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City BROCK		AT TINION EID		02301		OMERVI				21				_		_Zip_	le Up to Thi	-
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LU, OLIVER,	TSINGYAN	1	NEWTON, MA	02466				M	11	99	4	99	0	0	10	1	N/A	
LUCKETT, K	YLE		0 CENTRAL CI NEWTON, MA	LOSE				M	11	99	4	99	0	0	10	1	N/A	
Please Select 0 of the Followi	I Vehicle	e# Occupa	ants Non-	-Motorist A Type	14	Action	15	Loc	ation	1	Co	onditio	n	17		Hit/Ru	ın Mor	oed
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Operator	Last	First		Endorsment	Owner _		Last				First				Mic	ldle		_
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Operator	/Non-Motorist		Se	ee Above														

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1					Sec Sec		Contribution Contr	_	25	Towe	ı N	8		7	<u> </u>) ₆		
╁		fill out for opera				Ondern	ide/Overri	le	26 Seat			29 Airbag	30 Eject	31 Trap	32 Injury	33 Transp.		
F	Name (Last First Operator				Address See Above		Age/DC)B S	ex Pos.	System	Status	Switch	Code	Code	Status	Code	Medical Facili	ity
 -	MARINOFF, R	ZAYNA			RN STREET			F	11	99	4	99	0	0	10	1	N/A	
-				NEWTON, 57 EVERG	, MA REEN AVENUE												N/A	
	MATSUYASU,	,		NEWTON,	, MA MONWEALTH AVENUI	E (apt 1-6)		F		99	4	99	0	0	10	1		
╁	NAIR, RYANN				, MA 02466			F	11	99	4	99	0	0	10	1	N/A	
	Please Select O of the Followir	I Vehicle	e#Occup	ants	Non-Motorist A Typ	pe 14	Action	15	Location	n	16 C	onditio	on	17		Hit/Ru	un Mop	ed
J	License#		St_	D(OB/Age	Reg#_					Reg	у Туре			R	eg Stat		
1	Sex Lic. (Class 18 1	Lic. Restrict	ons	19 CDL	Veh Ye	ear		_ Veh M	ake					Veh	Config	g. 20	
7	Operator	Last	First		Endorsment	Owner		Last			Firs	t			Mi	ddle		_
_	Address					Addres	ss											-
1	City			State	Zip	City_								State				-
П	Insurance Comp						e Action Pr	rior to C	Crash 22	22	22	Dan 2	naged	Area 3	Code	: (Circ 4	ele Up to Thre	ee)
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l				-	Sec		Contribution Contr		25	Towed		8	Ų	7		6		
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	Date of Crash 01/24/2022	Time of Crash	City	/Town	1 TM / II /														_
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⋠	Route# Direct	ion	Name of Inte	ersectin	g Roadway/Street										Lar	ndmar	k		
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ľ	License#		St	MA	DOB/Age	Reg#1	BU43164					Reg	у Туре	BUN	ſ	R	eg Stat	te_MA	
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4	Address 164 B	ARTLETT STRE	EET (apt. 2)		Middle		ро вох					Firs	t			Mie	ddle		
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4	Citation # (If Is	ssued) N/A				Most H	Harmful Ev	ent	2	23					9		5	10 Undercarr	iage
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Ť		ill out for opera	ator and all o	ccupar					_	26 Seat	27 Safety	28 Airbag	29 Airbag	30 Eject	31 Trap Code	32 Injury Status	33 Transp.		
