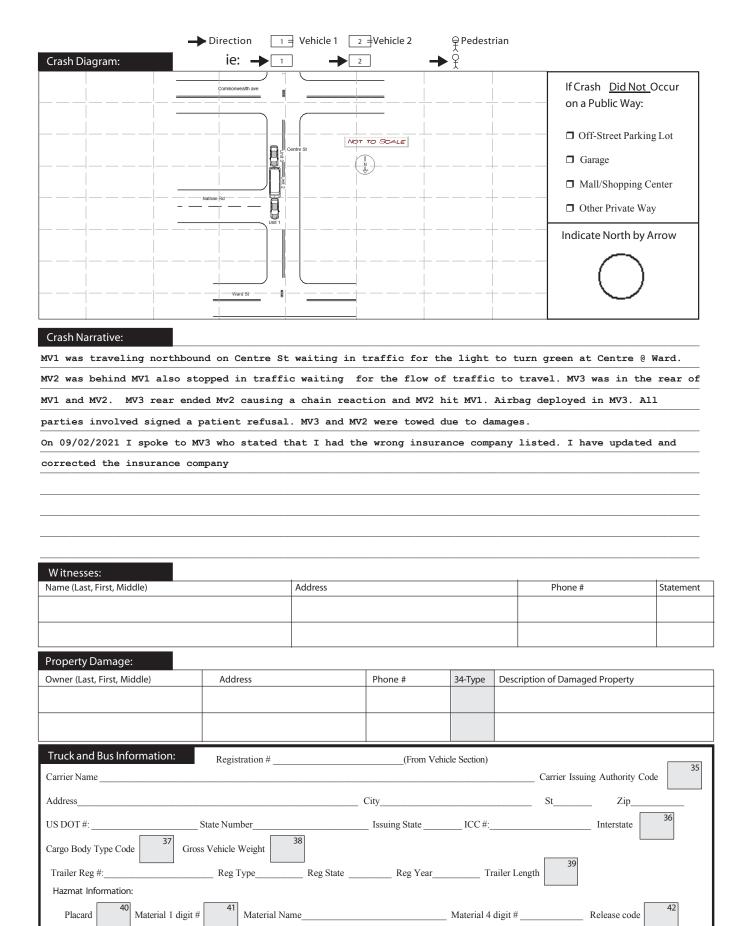
	Poli	ice Use Only		Commo	onweal	th o	f Massa	ach	use	etts		[RMV	Doc:	umen	t Numbe	r]
	Date of Crash Time of Crash City/Town 08/27/2021 14:50 NEWTON			Town	Notor	Vehi	icle Cra	sh		mber hicles	Nun	- 1		Limit		- Si	tate Police ocal Polic IBTA Poli	e N	
	06/2//2021	24HR			Poli	ice I	Report		3		0			itude_		O	ther:	ice 🔲	
		AT INTER	RSECTION		< LOCATION >						NOT AT INTERSECTION:						ION:		2
	NOR	TH CENTR	RE ST																2
1 1	Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street									eet		2	
	EAST NATHAN RD						Feet N S E W of or Exit Number												
	Route# Direc	etion N	Feet N S E W of												1				
2			Also at III	tersection with					_		Roi	ıte#	In	tersect	ing Ro	oadwa	y/Street		1
1	Route# Direct	tion	Name of Inter	secting Roadway/Str	eet	-	Feet N S E W of											2	
3	XVehicle1	_1_#Occupants	Hit/Ru	n Moped	Case N	se Number 2100000640													
	License#		St ¹	MA DOB/Age		Dag # 1	ISYC24				Dag	Trmo	PAN		D.a	a Stat	_e MA		
	Sex_F Lic. 0	18 1	8	19		-	ear_2019	3.7	1.34	1 HC							2	0	
4		-	Lic. Restricti	Endo	rsment										venc	onng			1
1	Address 128 P	LON Last OND BROOK F	First	Mid	idle	Owner FALLON ELLEN B Last First Middle Address 128 POND BROOK RD													1
	City NEWTO			State MA Zip 024	167		s ROOKLINE							Ct-t-	MA	7:	02467		
		ipany STANDAI					Action Prior to	Crock		21	Π						le Up to T	Three)	
5	1			esponding to Emerge					22	22	22	2		3		4			
				sponding to Emerge	mcy :		sequence 1	2	3					\prod	7		10 Under	carriage	
		ssued)		on 2: Ch Sec			Iarmful Event	1	1 2	24	24	1	-	9		0	11 Totaleo	d	
⁶ 1	1			on 4: Ch Sec			Contributing Co			Towed	N N	8	V	7		6			
1				cupants involved		Underr	ide/Override [Π				29 Airbag	30	31	32 Injury	33 Fransp.			1
	Name (Last Fir			Add	dress		Age/DOB	Sex	Pos.	System	Status	Switch	30 Eject Code	Code S	status	Code	Medical Fa	acility	1
	Operator			See A	bove					1	4	4	0	0	10	1			
⁷ 3	Please Select C of the Followi		2 <u>3</u> #Occup	ants Non-Mote	orist A Type	14	4 Action 1	5 Lo	cation	1	16 C	onditio	on	17		Hit/Ru	ın M	loped	
	License#		St	MA DOB/Age		Reg# I	LV70558				Reg	Туре	LVN		Re	g Stat	е МА		
Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2015 Veh Make										Veh Config. 20				
8 1	Endorement						MEDICAL TI	RANS	РО									_	
1	1						S 224 CALVER	Y STR	EET		Firs				Mid	dle			
							ALTHAM							State_	MA	_Zip	02453		
							Action Prior to	Crash		1 21	Π	Dan	naged	Area	Code:	(Circ	le Up to T	Three)	
	Vehicle Travel Direction: X S E W Responding to Emergency? N						Event Sequence 1 22 22 22 22 2 3 4												
	Citation # (If Is	ssued)				Most H	Iarmful Event	1 2	3			n _	, `	9		P	10 Undero	_	
	Violation	n 1: ChSe	ecViola	tion 2: ChSec	:	Driver	Contributing Co	Г	1 2	24	24		_	/弋			rotatet	••	
	Violation	n 3: ChSe	ecViola	tion 4: ChSec)	Underr	ide/Override	2	5 T	owed	Y	8		7		6			
			operator and	all occupants invol					26 Seat	27 Safety	28 Airbag	29 Airbag	30 Eject	31 Trap I	32 njury	33 Fransp.			1
	Name (Last Fi	rst Middle) Non-Motorist		See Al	bove		Age/DOB	Sex	Pos.	System	Status 4	Switch 4	Code 0	Code	Status 10	Code 1	Medical I	Facility	
	ROHAN, JOH		I	6 IRVING ST				M	4	\vdash	4	4	0			1			1
				VATERTOWN, MA 62 MARKET ST															
	HORAN, RICI	HAKD	1	BRIGHTON, MA				M	97	1	4	4	0	0	10	1			_
										1									

