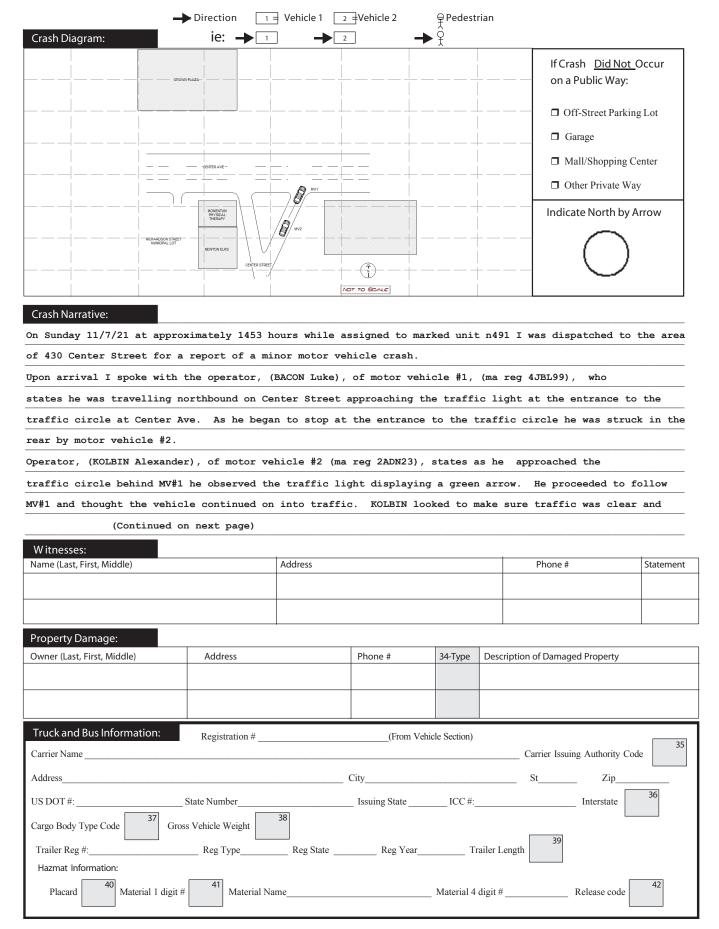
|                       | Poli   | ice Use Only   |  | Commonwo                              | ealth     | of Mass  | sach  | use                            | etts                          |                             |                        | RMV                   | V Doc                  | umen       | t Number                                  |          |
|-----------------------|--|--|--|---------------------------------------|-----------|--|---|--------------------------------|-------------------------------|-----------------------------|------------------------|-----------------------|------------------------|------------|---|----------|
|                       | Date of Crash<br>11/07/2021  | Time of Crash<br>14:53   | City/I<br>NEWTON   | Moto Moto                             | r Vel     | nicle Cr   | ash   |                                | mber                          | Numb                        |                        | ed Limi<br>tude _     |                        | S1<br>L    | tate Police<br>ocal Police<br>IBTA Police | N<br>Xi  |
|                       | 11/07/2021   | 24HR   |  | P                                     |           | Report   |   | 2                              |                               | 0                           | 2000                   | gitude_               |                        | O          | ther:                                     |          |
|                       | AT INTERSECTION: <   |  |  |                                       |           | OCATION > NOT AT INTERSECT   |   |                                |                               |                             | ECT                    | ION:                  | _ 2                    |            |   |          |
|                       | NOR  | TH CENTR   | RE ST  |                                       |           |  |   |                                |                               |                             |                        |                       |                        |            |   | 2        |
| $1 \\ 1$              | Route# Direc   | Route# Direction Name of Roadway/Street  |  |                                       |           | Route# Direction Address # Name of Roadway/Street                      |   |                                |                               |                             |                        | eet                   | 2 10                   |            |   |          |
|                       | EAST CENTER AVE  Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with |  |  |                                       |           | Feet NSEW of • or  |   |                                |                               |                             |                        |                       |                        |            |   |          |
|                       |  |  |  |                                       |           | Mile Marker Exit Number  |   |                                |                               |                             |                        |                       |                        | _          |   |          |
|                       |  |  | Feet N S E W of Route# Intersecting Roadway/Street   |                                       |           |  |   |                                |                               |                             |                        | 1                     |                        |            |   |          |
| 2<br><b>1</b>         | Route# Direc   | tion   |  | Feet N S E W of                       |           |  |   |                                |                               |                             |                        |                       | 2                      |            |   |          |
| 3                     |  |  |  | Landmark                              |           |  |   |                                |                               |                             |                        |                       | ┪                      |            |   |          |
|                       | X Vehicle 1  | #Occupants   | Hit/Ru   | Moped Ca                              | se Number | :  |   | 210000                         | 00913                         |                             |                        |                       |                        |            |   |          |
|                       | Sex M Lic Class D 18 18 Lic Restrictions B CDL   |  |  |                                       |           | 4JBL99   |   |                                |                               | Reg T                       | pe_PA                  | N                     | Re                     | eg Stat    |   |          |
|                       |  |  |  |                                       |           | Veh Year 2019 Veh Make NISSAN Veh Config. 20                           |   |                                |                               |                             |                        |                       |                        |            |   |          |
| <sup>4</sup> 3        | Operator BAC   | Operator BACON LUKE ISAAC  Last First Middle Middle  |  |                                       |           |  | Owner (Same as operator)  Last First Middle |                                |                               |                             |                        |                       |                        |            |   | 1111     |
| 3                     | Address 40 UN  | Address 40 UNION STREET  City BLACKSTONE State MA Zip 01504                                |  |                                       |           |  | Address                                     |                                |                               |                             |                        |                       |                        |            |   |          |
|                       | City BLACKS  |  |  |                                       |           |  | City State Zip                              |                                |                               |                             |                        |                       |                        |            |   |          |
|                       | Insurance Company PLYMOUTH ROCK ASSURAMCE  |  |  |                                       |           | Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three) |   |                                |                               |                             |                        |                       |                        |            |   | e)       |