f	Name (Last Firs	t Middle)			Address See Above		Age/DO		Sex	Pos.	System	Status	Switch	Code	Code	Status	Code	Medical Facili	ty
ŀ	NEEL, MADIS	ON			KLAND AVENUE				F	11	99	4	99	0	0	10	1	N/A	
ŀ	NORTON PEL	LETE			TON, MA RESCENT STREET					11	99	_	00	0	0	10		N/A	
-	NORTON, BEI	-EIE			ON, MA RESCENT STREET					11		4	99	0	0	10	1	_	
_	NORTON, CH	AKEBO			ON, MA					11	99	4	99	0	0	10	1	N/A	
4	Please Select O of the Followin	Vehicle	# Оссиј	pants	Non-Motorist A Type	2	4 Action	1:	5 Lo	cation		16 C	onditio	on	17		Hit/Ru	un Mop	ed
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	Sex Lic. C		Lic. Restric	tions	CDL	Veh Ye	ear		V	eh Ma	ke					Veh	Config		
	Operator	Last	First		Middle	Owner		Last	:			Firs	t			Mie	ddle		_
1	Address					Addres	SS												_
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ļ					: ChSec	Underr	ride/Overri	de [2		owed			1.00	/	1			
	Ple Name (Last Fir		operator and	all oc	cupants involved Address		Age/D	OB	Sex	26 Seat Pos.	27 Safety . System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	Transp. Code	Medical Faci	lity
		Non-Motorist			See Above														
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	Date of Crash 01/24/2022	Time of Crash 08:04	City/ NEWTON	Town	Motor				sh	Numbe Vehicle			Latit	d Limi ude _			tate Police ocal Police IBTA Police	X
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			71150 ut III	ciscotion	Willi				SEV	_	R	oute#	Iı	ntersec	ting R	Coadwa	y/Street	-
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Ī	XVehicle1	52 #Occupants	☐ Hit/Ru	n [Moped Case	Number			220	00068								\Box
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	License#	18 18	18		OB/Age		BU43164					eg Type					te MA	-
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	Operator DOC	Last ARTLETT STRI	First		Middle		EASTER PO BOX	Last	COM		Fi	rst			Mi	ddle		-
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(OCONNELL, I	KILLIAN		37 OAKL NEWTO	AND STREET N, MA				M 11	99	4	99	0	0	10	1	N/A	
I	PLUMMER, CA	AITLIN		304 CENT	TRAL STREET				F 11	99	4	99	0	0	10	1	N/A	
Ţ	RAGHAVEND	DRA. RITU		2300 COM	MONWEALTH AVENUE	E (apt 3-6)			11	99	4	99	0	0	10	1	N/A	\dashv
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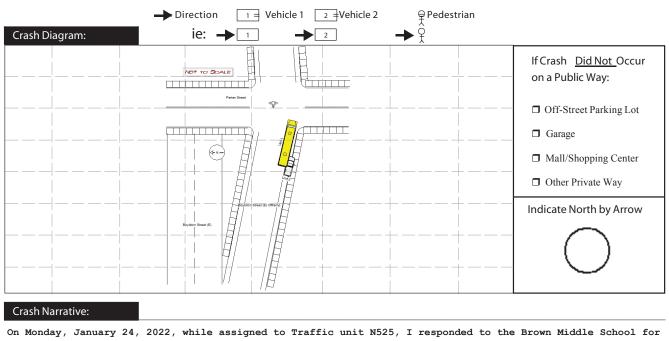
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			rator and all oc			Ondern	Ide/Overi	ide _					29 Airbag	30 Eject	31 Trap	32 Injury	33 Transp.		
