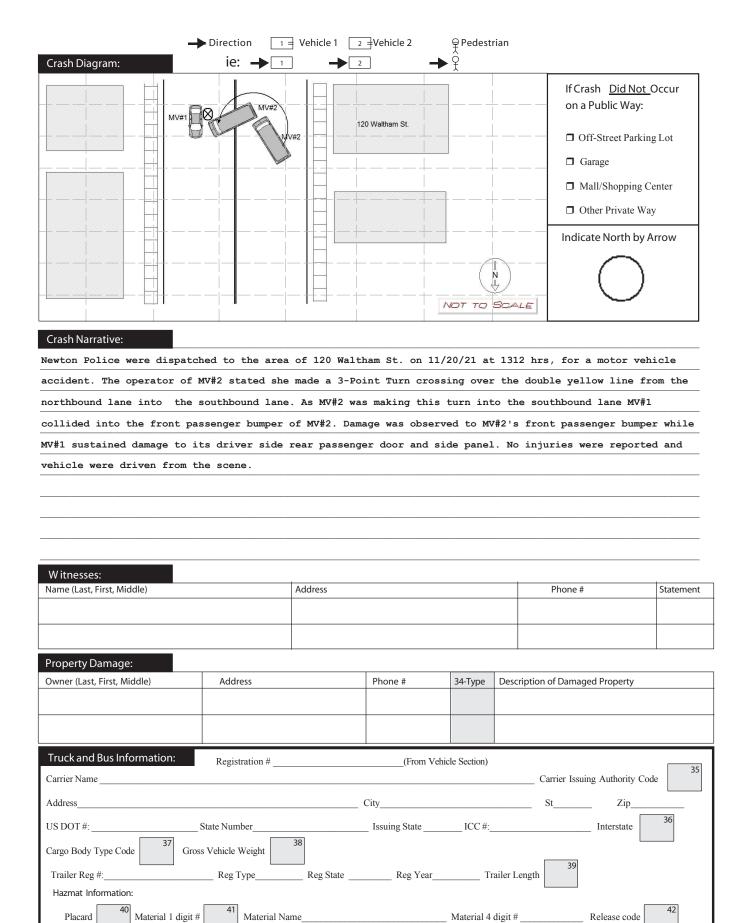
| | Poli | ice Use Only | | Comm | onweal | th o | f Mass | ach | uset | ts | | RM | V Docu | ıment | Number | | |
|----------------|---|---|-------------|------------|-----------------|---|---|--------------------------------------|----------------------------|---------------------|-------------------------------|--------------------------------|-----------|--------------------------|---|----------|--|
| | Date of Crash 11/20/2021 | Time of Cras 13:12 | NEWTON | Γown | Motor \ Poli | | cle Cra Report | sh | Numb Vehic 2 | | ured La | eed Lim titude _ ngitude | | Stat Loc MB Oth | te Police cal Police BTA Police ner: | XI D | |
| | | | | | | LOCATION > NOT AT INTERSECTION | | | | | | | | ON: | 2 | | |
| | | | | | | | SOUTH 121 WALTHAM ST | | | | | | | | | | |
| 1 1 | Route# Direction Name of Roadway/Street At | | | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | t | _ 2 | | |
| | | | | | | Feet NSEW of or or Mile Marker Exit Number | | | | | | | | | | | |
| | Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | | | Feet NSEW of Route# Intersecting Roadway/Street | | | | | | | | | | |
| 2 1 | 1 | | | | | Feet NSEW of | | | | | | | | | | | |
| 3 | Route# Direction Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street | | | | | Landmark | | | | | | | | | | \dashv | |
| | XVehicle1 | umber 2100000961 | | | | | | | | | | | | | | | |
| | License # St MA DOB/Age | | | | | Reg # 2SAM51 Reg Type PAN Reg State MA | | | | | | | | | | | |
| | Sex_F Lic. Class D Lic. Restrictions 1 CDL | | | | | Veh Year 2016 Veh Make HONDA Veh Config. 20 | | | | | | | | | | | |
| 4 1 | Operator KOUMANTZELIS BETH A | | | | | Owner (Same as operator) Last First Middle | | | | | | | | | | | |
| | Address 473 WALTHAM ST | | | | | Address | | | | | | | | | | | |
| | City NEWTON State MA Zip 02465 Insurance Company COMMERCE INSURANCE | | | | | City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | | | |
| 5 | 1 | Vehicle Travel Direction: NXEW Responding to Emergency? N | | | | | | Event Sequence 1 22 1 22 22 22 2 3 4 | | | | | | | | | |
| | Citation # (If I | _ | | | | Most H | armful Event | 1 2. | 3 | | 1 4 | 9 | | | 0 Undercarri 1 Totaled | age | |
| 6 | Violation | 1: Ch | Sec Violati | on 2: ChSe | c | Driver (| Contributing C | | 99 24 | 24 | | | 1 | 0 | 1 Totaled | | |