| 5<br><b>1</b>         | Vehicle Travel   | Direction: N   | S X W Res  | sponding to Emergency? N              | _ Event   | Sequence 1   |   | 22                             | 22                            | 22 2                        |                        | 3                     |                        | <b>(4)</b> |   |          |
|                       | Citation # (If I   | ssued)   |  |                                       | Most      | Harmful Event  | 1   | 23                             |                               | 1                           | <b>+</b>               | 9                     | $\left( \cdot \right)$ |            | 10 Undercarris<br>11 Totaled              | age      |
| 6                     | Violation  | 1: ChSec   | c Violatio   | on 2: ChSec                           | Drive     | r Contributing   | L   | 1                              | 24                            | 24<br>8                     |                        | VŢ                    | $\sum$                 | ၂<br>စ     |   |          |
| <sup>6</sup> 1        |  |  |  | n 4: ChSec                            | Under     | rride/Override   |   |                                | Towed                         | <u>N</u>                    |                        |                       |                        |            |   |          |
|                       |  | Please fill out for operator and all occupants involved  Name (Last First Middle)  Address |  |                                       |           |  |   |                                |                               |                             |                        |                       | Medical Facilit        | y <b>1</b> |   |          |
|                       | Operator   | Operator See Above   |  |                                       |           |  | -   |                                | 1 4                           | 4 4                         | 0                      | 0                     | 10                     | 1          | NONE                                      |          |
|                       |  |  |  |                                       |           |  |   |                                |                               |                             |                        |                       |                        |            |   |          |
|                       |  |  |  |                                       |           |  |   |                                |                               |                             |                        |                       |                        |            |   |          |
|                       |  |  |  |                                       |           |  |   |                                |                               |                             |                        |                       |                        |            |   |          |
| 7_                    | Please Select C  | )ne 🕶  |  | T                                     |           | 14   | 15  |                                | 1                             | 6                           |                        | 17                    |                        |            |   |          |
| 7                     |  | of the Following: Vehicle 2 2 # Occupants Non-Motorist A Type  License # St MA DOB/Age     |  |                                       |           | Action Loc   |   |                                | ocation Condition             |                             |                        |                       | Hit/Run Moped          |            |   | ed       |
|                       | License#   |  |  |                                       |           | Reg # 2ADN23 Reg Type PA   |   |                                |                               |                             |                        |                       |                        |            |   |          |
|                       | Sex_M Lic. Class D 18 18 Lic. Restrictions 19 CDL  |  |  |                                       |           | Veh Year 2017 Veh Make SUBARU  |   |                                |                               |                             |                        |                       | Veh Config. 20 1       |            |   |          |
| <sup>8</sup> <b>3</b> |  | Operator KOLBIN ALEXANDER Endorsment  Last First Middle                                    |  |                                       |           |  | Owner (Same as operator)  Last First Middle |                                |                               |                             |                        |                       |                        |            |   |          |
|                       | Address 2 CLA  | _ Addre  | Address  |                                       |           |  |   |                                |                               |                             |                        |                       |                        |            |   |          |
|                       | City BOSTON  | 1  | City_  | CityStateZip                          |           |  |   |                                |                               |                             |                        |                       |                        |            |   |          |
|                       | Insurance Com  | Vehic  | Vehicle Action Prior to Crash  2 21  Damaged Area Code: (Circle Up to Three)  Event Sequence  1 22 22 22 22  3 4 |                                       |           |  |   |                                |                               |                             |                        | e)                    |                        |            |   |          |
|                       | Vehicle Travel   | Event  |  |                                       |           |  |   |                                |                               |                             |                        |                       |                        |            |   |          |
|                       |  |  |  |                                       |           |  |   |                                |                               | 10 Undercarri<br>11 Totaled | age                    |                       |                        |            |   |          |
|                       | Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 24 7 6                      |  |  |                                       |           |  |   |                                |                               |                             |                        |                       |                        |            |   |          |
