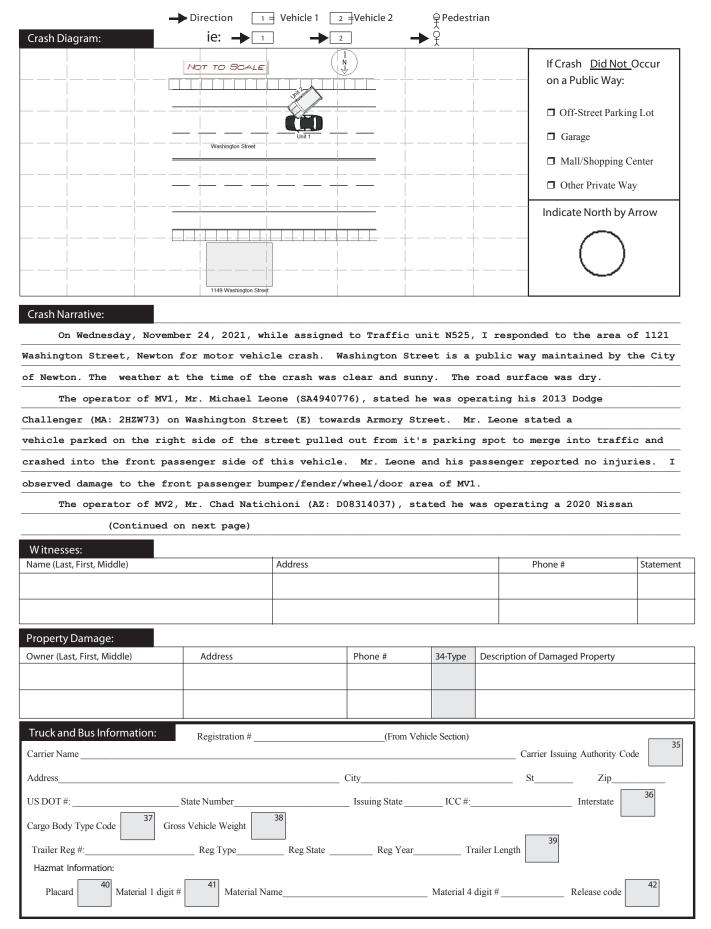
	Poli	ce Use Only		Commo	nwealth	ı of	Massa	ach	use	etts			I	RMV	Docu		it Number	
	Date of Crash 11/24/2021	Time of Crash 13:06	City/ NEWTON	Town M	lotor V	ehicl	e Cra	sh		mber hicles	Nun Inju			Limit de		St	tate Police ocal Police IBTA Police	N X
	11/24/2021	24HR	NEWTON		Police	e Re	port		2		0			tude_			ther:	
[AT INTER	SECTION	<	LOC	CATIO	N	>			N	OT A	T I	NTE	RSF	ECT	ION:	
							EAST	11	121		WAS	SHING	TON	ST				ŀ
	Route# Directi	ion	Name	of Roadway/Street		Rout	te# Direction	on A	ddress	s #			Name	e of Ro	oadwa	ıy/Stre	eet	
\dashv				At			Feet N	N S E	w c	of –			• _	— с	or			ŀ
-	Route# Direct	tion N	Jame of Intersec	ting Roadway/Street		- -			_		Mil	le Marke	er			E	xit Number	_
- [tersection with		_	Feet N	N S E	W o	of	Rou	ıte#	Int	ersect	ing Rc	padwa	y/Street	-
						_ -	Feet	N S E	W o	of		-			- 2		J.	
4	Route# Directi	ion	Name of Inter	secting Roadway/Stree	t									Lane	dmark			\dashv
	Wehicle 1	2_#Occupants	Hit/Ru	n Moped	Case Num	ber		2	210000	00988								
7	License#		St 1	MA DOB/Age	Re	eg#2HZ					Reg	Type P	PAN		Re	or Stat	te_MA	ヿ
	Sex_M Lic. C	7lass D 18		19			2013	Ve		1-0 DO					— Ke		20	-
- 1		NE Last		Endors			EONE			EANET	ГТЕ				Venc	Оппь		}
	Addrage 121 A	Last LBEMARLE RD	First)	Middle	Δ.	Adrace 12	Las 21 ALBEMA	T ARLE F	RD.		First				Midd	île		_
	City NEWTON			State MA Zip 02458		Address 121 ALBEMARLE RD. City NEWTON State MA Zip 02465							02465	-				
	-	pany THE COM		StateZip		Walinka Anting Pring to Const. 21 Damaged Area Code: (Circle Up									ee)			
	·			esponding to Emergence						22		e _	·6··	0		4		,
	Citation # (If Is		2 X M	sponding to Emergent			acrice 1	23						\perp			10 Undercarri	riage
		-		2. Cb Soo			nful Event	1	2.	24	24	1	•	9			11 Totaled	
				on 2: ChSec on 4: Ch Sec			ntributing Co	ode 25	1		NT NT	8		7	<u> </u>	6		
\dashv				cupants involved	Un	iderride/	Override			Towed		29	30	31	32	33 Fransp.	Π	4
-	Name (Last First			Addre			Age/DOB		Pos. \$		28 Airbag A Status S			Code S	Status (Code	Medical Facilit	ity
-	Operator			See Abo							4	99 0	-			1	N/A	_
	NIELSEN, JUL	IAN	I .	NEWTON, MA 02460				M	3	1 4	4	99 0)	0	10	1	N/A	
																		\neg
	Please Select O		2 <u>3</u> #Occupa	ants Non-Motor	data Tyma	14		15	-tion	1	[6] Co	lition		17		Hit/Ru	I Mon	
	of the Followin	ng: Verificie	.2 <u>3</u> # Occup	ants Non-iviolor	ISTA Type	P	Action	Loc	cation			ondition			<u> </u>	∃II/nu	un Mop	eu
	License#	18 18	St_	AZ DOB/Age	Re	eg# <u>7BH</u>		Reg Type PAN						Reg State MA			_	
- 1	Sex_M_ Lic. C	Class D	Lic. Restricti			eh Year_2	.020	Ve	eh Mal	ke_NIS	SSAN	1			Veh C	Config		
	Operator NAT	Last	CHAD	ENRICO Middle	Ov		ATICHION Las	st		AULA	First				Midd	dle		_
\dashv	Address 4046 N	N SILVER RIDG	GE CIRCLE		Ad	ddress _50	KITTRED	GE RC	OAD									_
	City MESA			State AZ Zip 85207	7 Cit	ty_FRAN	MINGHAM	1						State_	MA	_Zip_	01702	_
