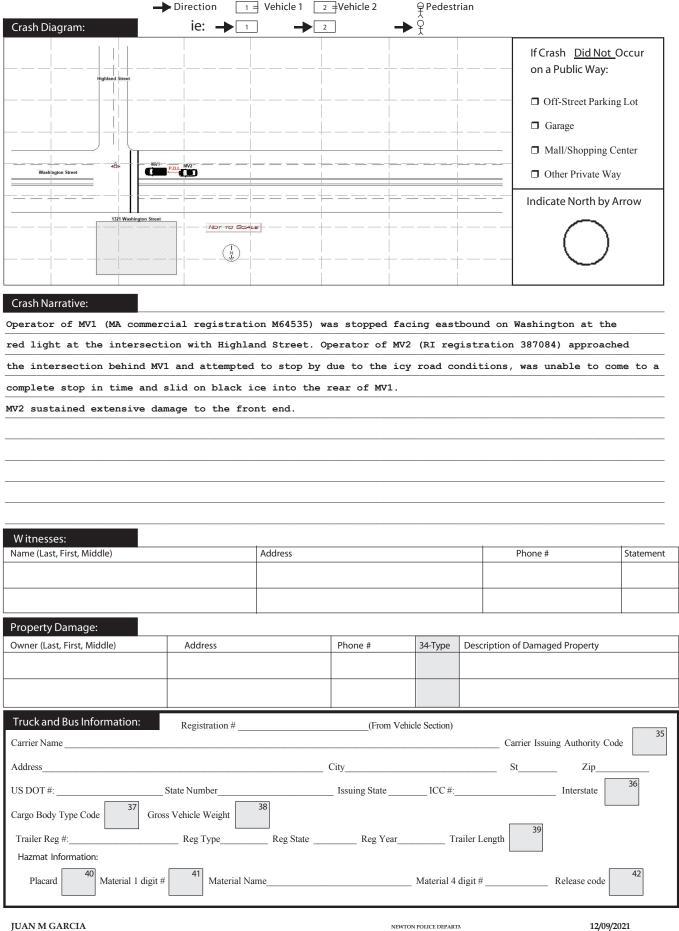
|                       | Poli   | ice Use Only                            |                      | Commonwe                            | alth o   | of Massa   | achu  | setts                            |                               |                                 | RMY                          | V Docun                       | nent Number   |         |  |
|-----------------------|--|---|----------------------|-------------------------------------|----------|--|---|----------------------------------|-------------------------------|---------------------------------|------------------------------|-------------------------------|---|---------|--|
|                       | Date of Crash<br>12/09/2021  | Time of Crash<br>07:47<br>24HR          | NEWTON               | MIOTO                               |          | icle Cra<br>Report   | sh [  | Number<br>Vehicles<br>2          |                               | d Lati                          | ed Limi<br>tude _<br>gitude_ |                               | State Police<br>Local Police<br>MBTA Police<br>Other: | Xi<br>O |  |
|                       |  |   |                      |                                     |          | LOCATION > NOT AT INTERSECTION:  |   |                                  |                               |                                 |                              |                               | CTION:  |         |  |
|                       |  |   |                      | 16 EAST 1321 WASHINGTON ST          |          |  |   |                                  |                               |                                 |                              |                               |   |         |  |
| 1<br><b>1</b>         | Route# Direc   | Route# Direction Name of Roadway/Street |                      |                                     |          |  | Route# Direction Address # Name of Roadway/Street |                                  |                               |                                 |                              |                               |   |         |  |
|                       | At   |   |                      |                                     |          | Feet NSEW of or  |   |                                  |                               |                                 |                              |                               |   |         |  |
|                       | Route# Direction Name of Intersecting Roadway/Street   |   |                      |                                     |          | Mile Marker Exit Number  |   |                                  |                               |                                 |                              |                               |   |         |  |
|                       | Also at Intersection with  |   |                      |                                     |          | Route# Intersecting Roadway/Street   |   |                                  |                               |                                 |                              |                               |   |         |  |
| <sup>2</sup> <b>2</b> | Route# Direction Name of Intersecting Roadway/Street   |   |                      |                                     |          | Feet NSEW of   |   |                                  |                               |                                 |                              |                               |   |         |  |
| 3                     | Name of Intersecting Koadway/Street  |   |                      |                                     |          | Landmark   |   |                                  |                               |                                 |                              |                               |   |         |  |
| 4                     | XVehicle1  | #Occupants                              | Hit/Rur              | Moped Cas                           | e Number |  | 210   | 0001030                          |                               |                                 |                              |                               |   |         |  |
|                       | License#St MA_DOB/Age  |   |                      |                                     |          | Reg # M64535 Reg Type CON Reg State MA   |   |                                  |                               |                                 |                              |                               |   |         |  |
|                       | Sex M Lic Class D Lic Restrictions 1 CDL   |   |                      |                                     |          | Veh Year 2016 Veh Make FORD Veh Config. 2  |   |                                  |                               |                                 |                              |                               |   |         |  |
| 4                     | Operator NO  | VICK                                    | ROBERT               | Endorsment<br>MICHAEL               |          | INTRUM CO  |   |                                  | First                         |                                 |                              | Middle                        |   | - 1     |  |
| 3                     | Address 21 BARBER STREET (apt. A) Hirst Middle   |   |                      |                                     |          | SS 180 WELLS   | it  |                                  | First                         |                                 |                              | Middle                        |   | ₋├      |  |
|                       | City MEDWAY State MA Zip 02053   |   |                      |                                     |          | City NEWTON State MA Zip   |   |                                  |                               |                                 |                              |                               |   |         |  |
|                       | Insurance Company_THER TRAVELERS INDEMNITY CO.   |   |                      |                                     |          | Vehicle Action Prior to Crash  2 Damaged Area Code: (Circle Up to Three)   |   |                                  |                               |                                 |                              |                               |   |         |  |
| 5<br><b>1</b>         | Vehicle Travel   | Direction: N                            | S X W Res            | sponding to Emergency? N            | Event    | Sequence 1   | 22 22   | 22                               | <b>22</b> 2                   |                                 | 3                            |                               | 4   |         |  |
|                       | Citation # (If I   | ssued)                                  |                      |                                     | Most I   | Harmful Event  | 1 23  |                                  |                               | _                               | 9                            | $\langle   \   \  $           | 10 Undercari 11 Totaled                               | riage   |  |
|                       | Violation  | 1: ChSec                                | c Violatio           | n 2: ChSec                          | Driver   | Contributing Co  | ode 1   | 24                               | 24                            |                                 | VÍ                           |                               | o 11 Totaled  |         |  |