Date of Crash	ce Use Only Time of Crash	City/Tow	Commonwe Motor		i massa icle Cra		umber	Number		RMV l Limit		State Police				
08/27/2021	14:50	NEWTON	MIOTOI		icie Cra Report	l v	ehicles	Injured 0	Latitu	ide itude_		State Police Local Police MBTA Police Other:	e 🔼			
	AT INTER	RSECTION:	<	LOCAT		>	3					CTION:				
	111 11(1131	ASEC 1101W			.1011			1,01			TOLC	7110111				
Route# Direct		Name of F	Roadway/Street		Route# Direction	n Addre	ess #		Nan	ne of R	oadway/!	Street				
Trouten Brief			Route# Direction Address # Name of Roadway/Street													
Route# Direc		Name of Intersecting	Doodway/Street	[Feet N	SEW	of –	Mile M	arker	c	or	Exit Number				
Koute# Direc	tion 1	Also at Interse			Feet N	SEW	of	D		4	D 1	lance /Stant	_			
<u> </u>					Feet N	SEW	of	Route#	11	nerseci	ing Koad	lway/Street				
Route# Direction Name of Intersecting Roadway/Street					Landmark											
XVehicle3	1_#Occupants	Hit/Run	Moped Case	se Number		2100	000640									
License#		St MA	DOB/Age	Reg#8	3PJ128			Reg Tyr	e PAN	ſ	Reg	State MA				
Sex_M Lic. (18 1		19		ear 2015							20				
		MICHAEL	Endorsment	_									1			
Address 83 AT			Owner (Same as operator) Last First Middle Address													
City NEWTO	N	Stat	e_MA _ Zip _02459								Z					
Insurance Com	Vehicle	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)														
Vehicle Travel	Direction:	S E W Respo	nding to Emergency? N	_ Event S	Sequence 1 2		22	22 2	^	3		4				
Citation # (If Is	ssued)			Most F	Iarmful Event	1 23	•	(I)	←	9	/	10 Undercar 5 11 Totaled	rriage			
Violation	1: ChSec	c Violation 2	2: ChSec	Driver	Contributing Co		24	24		<u> </u>						
Violation	3: ChSec	c Violation 4	Underr	ide/Override	25	Towed					6					
Please f		rator and all occup	ants involved Address		Age/DOB	Seat Pos.	Safety A System	28 29 Airbag Airba Status Switch	g Eject Code	31 Trap I Code S	32 njury Trai Status Coo	33 nsp. de Medical Faci	ility			
Operator			See Above				- 1	4 4	0	0	10 1					
Please Select C of the Followin	I Vehicle	e# Occupants	Non-Motorist A T	Type 14	4 Action 1	5 Locatio	on 1	Condit	tion	17	Hit	:/Run Mo	ped			
License#		St	_ Reg#_				_Reg Typ	e		Reg S						
Sex Lic. 0	Class 18 1	Lic. Restrictions		_ Veh Ye	ear	Veh M	lake				Veh Config.					
Operator	Last	First	Endorsment	_ Owner	Last			First			Middle		_			
Address				_ Addres	s								_			
CityStateZip										_State_	Z	Ľip	_			
Insurance Com	pany		Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)													
Vehicle Travel	Direction: N	S E W Resp	onding to Emergency?	_ Event S	Sequence 2		22	22 2		3	$\overline{\mathcal{I}}$	4 10 Undercar	rriage			
Citation # (If Is	·				Iarmful Event	23	24	24	←	9	$(\mid \mid$	5 11 Totaled	50			
			2: ChSec		Contributing Co	25		24 8		/ 7		6				
			4: ChSec	Underr	ide/Override		Towed 5 27		30	31	32	33				
Name (Last Fi	rst Middle)	operator and all (Address		Age/DOB	Sex Pos	Safety A S. System	28 29 Airbag Airbag Status Swite	g Eject ch Code	31 Trap I Code	njury Trai	nsp. ode Medical Fac	cility			
Operator/	Non-Motorist		See Above				-									



KATELYN MARY POHLMAN

Police Officer Name (Please Print)

Signature

Newton Police Departm

Precinct/Barracks

Date