadway-Street   About Intersecting Roadway-Street   About Intersecting Roadway-Street   About Intersecting Roadway-Street   Feet   N S   E   W of   Mile Marker   Feet   Mile Marker   Feet   Mile Marker   Feet   Mile Marker   Fee	00/24/2021				Police	Report						Other:	
Routed Direction Name of Roadway/Street Routed Direction Name of Intersecting Roadway/Street Also at Intersection with Routed Direction Name of Intersecting Roadway/Street Also at Intersection With Routed Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street For N S E W of For N S E W of Roadway R		AT INTER	RSECTION:	<	LOCA	ATION	>	-	NOT A	AT INT	ERSE	CTION:	
Routed Direction  Name of Intersecting Readway/Street  Also at Intersecting Readway/Street  Also at Intersecting Readway/Street  Feet N S E W of Routed Direction  Name of Intersecting Readway/Street  Feet N S E W of Routed Int						WEST	265	W	ASHING	GTON ST			
Routed Direction  Name of Intersecting Readway/Street  Also at Intersecting Readway/Street  Also at Intersecting Readway/Street  Feet N S E W of Routed Direction  Name of Intersecting Readway/Street  Feet N S E W of Routed Int	Route# Direct	tion	Name of	Roadway/Street		Route# Direction	on Addre	ss #		Name of	Roadway	/Street	
Route® Direction  Name of Intersecting Readway/Street  About Intersecting Readway/Street  Feet   S   W   or    Feet   N   S   W   or    Route® Direction   Name of Intersecting Readway/Street    S   M   DOIJ/Ape	_			At		Feet [	N S E W	of		_ •	or		
Feet   N   E   N   ODB/Age	Route# Direc	etion N	Name of Intersectin	g Roadway/Street				]	Mile Mar	ker		Exit Number	
Route® Direction  Name of Intersecting Readway/Street    St MA   DOB/Age			Also at Inter	section with		Feet [	N S E W		Route#	Interse	cting Roa	dwav/Street	-
License # _ St M   DOB/Age Reg # 2PC550	Route# Direct					Feet [	N S E W				8	,	
License #	Route# Direct	tion	Name of Interse	ting Roadway/Street						La	ındmark		
See M	XVehicle1	1_#Occupants	Hit/Run	Moped	Case Numbe	er	2100	000631					
See M	License#		St M.	A DOB/Age	Reg	# 2PC950		R	eg Type	PAN	Reg	State MA	
Operator SHLAYN    Responding to Emergency? Notation   Security   State   Zip   Damaged Area Code (Circle Up to Three		18 1	8	19								20	
Address 5 BENT ST  City FRANKLIN  State MA Zip 02038  City State Zip  Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S F N Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch See Violation 2: Ch See Underride/Override  Please Select One See Above  Reg # SKI41  Reg Type FAN Reg State MA  Sex M Lie Class D Is B Lie Resrictions B POLL  License # Reg Type FAN Reg State MA  Sex M Lie Class D Is B Lie Resrictions B POLL  Operator GOKCAL FAHRI  Address 33 PAUL St (pp.1.35)  City NEWTON  State MA Zip 02459  City Vehicle Action Prior to Crash  Least Freu Maddle  Owner (Same as operator)  Vehicle Action Prior to Crash  Least Freu Maddle  Owner (Same as operator)  Vehicle Action Prior to Crash  Least Freu Maddle  Owner (Same as operator)  Vehicle Action Prior to Crash  Least Freu  Mindle  Address 33 PAUL St (pp.1.35)  Address  City NeWTON  State MA Zip 02459  City Vehicle Action Prior to Crash  Vehicle Travel Direction: N S F N Responding to Emergency? N  Vehicle Travel Direction: N S F N Responding to Emergency? N  Vehicle Travel Direction: N S F N Responding to Emergency? N  Vehicle Action Prior to Crash  Vehicle Travel Direction: N S F N Responding to Emergency? N  Vehicle Travel Direction: N S F N Responding to Emergency? N  Vehicle Action Prior to Crash  Vehic			IRVIN	Endorsme	nt								ŀ
City FRANKLIN  State MA Zip 02038  City State Zip  Insurance Company COMMERCE INS  Vehicle Action Prior to Crash  Vehicle Ac													
Insurance Company COMMERCE INS  Vehicle Travel Direction: NSEX 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)  Please Select One of the Following:  License #			Str	te MA Zip 02038							e 2	Zip	_
Vehicle Travel Direction: NSEN Responding to Emergency? N Event Sequence 1 22 22 22 22 22 23 60 10 Undercarriage State MA SEARCH Most Harmful Event 1 23 10 Undercarriage State MA SEARCH Most Harmful Event 1 23 10 Undercarriage State MA SEARCH Most Harmful Event 1 23 10 Undercarriage State Mass Harmful Event 1 10 Undercarriage Sta				Damaged Area Code: (Circle Un to Three)									
Citation # (If Issued)	_			onding to Emergency					2 _	3		<b>4</b>	
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 24 99 34				ending to Emergency		`	23			$\Lambda$	A		riage
Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Operator  See Above  Please Select One of the Following:  License # — St MA DOB/Age — Reg # 9KG141 Reg Type PAN Reg State MA  Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL. Veh Year 2007 Veh Make MAZD Veh Config 1  Operator GOKCAL FAHRI  Operator GOKCAL First Middle  Address Address Address Operator)  City NEWTON State MA Zip 02459  City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E N Responding to Emergency? N Most Hammful Event 1 23				2: Ch Sec		L		24 99 2	1 4	<b>-</b>   / 9	4	5 11 Totaled	