| <sup>6</sup> <b>4</b> | Violation  | 3: ChSec                                | Under                | 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 Po  | 26 27<br>at Safety<br>s. \$ystem | 28<br>Airbag Air<br>Status Sw | 29 30<br>bag Eject<br>tch Code  | ) 31<br>Trap<br>c Code       | 32<br>Injury Tra<br>Status Co | 33<br>insp.<br>ide Medical Facil                      | ity 1   |  |
|                       | Operator   | st Wildle)                              |                      | See Above                           |          |  |   | 1                                | 4 99                          |                                 | 0                            | 10 1                          |   | ,       |  |
|                       |  |   |                      |                                     |          |  |   |                                  |                               |                                 |                              |                               |   |         |  |
|                       |  |   |                      |                                     |          |  |   |                                  |                               |                                 |                              |                               |   |         |  |
|                       |  |   |                      |                                     |          |  |   |                                  |                               |                                 |                              |                               |   |         |  |
| 7<br><b>3</b>         | Please Select C  | IX Vehicle                              | e2 <u>1_</u> #Occupa | nts Non-Motorist A T                | vne 1    | 4 Action 1   | Locati  |                                  | 16 Con-                       | dition                          | 17                           | ☐ Hit                         | t/Run Mor   | ped     |  |
|                       | or the Following:  |   |                      |                                     |          | DAGG DE  |   |                                  |                               |                                 |                              |                               | _   |         |  |
|                       | License # St RI DOB/Age St DOB/Age   |   |                      |                                     |          | Reg # 387084 Reg Type PASS Reg State RI  |   |                                  |                               |                                 |                              | State RI 20                   | -   |         |  |
| 0                     | Sex_F Lic. Class D Lic. Restrictions 1 CDL Endorsment Operator ALEGBELEYE HANNAH IBUKUNOLUWA   |   |                      |                                     |          | Veh Year 2008 Veh Make TOYOTA Veh Config. 1  |   |                                  |                               |                                 |                              |                               |   |         |  |
| <sup>8</sup> 2        | Last First Middle  |   |                      |                                     |          | Owner (Same as operator)  Last First Middle  |   |                                  |                               |                                 |                              |                               |   |         |  |
|                       | Address 70 WOOD STREET (apt. 19)   |   |                      |                                     |          | Address  |   |                                  |                               |                                 |                              |                               |   |         |  |
|                       | City PAWTUCKET State RI Zip 02860  |   |                      |                                     |          | CityStateZip   |   |                                  |                               |                                 |                              |                               |   |         |  |
|                       | Insurance Company MAIN STREET AMERICA PROTECTION   |   |                      |                                     |          | Vehicle Action Prior to Crash  2  Damaged Area Code: (Circle Up to Three)  Count Country Count |   |                                  |                               |                                 |                              |                               |   |         |  |
|                       | Vehicle Travel Direction: NSXW Responding to Emergency?N                                       |   |                      |                                     |          | Event Sequence 1 22 22 22 22 22 21 10 Undercarriage  |   |                                  |                               |                                 |                              |                               |   |         |  |
|                       | Citation # (If Issued)   |   |                      |                                     |          | Most Harmful Event 1 9 5 11 Totaled  |   |                                  |                               |                                 |                              |                               |   |         |  |
|                       | Violation 1: ChSec Violation 2: ChSec  |   |                      |                                     |          | Driver Contributing Code 1   |   |                                  |                               |                                 |                              |                               |   |         |  |
| 1                     | Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved |   |                      |                                     |          | ride/Override  |   | Towed                            | _N_                           |                                 | ) 31                         | ] 32                          | 33  |         |  |
|                       | Name (Last Fi  | rst Middle)                             | operator and a       | Address                             |          | Age/DOB  | Sex Po  | 26 27<br>at Safety<br>os. System | 28<br>Airbag Air<br>Status Sv | 29 30<br>bag Eject<br>vitch Cod | 31<br>Trap<br>de Code        | Injury Tra                    | ode Medical Faci                                      | ility   |  |
|                       | Operator/  | Non-Motorist                            |                      | See Above                           |          |  |   | 1                                | 4 99                          | 0                               | 0                            | 10 1                          |   |         |  |
|                       |  |   |                      |                                     |          |  |   |                                  |                               |                                 |                              |                               |   |         |  |
|                       |  |   |                      |                                     |          |  |   |                                  |                               |                                 |                              |                               |   |         |  |
|                       |  |   |                      |                                     |          |  |   |                                  |                               |                                 |                              |                               |   |         |  |



CDP1 11 ·24·00

Police Officer Name (Please Print)