| ⁶ 1 | Violation 3: ChSecViolation 4: ChSec | | | | | | Underride/Override Towed N | | | | | | | | | | |
| | Please fill out for operator and all occupants involved Name (Last First Middle) Address | | | | | | Age/DOB | | | tem Status | 29 Airbag Eje Switch Co | 30 31 ect Trap de Code | Injury Tr | ransp. | Medical Facilit | y 1 | |
| | Operator | | | See . | Above | | | | 99 | 9 4 | 0 | 0 | 10 | 1 | | _ | |
| | | | | | | | | | | | | | | \dashv | | _ | |
| | | | | | | | | | | | | | | \rightarrow | | | |
| 7 | | | | | | | | 7.5 | | 10 | | 15 | | | | | |
| 1 | Please Select One of the Following: Vehicle 2 1_# Occupants Non-Motorist A Type | | | | | 14 | Action | Loc | eation | 16 C | ondition | 17 | Пн | lit/Run | Море | ed | |
| | License# St RI DOB/Age | | | | | Reg # V21850 Reg Type CON Reg State MA | | | | | | | | | _ | | |
| | Sex F Lic. Class D 18 18 Lic. Restrictions D 19 CDL Endorsment | | | | | | Veh Year 2019 Veh Make RAM PROMOAS Veh Config. 20 | | | | | | | | | | |
| 8 1 | Operator TORO YATCHIRA MARY Last First Middle | | | | | | Owner AMAZON Last First Middle | | | | | | | | | | |
| | Address 312 ROBINSON ST (apt. 3) | | | | | Address 940 RIDGEBROOK RD | | | | | | | | | | | |
| | City WOONSOCKET State RI Zip 02895 | | | | | City SPARKS State MD Zip 21152 Vehicle Action Prior to Crosh Damaged Area Code: (Circle Up to Three) | | | | | | | | | | e) | |
| | Insurance Company OLD REPUBLIC INSURANCE Vehicle Travel Direction: N X E W Responding to Emergency? N | | | | | venicle Action Filor to Clash 8 | | | | | | | | | | | |
| | Citation # (If Issued) | | | | | Most Harmful Event 1 23 | | | | | | | | | | | |
| | Violation 1: ChSec Violation 2: ChSec | | | | | Driver Contributing Code 6 24 24 5 11 Totaled | | | | | | | | | | | |
| | Violation 3: ChSecViolation 4: ChSec | | | | | Underride/Override 25 Towed N 8 7 6 | | | | | | | | | | | |
| | Please fill out for operator and all occupants involved Name (Last First Middle) Address | | | | | | Age/DOB | Sex | 26 Seat Safe Pos. Sy | 27 28 ety Airbag | 29 Airbag Eje Switch C | 30 31 Frap ode Code | | ransp. Code | Medical Facili | tv | |
| | | Non-Motoris | t | | Above | | Age/DOB | | 99 | | 0 | 0 | | 1 | | | |
| | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | \dashv | |



 DANIEL SOHN
 NEWTON POLICE DEPARTM
 11/20/2021

 Police Officer Name (Please Print)
 Signature
 ID/Badge # Department
 Precinct/Barracks
 Date