Please fill out for operator and all occupants involved   AgeDOB   Sex   Please fill out for operator   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   AgeDOB   Sex   Please fill out for operator and all occupants involved   AgeDOB   Sex   Please fill out for operator and all occupants involved   AgeDOB   Sex   Please fill out for operator and all occupants involved   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Please fill out for operator and all occupants involved   Address   Age						Г			8	7		6	
Please Select One of the Following:  License #							26 Seat			30 31	32 Injury Tra	33	
Please Select One of the Following:    Non-Motorist A Type		st Middle)					Sex Pos.					ode Medical Facil	lity
Of the Following:  Vehicle 2 1 #Occupants  Non-Motorist A Type	Орегию			566716646				99 4	99	0 0	10 1		
Of the Following:  Vehicle 2 1 #Occupants  Non-Motorist A Type													
Of the Following:  Vehicle 2 1 #Occupants  Non-Motorist A Type													
Of the Following:  Vehicle 2 1 #Occupants  Non-Motorist A Type													
Sex_M_Lic. Class D 18 18 Lic. Restrictions B 19 CDL			22 <u>1</u> #Occupan	s Non-Motorist	A Type		5 Locatio	n 16	Conditio	n 17	Hi	t/Run Mop	ped
Sex M Lic. Class D Lic. Restrictions B CDL Veh Year 2007 Veh Make MAZD Veh Config. 1  Operator GOKCAL FAHRI Owner (Same as operator)  Address 33 PAUL ST (apt. 35)  City NEWTON State MA Zip 02459  Insurance Company COMMERCE INS  Vehicle Travel Direction: N S E Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Sec Seat Safety Airbage Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Veh Year 2007 Veh Make MAZD Veh Config. 1  Veh Year 2007 Veh Make MAZD Veh Config. 1  Owner (Same as operator)  City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash 1 21  Damaged Area Code: (Circle Up to Three)  Fevent Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	License#				Reg	# 9KG141		R	eg Type	PAN	Reg	State MA	_ ]
Operator GOKCAL FAHRI  Address 33 PAUL ST (apt. 35)  City NEWTON  State MA Zip 02459  Insurance Company COMMERCE INS  Vehicle Action Prior to Crash  Vehicle Travel Direction:  N S E Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec  Violation 3: Ch Sec Violation 4: Ch Sec  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Owner (Same as operator)  Last First Middle  Owner (Same as operator)  Last First Middle  Address  Address  Owner (Same as operator)  Last First Middle  Owner (Same as operator)  First Middle  Address  Address  Owner (Same as operator)  Address  Address  Niddle  Damaged Area Code: (Circle Up to Three)  Event Sequence 222 22 22 22 22 22 22 22 22 22 22 22 2	Sex_M Lic. 0	Class D 18 1		S B CDL		Year_2007	Veh M	ake MAZ	D		_Veh Co		
Address 33 PAUL ST (apt. 35)  City NEWTON  State MA Zip 02459  City State Zip  Insurance Company COMMERCE INS  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction:  N S E X  Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec  Violation 3: Ch Sec Violation 4: Ch Sec  Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Address	Operator GO	KCAL				er (Same as open	rator)	1	First		Middle		_
Vehicle Travel Direction: NSEX Responding to Emergency? N Event Sequence 1 22 22 22 22 22 2 3 4 10 Undercarriage 11 Totaled  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override 25 Towed N Event Sequence Name (Last First Middle) Sex Name (Last First Middle) Sex Name (Last First Middle) Address Age/DOB Sex Note in the first Middle) Sex Name (Last First Middle) Damaged Area Code: (Circle Up to Three)  Event Sequence 1 22 22 22 22 22 2 2 3 4 10 Undercarriage 10 Undercarriage 11 Totaled  Find the first Middle in the fi	Address 33 PA	AUL ST (apt. 35)			Addi								_
Vehicle Travel Direction: N S E X Responding to Emergency? N  Citation # (If Issued)	City NEWTO	N	Sta	te_MAZip_02459_	City					State	e2	Zip	_
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Citation # (If Issued)	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency	? <u>N</u> Even	at Sequence 1	22 22	22 22	2	3		١	
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code	Citation # (If Is	ssued)			Most	Harmful Event	1 23			_   }	<u>,                                    </u>		riage
Violation 3: ChSec Violation 4: ChSec Underride/Override	Violation	n 1: ChSe	ec Violatio	n 2: ChSec	Drive	er Contributing Co	ode 5	24 19	24		$\bigcup$ $\bigcup$		
Name (Last First Middle)  Address  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility	Violation	n 3: ChSe	ecViolatio	n 4: ChSec	Unde	erride/Override	25	Towed_N	_ [_	7		6	
			operator and all					27 2 Safety Airb	8 29 Airbag	30 31 Eject Trap	32 Injury Tra	ansp.	:1:4
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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 4 digit # Release code Placard Material 1 digit # Material Name

REID LARSON NEWTON POLICE DEPARTS 08/24/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date