	Insurance Comp	pany_THE COM	MERCE		Ve	ehicle Ac	ction Prior to) Crash	ı	6 21		Dama	iged A	Area (Code:	(Circ	le Up to Thre	ee)
	Vehicle Travel I	Direction: N	S X W	Responding to Emergen	ncy? <u>N</u> Ev	vent Sequ	ience $\begin{bmatrix} 1 \end{bmatrix}^2$	22 2	22	22	22	0	$\overline{}$	3	$\overline{}$	4		
	Citation # (If Is	ssued) 203616AB	<u> </u>		Mo	ost Harm	nful Event	1 2.	3		_ (n	_ `	9		- 1	10 Undercarri 11 Totaled	iage
	Violation	n 1: Ch <u>19/75</u> See	ec Viola	tion 2: ChSec_	Dr	river Con	ntributing Co	ode	19 2	24	24		•/	廾]"	TT Tourieu	
	Violation	n 3: ChSec	ec Viola	tion 4: ChSec_	Ur	nderride/	Override	25	5 T	owed_	Y	0		7		6		
ľ			operator and	all occupants involve					26 Seat	27 Safety A	28 Airbag	29 Airbag E	30 Eject T	31 Trap I		33 Fransp.		\neg
H	Name (Last Fire Operator/N	rst Middle) Non-Motorist		Addr See Abo			Age/DOB	Sex	Pos.	System	Status 4	Switch 0	Code	Code	Status 10	Code 1	Medical Facil	lity
	1							\perp			_						<u> </u>	-
	NATICHIONI	STEPHANIE		046 N SILVER RIDGE	CIRCLE			E	2	, l	4	00 0		0	10	1	N/A	
:	NATICHIONI,	STEPHANIE	ı	1046 N SILVER RIDGE MESA, AZ 85207 1046 N SILVER RIDGE				F	3	1 4	4	99 0) (0	10	1	N/A	\dashv



	Direction	1 Vehicle 1	2 #Venicie 2	₽Pedestr	ian	
Crash Diagram:	ie: →	1 -	2	→Ŷ		
						Crash <u>Did Not</u> Occur a Public Way:
						,
		_				Off-Street Parking Lot
	i	<u> </u>				Garage
						Mall/Shopping Center
						Other Private Way
		 -	 	 		
	j				Ind	icate North by Arrow
				++		
		 -	 			
						\mathbf{O}
Crash Narrative:					-	
	time of the co-	ach Mr. Nach				
Rogue (MA:7BH214) at the						
Washington Street in the						
Eastbound travel lane of	_					
passed. MV1 had the rig						
and stated he was at fa						_
responded and removed th	e vehicle from t	the roadway.	No injurie	s were repo	rted by Mr. N	Matichioni and his
passengers.						
As a result of the	collision, Mr.	Natichioni	was cited w	rith Massachu	setts Uniform	Citation 203616AB
for Newton City Ordinanc	e Chapter 19, Se	ection 75 (Fa	il to Use C	are).		
Witnesses:						
Name (Last, First, Middle)		Address			Phone	# Statem
Property Damage:	Adduss		Dl #	24 T	Description of Descri	d Duran auto
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property
<u> </u>						
Truck and Bus Information:	Pagistration #		(From	n Vehicle Section)		
Carrier Name			(110)	ii veilicie section)	Carrier Is	suing Authority Code
			G:4			
						36
US DOT #:	State Number	38	Issuing State	:ICC#:_		Interstate
Cargo Body Type Code	Gross Vehicle Weight	30				1
Trailer Reg #:	Reg Type	Reg State _	Reg Y	ear Tra	ailer Length 39	
Hazmat Information:						I
Placard 40 Material 1 dig	git # 41 Material N	Name		Material 4	digit #	Release code 42
MICHAEL R GAUDET			•	NEWTON POLICE DEPARTS		11/24/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)