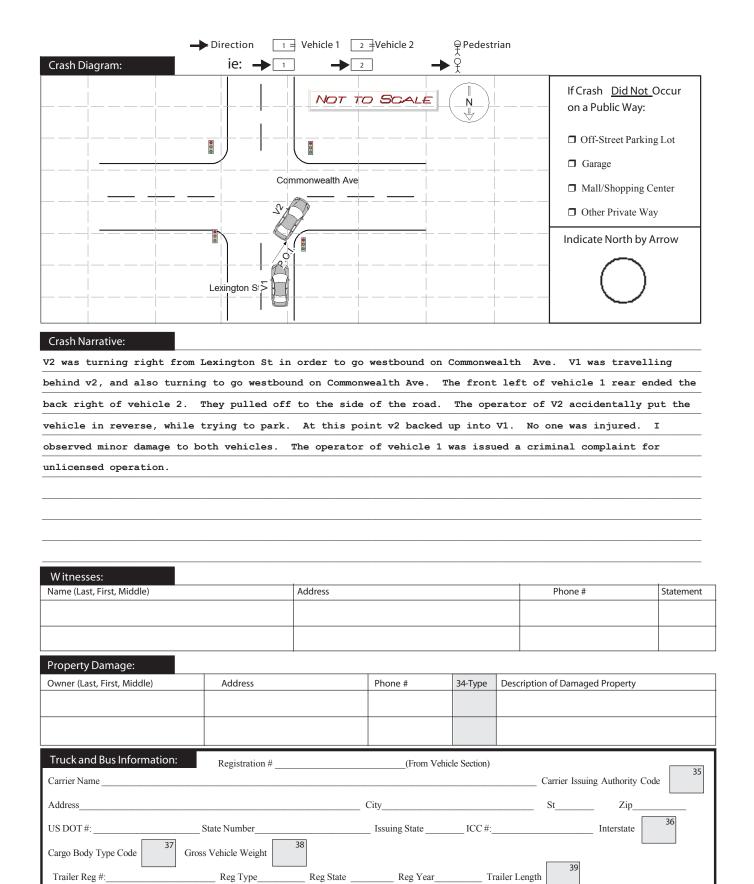
	Poli	ice Use Only		Commo	onweal	th o	f Massa	achı	ıset	ts	Г	RM	IV Doc	umen	t Number			
	Date of Crash 12/14/2021	Time of Crash 17:17	City/T NEWTON	own	Motor '	Vehi	icle Cra	sh	Numl			Speed Lin		Si	tate Police ocal Police IBTA Police	N N		
	14142021	24HR	NEWTON				Report		2	0		Longitude		O	ther:			
		AT INTER	RSECTION:		< Lo	OCAT	TION	>		N	OT A	T INT	ERS	ECT	ION:			
	WEST	т сомм	ONWEALTH A	VE												<u> </u>		
1 3	Route# Direct	tion	Name o	f Roadway/Street		F	Route# Direction	on Ac	ldress #	<i>‡</i>		Name of	Roadw	ay/Stre	eet	_		
		LEXING	GTON ST	At			Feet []	N S E	W of			. •	or			<u> </u>		
	Route# Direction Name of Intersecting Roadway/Street						Feet NSEW of or Exit Number											
	Also at Intersection with						Feet NSEW of Route# Intersecting Roadway/Street											
2 1						-	Feet [N S E	W of				8		,	2		
	Route# Direction Name of Intersecting Roadway/Street						Landmark											
3	XVehicle1	#Occupants	Hit/Rur	Moped	Case N	umber		2	100001	048								
	License#		St N	IA DOB/Age		Reg#2	2DYF13			Re	Type	PAN	R	eo Stat	e MA			
	Sex_M Lic. Class 99 18 18 Lic. Restrictions 9 CDL						Reg # 2DYF13 Reg Type PAN Reg State MA Veh Year Veh Make HONDA Veh Config. 1											
4	Operator FRE	•	GERALDO		rsment								_ venv	Coming		-		
3	Address 12 KF	Last ENDALL AVE (a	Owner (Same as operator) Last First Middle Address										- L					
				toto MA Zin 012	702		s							7in		-		
	City FRAMINGHAM State MA Zip 01702 Insurance Company FOREMOST						Action Prior to			21					le Up to Thr	_		
5	Vehicle Travel Direction: N S E N Responding to Emergency? N							22 22 22	2 22		2		3	4	¥			
1		ssued) T2080113		sponding to Emerge			requence 1	23	<u> </u>						10 Undercarr	riage		
	,			n 2: ChSec_			Iarmful Event	1	_ 24	24	1	-	9	5	11 Totaled			
⁶ 1				n 4: ChSec_			Contributing Co	25	5 24	1 N	0		,	6				
1						Underr	ide/Override	T		owed N 27 28 fety Airbag	29	30 3 Eject Trap	32 Injury	33		_		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	Pos. \$ys		29 Airbag Switch	30 3 Eject Trap Code Code	Injury Status	Transp. Code	Medical Facili	ity		
	Operator			See A	bove				9	9 4	99	0 0	10	1		in three) arriage cility 1 cility 1 arriage		
⁷ 2	Please Select C of the Followi		2 <u>1</u> #Occupa	nts Non-Mot	orist A Type	14	4 Action 1	Local	ation	16	onditio	n 17		Hit/Ru	ın Mop	oed		
	License #		Reg#5	SPEJ40		Reg Type PAN				Reg State MA								
	License # St MA DOB/Age Sex M Lic. Class D					-		h Maka					20					
8	Sex_M Lic. Class D Lic. Restrictions B CDL Endorsment Operator CLEMENTS JOSPEH						Veh Year 2011 Veh Make TOYOTA Veh Config. 1 Owner (Same as operator)											
2	Operator Last First Middle Address 12 EASTVIEW RD						Las	it		Fir	st		Mic	idle		-		
	Address In East VIEW RD City HOPKINTON State MA Zip 01748					Address												
							CityStateZip Vahiela Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)											
	Insurance Company GEICO Vehicle Travel Direction: N. S. F. W. Responding to Emergency 2 N						Action Prior to	22 22	2 22		2			4	op to Time			
	Vehicle Travel Direction: N S E X Responding to Emergency? N					Event Sequence 1 10 Undercarriage												
	Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec						Most Harmful Event 1 1 9 5 11 Totaled											
							Contributing Co	ode 25	99	, NT	8	<u> </u>	<u> </u>) 6				
١	Violation		operator and a	on 4: ChSecS		Underr	ide/Override		Tov	wed N	29	30 3 Eject Trap	.] .32	33		_		
	Name (Last Fi		operator and a		ldress		Age/DOB		26 Seat Sat Pos. Sy	27 28 fety Airbag ystem Statu	29 Airbag Switch	30 Trap Code Cod	Injury e Status	Transp.	Medical Faci	ility		
	Operator/	Non-Motorist		See A	bove				9	9 4	99	0 0	10	1				
									+				+					



TIMOTHY ROCHE
Police Officer Name (Please Print)
Signature

Newton Police Departm
Percinct/Barracks
Date

Material 4 digit #____

Release code

Hazmat Information:

Material 1 digit #

Material Name

Placard