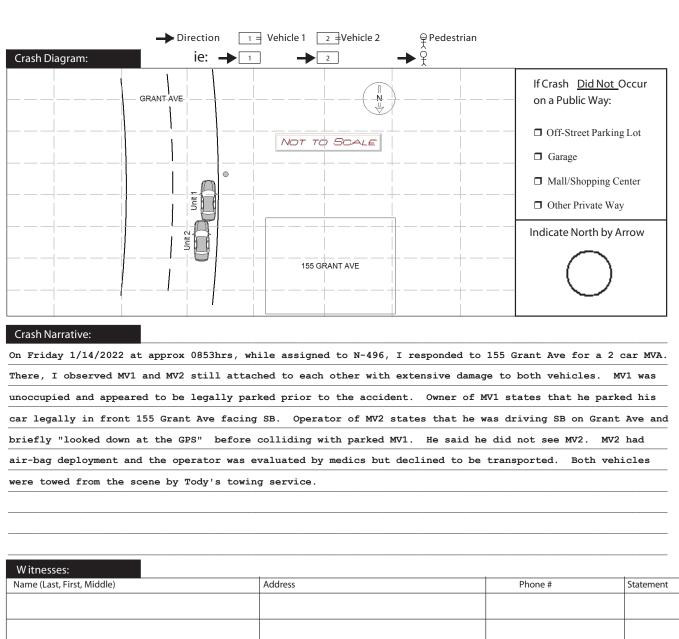
| License # - St MA DOB/Age Reg # 795RR6 Reg Type PAN Reg State MA | | Polic | e Use Only | | Comn | nonweal | lth o | f Massa | achu | ısett | S | | RM | V Docui | ment Numb | oer |
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| Please fill out for operator and all occupants involved Address AgeDOB Sex Pos. System State MA Address AgeDOB Sex Pos. System State State AgeDOB S | | | - | | on 2: Ch Se | ec | | L | | 24 | 24 | 1 | • 9 | $\langle \cdot $ | 11 Total | led |
| Please fill out for operator and all occupants involved Name (Last First Middle) Address AgeDOB Sex Pos. System Stants Words Expert Blank Sounds Code Code Status Code Code Status Code | | | | | | | | ٦ | | L | red Y | 8 | 7 | | ် စ | |
| Please Select One of the Following: License # — St MA DOB/Age — Reg # 3NYX61 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2017 Veh Make AUD1 Veh Config. 2 20 Operator PAPADIMITRIOU PETER A Endorsment Address 6 MARTIN RD City WESTON State MA Zip 02493 City BOSTON State MA Zip 02493 City BOSTON State MA Zip 02135 Insurance Company COMMERCE INS Vehicle Travel Direction: NXEW Responding to Emergency?N Event Sequence 2 22 22 22 22 22 22 22 23 4 10 Undercrariage 5 11 Totaled Please fill out for operator and all occupants involved Name class First Middle Address Sasa Markey Arbig First First Middle Sasa Name (Last First Middle Address) Sasa Markey Arbig First First Print Middle Address Sasa Markey Arbig First Print Sasa Name (Last First Middle Address Sasa Markey Arbig First First Print Sasa Name (Last First Middle Address Sasa Markey Arbig First First Print Sasa Name (Last First Middle Address Sasa Markey Arbig First First Print Sasa Name (Last First Middle Age/DOB Sasa Markey Arbig First First Print Sasa Name (Last First Middle Age/DOB Sasa Markey Arbig First First Print Sasa Name (Last First Middle Age/DOB Sasa Markey Arbig First First Print First Middle Age/DOB Sasa Markey Arbig First First Print First Middle Age/DOB Sasa Markey Arbig First First Print First Middle Medical Facility. | | | | | | | Ondern | lac/override [| <u> </u> | | | 29 | 30 31 | 32 | 33 | |
| Please Select One of the Following: December First Middle | Name | (Last First | | | | Address | | | Sex 1 | | m Status \$ | witch C | ode Code | Status C | ode Medical | Facility |
| of the Following: X Vehicle 2 1 #Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped License # St MA DOB/Age Reg # 3NYX61 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2017 Veh Make AUDI Veh Config. 2 Operator PAPADIMITRIOU PETER A Middle Address 6 MARTIN RD Address 585A WASHINGTON ST City WESTON State MA Zip 02493 City BOSTON State Ma Zip 02135 Insurance Company COMMERCE INS Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: NX E W Responding to Emergency? N Event Sequence 2 22 22 22 22 22 22 22 22 22 22 22 22 | | регатог | | | 366 | Above | | | | | | | | 10 1 | • | |
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| Vehicle Travel Direction: N E W Responding to Emergency? Event Sequence 2 | Insura | nce Comp | any_COMMER | CE INS | | | Vehicle | Action Prior to | Crash | 1 | 21 | Dama | iged Area | Code: (| Circle Up to | Three) |
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| Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 Violation 3: ChSec Violation 4: ChSec Underride/Override | Citatio | on # (If Iss | sued) | | | | Most H | armful Event | 2 23 | | (|) _ | _ \ | $\langle \cdot \cdot \rangle$ | | |
| Violation 3: ChSec Violation 4: ChSec Underride/Override | | Violation | 1: ChSe | ec Viola | ion 2: ChS | Sec | Driver | Contributing Co | ode : | 19 24 | 24 | | | | | |
| Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility | | Violation | 3: ChSe | ec Viola | ion 4: ChS | Sec | Underr | ide/Override | 25 | Towe | ed_Y | 8) | 7 | | 6 | |
| | NT. | | | operator and a | | | | A or /DOD | | | 7 28 y Airbag | 29 irbag E | | Injury I r | ansp. | 1 Engility |
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| Witnesses: | | | | | | | | |
|-------------------------------|-------------------|-----------|---------------|--------------|----------|-----------------|------------------|-----------|
| Name (Last, First, Middle) | | Address | | | | Phone # | | Statement |
| | | | | | | | | |
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| | | | | | | | | |
| Property Damage: | | | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Туре | Descr | iption of Damag | jed Property | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vehic | cle Section) | | | | |
| Carrier Name | | | ` | · · | | Carrier Issui | ing Authority Co | 35 de |
| Address | | | City | | | St | Zip | |
| US DOT #: | State Number | | Issuing State | ICC #:_ | | | Interstate | 36 |
| Cargo Body Type Code Gros | ss Vehicle Weight | 38 | | | | 20 | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tr | ailer Le | ength 39 | | |
| Hazmat Information: | | | | | | | | |
| Placard 40 Material 1 digit # | 41 Material Nar | ne | | Material 4 | digit#_ | | Release code | 42 |
| VEVIN DUBICVAS | _ | | | V BOVICE DEB | | | 01/14/ | 2022 |

| KEVIN DURICKAS | | NEWTON POLICE DEPARTM | 01/14/2022 | | |
|------------------------------------|-----------|-----------------------|------------|-------------------|------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |
| CDD1 11 2400 | | | | | |