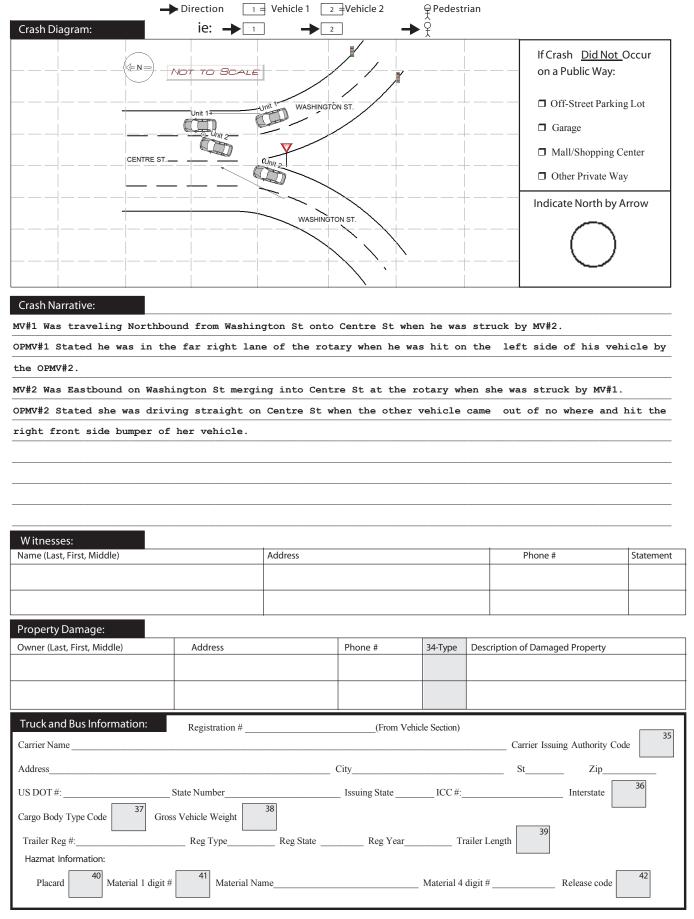
	Poli	ice Use Only		Commo	nwealt	h o	f Massa	achi	use	tts			RMV	/ Docu	ıment	Number			
	Date of Crash 10/23/2021	Time of Crash 19:05	City/To	own M	Iotor V	⁷ ehi	cle Cra	sh			Number		d Limi ude		Sta Lo	te Police cal Police BTA Police	<u> </u>		
	10/23/2021	19:05 24HR			Polic	e R	Report		2	10103	0		gitude_		Otl	ara Police ner:			
		AT INTER	< LO	CAT	ION	>	NOT AT I				INTERSECTION:								
	NOR	TH CENTR	RE ST																
1 4	Route# Direct			f Roadway/Street At			oute# Direction	on A	ddress	#		Nar	ne of R	oadwa	y/Stree	et			
	EAST WASHINGTON ST						Feet NSEW of or Exit Number												
	Route# Direction Name of Intersecting Roadway/Street						Feet NSEW of												
	Also at Intersection with						Route# Intersecting Roadway/Street												
2 1	Route# Direct	tion	Name of Interse	ecting Roadway/Stree	>t	_ -	Feet 1	N S E	W of	f -									
3	,						Landmark												
	XVehicle1	#Occupants	Hit/Run	Moped	Case Nu	mber		2	10000	0862									
	License#		St M	A DOB/Age	F	Reg # 2	WEJ51				Reg Ty	e PAN	N	Reg	g State	MA			
	18 18 19 19 19 CD						Reg # 2WEJ51 Reg Type PAN Reg State MA Veh Year Veh Make HOND Veh Config. 1												
4				Endors:	ment												_ -		
3	Address 146 T	Last First Middle Last First																	
	City BRIGHTON State MA Zip 02135					Address													
	Insurance Company LIBERTY MUTUAL						City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)												
5	Vehicle Travel Direction: X S E W Responding to Emergency? N							22 2	-	1	22 2	500	3		4	- 1 - 1111	-/		
1				ponding to Emergen			1 1 1	2.3					\Box	\overline{A}) 1	0 Undercarr	riage		
		ssued)					armful Event	1	2/	1	24	←	9			1 Totaled			
6	1			1 2: ChSec		Oriver (Contributing Co		77 =1	99			<u>/</u> O	\mathcal{L}	6				
⁶ 1				1 4: ChSec	U	Jnderrio	de/Override		T		N								
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	Seat S Pos. \$	27 Safety Ai System S	28 29 irbag Airba tatus \$wite	g Eject h Code	Trap Code	32 Injury T Status C	ransp.	Medical Facili	ity 1		
	Operator			See Abo															
												+	+		-				
7																			
4	Please Select C of the Followi		2 <u>1</u> #Occupar	Non-Motor	rist A Type	14	Action 1	Loc	ation	16	Condi	tion	17	□⊦	lit/Rur	Мор	ed		
	License# St MA DOB/Age						ГЈХ31		Reg Type PAN					Reg State_MA					
	Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL															20			
⁸ 2	Operator NATALE BARBARA T Endorsment						(Same as open								. 0.				
2	Last First Middle Address 26 ATHELSTANE RD						Las	it			First			Midd	le		_		
	City NEWTON State MA Zip 02459												State		Zip		-		
	· · · · · · · · · · · · · · · · · ·					-	Action Drive to			21	n	amage				Up to Thre	- ee)		
	Insurance Company SAFETY INS						Action Prior to	Crash		6		ugu	3		4	. op 10 mm			
	Vehicle Travel	[2.5]	S E W Re	sponding to Emerger			equence 1	2.3					$\overline{}$	\overline{A}	`	0 Undercarr	riage		
	Citation # (If Issued)						Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled												
	Violation	n 1: ChSe	ec Violati	on 2: ChSec_			Contributing Co	ode 25	99	99			<u>/</u>	<u> </u>	6				
	Violation		ec Violati			Jnderri	de/Override		To	owed_	N		,	1 22 1					
	Ple Name (Last Fi		operator and al	l occupants involve			Age/DOB	Sex	26 Seat S Pos.	27 Safety Ai System	28 29 irbag Airba Status Swit	g Eject ch Code	Trap Code		33 ransp. Code	Medical Faci	lity		
		Non-Motorist		See Abo						99 4		0	0		1				
																	\dashv		
														1 1	- 1				



REID LARSON 10/23/2021 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date