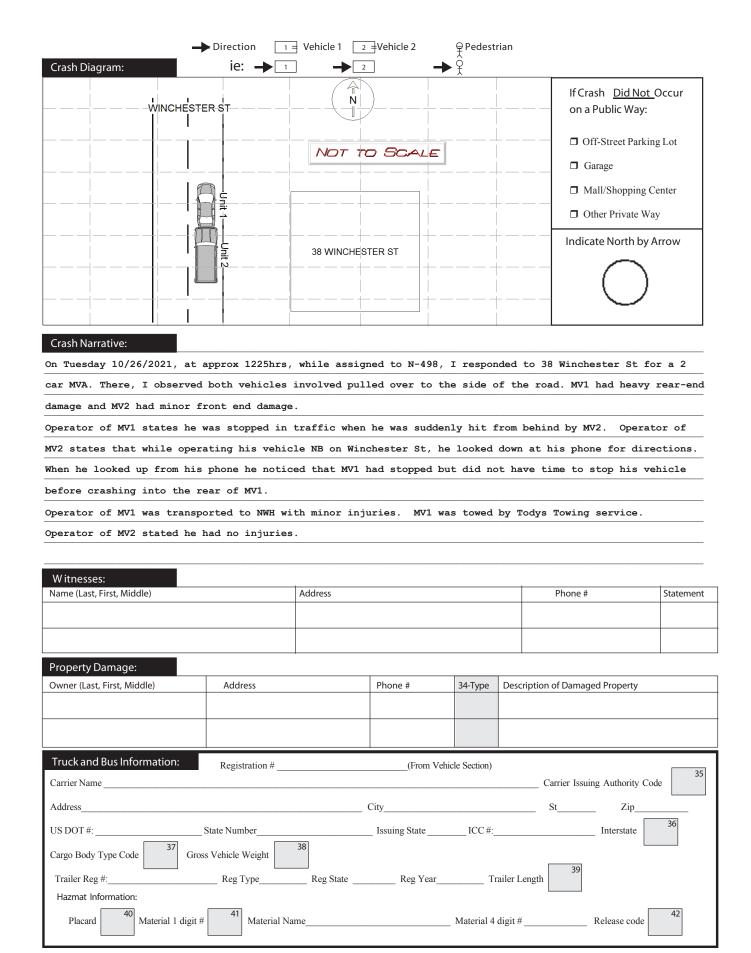
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Address 9 GARRISON RD  City WELLESILY State MA Zip 02482 City State Zip  Insurance Company AMICA INS  Vehicle Travel Direction:	ļ	Endorsment					(6)										
City WELLESLEY Insurance Company AMICA INS  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction: X S EW  Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch See Violation 2: Ch See Underride/Override  Pilease fill out for operator and all occupants involved  Address  Address  Address  Address  Address  City Vehicle 2 1 # Occupants  Non-Motorist A Type  Flease Select One of the Following:  Operator  See Above  Pilease fill out for operator and all occupants involved  Address  Address  Address  Address  Address  Address  City LYNN  State MA Zip 01905  City LYNN  State MA Zip 01905  City LYNN  State MA Zip 01905  City Cyblication 1: Ch See Violation 4: Ch See Underride/Override  Pilease fill out for operator and all occupants on the fill beautiful prior to Crash I I Address  Address  Address  Address  Address  Address  Address  Address  City LYNN  State MA Zip 01905  City LYNN  State MA Zip 01905  City Cyblication 1: Ch See Violation 2: Ch See Underride/Override  Pilease fill out for operator and all occupants on the fill beautiful prior to Crash I I Oundercarriage  City LYNN  State MA Zip 01905  City State I Travel Direction:  Yehicle Action Prior to Crash I I Oundercarriage  First Middles  Vehicle Action Prior to Crash I I Oundercarriage  Towed Y See Towed Y See Into Interview Into Crash I I Oundercarriage  Now I Hamful Event I I I Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash I I Oundercarriage  State I Travel Direction:  Yehicle Action Prior to Crash I Damage	1	Address 9 GA	RRISON RD	First	Middle								Middle	e		_1	
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Citation # (If Issued)					onding to Emergency	N Ever	nt Sequence 1	22 22	_	<b>22</b> 2		3		<b>4</b>			
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Violation 3: Ch See Violation 4: Ch See Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Please Select One of the Following:  Vehicle 2 1 # Occupants					2: Ch Sec				24	24	+	/ <del> </del>	Ⅵ.	11 Totale	ed		
Please fill out for operator and all occupants involved Name (Last First Middle)  Address  AgeDOB  Sex Support Middle Sex Plos System Status Switch Code Code Status Code  AgeDOB  Sex Support Middle System Status Switch Code Code Status Code  Please Select One of the Following:  AgeDOB  Sex Man DoB/Ager  Set MA DoB/Ager  Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL  Veh Year 2003 Veh Make TOYT Veh Config. 2 20  Operator OTERO KIDANY  Operator OTERO KIDANY  Address 31 BONAVESTA  City LYNN State MA Zip 01905 City State Zip  Insurance Company COMMERCE INS  Vehicle Travel Direction: X Sew Violation 2: Ch Sec Underride/Override  Vehicle Travel Direction: X Sew Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Address  AgeDOB Sex Plos Support Status Switch Code Code Status Code St	2	1			35 8 7 6												
Please Select One of the Following:    Vehicle 2								Sea Sea			9 30 Eject	31 Trap	32 Injury Tra	ansp.		-	
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				operator and all			Age/DOB		6 27 st Safety 2 s. System	28 29 Airbag Airba Status Swi	ag Eject	31 Trap e Code	Injury I'r:	ansp.	Facility		



KEVIN DURICKAS 10/26/2021 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date