|                       | Violation 3: ChSec Violation 4: ChSec Underride/Override Towed N                                 |  |  |                                       |           |  |   |                                |                               |                             | 7 6                    |                       |                        |            |   |          |
|                       | Pl<br>Name (Last Fi  | ease fill out for  |  | Age/DOB                               | Sex       |  | 27<br>Safety A<br>System                    | 28 2<br>irbag Air<br>Status Sw | 9 30<br>bag Eject<br>itch Cod | Trap<br>le Code             | 32<br>Injury<br>Status | 33<br>Transp.<br>Code | Medical Facili         | ty         |   |          |
|                       | Operator/  | Non-Motorist   |  | See Above                             |           |  | -   |                                | 1                             | 4 4                         | 0                      | 0                     | 10                     | 1          | NONE                                      |          |
|                       | SZPEKMAN,  | ABIGAIL, LAUF  | DENI   | 5 PHEASANT HILL RD<br>ANTON, CT 06019 |           |  | F   | 3                              | 1 4                           | 4                           | 0                      | 0                     | 10                     | 1          | NONE                                      |          |
|                       |  |  |  |                                       |           |  |   |                                |                               |                             |                        |                       |                        |            |   |          |
|                       |  |  |  |                                       |           |  | +   |                                |                               |                             |                        | +                     |                        |            |   | $\dashv$ |



| -                           | Direction          | _1     | nicle i     | 2 #Vehicle 2  | ₹ Pedesti            | rian                            |  |                  |  |  |
|-----------------------------|--------------------|--------|-------------|---------------|----------------------|---------------------------------|--|------------------|--|--|
| Crash Diagram:              | ie: →[             | 1      | →[          | 2             | <b>→</b> ♀ ·         |                                 |  |                  |  |  |
| Crash Diagram:              | ie: ->             |        | <b>→</b>    |               | → Ŷ                  |                                 | If Crash Did Not on a Public Way:  Off-Street Parking Garage Mall/Shopping Company Other Private Was Indicate North by A | ng Lot<br>Center |  |  |
|                             |                    | -11-1  |             |               |                      |                                 |  |                  |  |  |
| then proceeded forward no   |                    |        |             |               | riking the v         | enicie                          | in the rear. There   | were no          |  |  |
| injuries due to this accid  | dent and neith     | er veh | icle ws     | towed.        |                      |                                 |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
| Witnesses:                  |                    | 1      |             |               |                      |                                 |  | - C              |  |  |
| Name (Last, First, Middle)  |                    | Add    | ress        |               |                      |                                 | Phone #  | Statement        |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
| Property Damage:            |                    |        |             |               |                      |                                 |  |                  |  |  |
| Owner (Last, First, Middle) |                    |        | Phone #     | 34-Type       | Descripti            | Description of Damaged Property |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
| Truck and Bus Information:  | Registration #_    |        |             | (Fron         | n Vehicle Section)   |                                 |  |                  |  |  |
| Carrier Name                |                    |        |             | (1101         | , in the second of   |                                 | Carrier Issuing Authority Code 35  |                  |  |  |
| l                           |                    |        |             |               |                      |                                 |  |                  |  |  |
| Address                     |                    |        |             | _ City        |                      |                                 | St Zip   |                  |  |  |
| US DOT#:                    | _ State Number     |        |             | Issuing State | ICC #:_              |                                 | Interstate   | 36               |  |  |
| Cargo Body Type Code 37 Gro | oss Vehicle Weight | 38     |             |               |                      |                                 |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 | 39   |                  |  |  |
| Trailer Reg #:              | Reg Type           | F      | Reg State _ | Reg Ye        | ear Tr               | ailer Lengt                     | h  |                  |  |  |
| Hazmat Information:         |                    |        |             |               |                      |                                 |  |                  |  |  |
| Placard 40 Material 1 digit | # 41 Material      | Name   |             |               | Material 4           | digit#                          | Release code   | 42               |  |  |
|                             |                    |        |             |               |                      | <u> </u>                        |  |                  |  |  |
|                             |                    |        |             |               |                      |                                 |  |                  |  |  |
| ALAN JR RICHARD SOLOMAN.    |                    |        |             |               | NEWTON POLICE DEPART | N                               | 11/07/2  | 2021             |  |  |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)