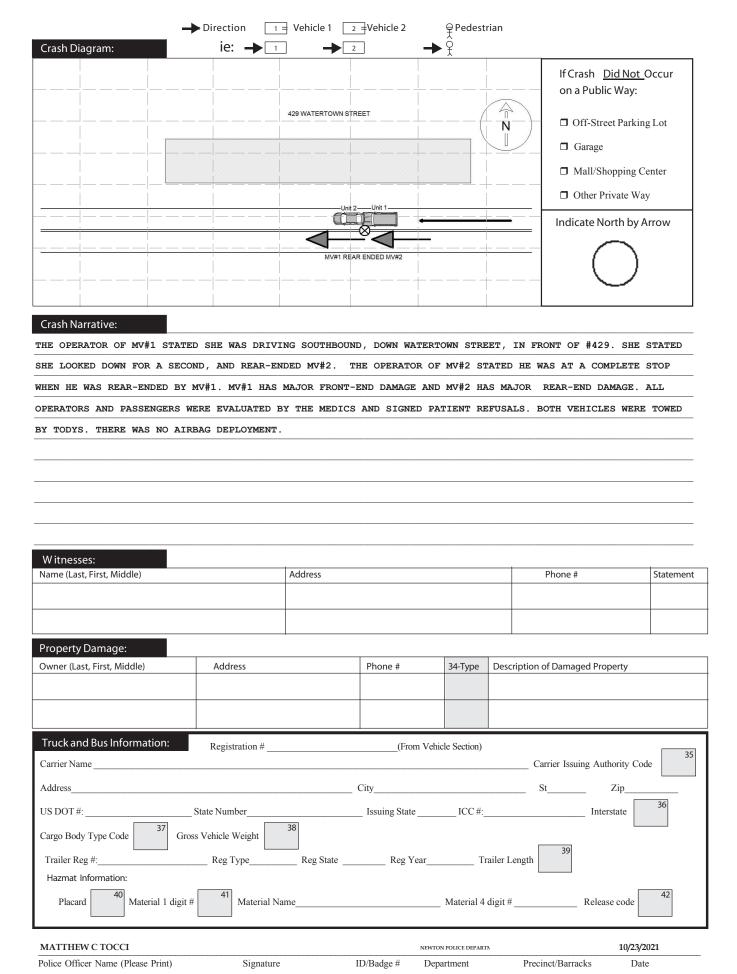
	1 0110	ce Use Only		<u>Com</u> mo	nweaiti	n oi	i Massa	ichi	iset	[S			RMV	/ Doc		it Number		
	Date of Crash Time of Crash Cit 10/23/2021 13:48 NEWTON			Motor Vel			cle Cra	sh	Numb Vehic				d Limi ude		- S	tate Police ocal Police IBTA Police		
L	10/23/2021	24HR			Polic	e R	Report		2	5			itude_		O	other:		
		AT INTER	RSECTION:	<	< LO	CATI	ION >	>		N	TOI	AT]	INTI	ERSI	ECT	ION:		
				16 SOUTH 429 WATERTOWN ST														
	Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
┨	At						Feet N	SE	w of			_ •		or				
ŀ	Route# Direction Name of Intersecting Roadway/Street									M	ile Mai	rker			Е	xit Number		
ľ	Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street										_	
7	Don't Division No. 57 to 57 to 57						Feet	SE	W of							-		
⋠	Route# Direction Name of Intersecting Roadway/Street												Lar	ndmark	:			
	Wehicle 1	3_#Occupants	Hit/Ru	n Moped	Case Nun	nber		21	000008	60								
	License#		St ¹	MA DOB/Age	R	leg # 45	5VT14			Re	g Type	PAN	1	Re	eg Staf	te MA		
	Sex F Lic. C	Class D 18 1	Lic. Restriction	ons 1 CDL			ar 2014									20	_	
	Operator KELI		JESSICA	Endors	sment		(Same as oper	ator)										
	Address 168 CHAPEL ST First Middle					Owner (Same as operator) Last First Middle Address												
	City NEWTON			State_MA Zip_0246											Zip		_	
	Insurance Company GOVERNMENT INS						Action Prior to		1	21						le Up to Thre		
_				esponding to Emergen	ncy? N E	event Se	equence 1 2	2 22		22	2		3		4			
		ssued)		1 6 6			·	23				. [Ţ			10 Undercarri	iage	
				on 2: Ch Sec			Contributing Co		9 24	24	0	-	9		5	11 Totaled		
	Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed Y 8 7 6											
	Please fill out for operator and all occupants involved						io o verride		26 Safe		29 Airbag	30 Eject Code	31 Trap Code	32 Injury	33 Transp.			
-	Name (Last First	t Middle)		Addro See Ab			Age/DOB	Sex I	os. \$ysi	em Status	Switch 4	Code	Code	Status	Code 1	Medical Facilit	ity	
H	*		1	68 CHAPEL ST				M 5	-	4	4	0	0	9	1			
F	COBB, CARTER			NEWTON, MA 168 CHAPEL ST				IVI C		4	4			9	<u> </u>	-		
-	KELLEY, JAME	ĒS		NEWTON, MA				M 4	1	4	4	0	0	9	1			
Ļ																		
	Please Select O of the Followin		e2 <u>2</u> #Occupa	ants Non-Motor	rist A Type	14	Action	Loca	tion	16	Conditio	on	17		Hit/Ru	un Mop	ed	
ľ	License# St MA DOB/Age					Reg # Y11 Reg Type PAR Reg State MA								te MA				
-	Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL					Veh Year 2021 Veh Make LINCOLN Veh Config. 1												
- 1	Operator QUEBEC ALAN Endorsment						Owner QUEBEC BARBARA											
\dashv	Address 103 COURT ST. Last First Middle					Last First Middle Address 103 COURT ST												
- 1	City NEWTON State MA Zip 02460					City NEWTON State MA Zip 02458												
1	Insurance Company COMMERCE					Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)												
- 1	Vehicle Travel Direction: N X E W Responding to Emergency? N					Event Sequence 1 22 22 22 2 3 4												
	Citation # (If Issued)					Most Harmful Event 1 23										riage		
1	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 24 1												
1	Violation 3: Ch Sec Violation 4: Ch Sec						de/Override	25	Tow	ed Y	8		7	у_	6			
L	Please fill out for operator and all occupants involved								26 2 Seat Safe		29 Airbag	30 Eject	31 Trap	32 Injury	33 Transp.			
-	Name (Last Fire Operator/N	Non-Motorist		Add See Abo			Age/DOB	Sex	Pos. Sy	tem Statu	Switch	Code	Code	Status 9	Code 1	Medical Facil	lity	
	- r • r • r • r • r • r • r • r • r • r									*	1.	١		ľ	-			
	QUEBEC, BAR	BARA		03 COURT ST NEWTON, MA 02458				F 3	1	4	4	0	0	0	1			



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