	e (Last Firs Operator	t Middle)			Address See Above		Age/D		Sex		System	Status	Switch	Code	Code	Status	Code	Medical Facil	ity
	ΓANA, GA	ABRIFI			S AVENUE					11	99	4	99	0	0	10	1	N/A	
				NEWTON 2320 COM	N, MA IMONWEALTH AVENUE	(apt 1-1)												1	
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SONO	G, EMMA	, ZIYING			NE STREET N, MA 02466				F	11	99	4	99	0	0	10	1	N/A	
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Opera	ator	Last	First		Endorsment	Owner		Lasi	t			Firs				Mie	ddle		_
	ess						'S												_
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Nan	Ple ne (Last Fir		r operator and	all occup	pants involved Address		Age/l	DOB	Sex		27 Safety . System	28 Airbag Status	29 Airbag Switch	Eject Code	31 Trap Code	32 Injury Status			ility
О	Operator/N	Non-Motorist			See Above														

Date of Crash 01/24/2022	Time of Crash														cumen		
04-4-0	08:04	City/ NEWTON	Town	Motor				sh	Numb Vehic		Numbe Injured	Lati	ed Lim tude _			tate Police ocal Police IBTA Police	XI
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1			At			F	eet N	SE	W of	_		•	·	or			_
Route# Dire	ection N	Name of Intersec	ting Roadway/St	reet	<u> </u>		. 37	lelel			Mile N	1arker			Е	xit Number	-
		Also at In	tersection with		- -			SE		=	Route#	<u> </u>	Intersec	ting R	Roadwa	y/Street	-
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Koute# Bire	etion	- Name of filter	seeting Roadway	y/Bireet									La	ndmar	·k		Н
X Vehicle	1 <u>52</u> #Occupants	Hit/Ru	n Moj	ped Case N	Number			22	000068	3							
License#		St		e_ 	Reg#_	BU43164					Reg Ty	pe_BU	N	R	eg Sta	te MA	_
Sex_M Lic.	Class B 18 1	Lic. Restrict	ons E 19	CDL P	Veh Ye	ear_2018		Veh	Make	THO	OMAS			Veh	Config	g. 4 20	
Operator DO		ADRIANO	A 1	Endorsment		EASTER	Last	S COM	1		First			Mi	ddle		_
Address 164	BARTLETT STRI	EET (apt. 2)			Address	S PO BOX	X 514										_
City BROCK	TON		State_MAZip	02301	City_St	OMERVI	LLE						_ State	MA	Zip	02143	_
Insurance Con	mpany NATIONA	AL UNION FIR	E		Vehicle	Action P	rior to	Crash	3	21	I	amage	d Area	Code	e: (Circ	le Up to Thr	ee)
Vehicle Trave	el Direction: N	S X W	esponding to En	nergency?_N	Event S	Sequence	2 22	22	22	-	22 2		3	$\overline{}$	(4)		
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Violatio	n 3: ChSec	Violati	on 4: Ch	Sec	Underri	ide/Overri	de	25	То	wed_	N 8		7		6		
Please Name (Last F	fill out for opera	ator and all oc	cupants involve	ed Address		Age/D0	ОВ	Sex P	26 Safos. Sys	27 ety Air tem St	28 2 rbag Airb atus Swit	9 30 ag Eject ch Code	31 Trap Code	32 Injury Status	Transp. Code	Medical Facil	ity
Operato			Se	ee Above													
SONG, JIYU	N		2300 COMMON NEWTON, MA	WEALTH AVEN	UE			1	1 99	4	99	0	0	10	1	N/A	
SZETO, ISAI	BELLA		2310 COMMONW NEWTON, MA	EALTH AVENUE	(apt 2-3)			F 1	1 99	9 4	99	0	0	10	1	N/A	
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Please Select	One 👝		AUBURNDALE,		14		15			16			17				
of the Follow	Vehicle	e# Occup	ants Non-	Motorist A Type	e	Action		Loca	tion		Conc	ition		Ч	Hit/Ru	un Mor	ed
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City			StateZip		City								_	:			_
Insurance Cor	mpany				Vehicle	Action P				21		amage				le Up to Thr	ee)
Vehicle Trave	l Direction: N	SEW	Responding to Er	nergency?	Event S	Sequence	22		22	2	22 2		3		4	10 Undercar	iane
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	on 3: ChSe				Underri	ide/Overri	de		Tov			0 20	/	1 22		1	
Name (Last	lease fill out for	operator and	all occupants in	nvolved Address		Age/D	ОВ		26 Z eat Saf Pos. Sy	ety Air	∠o 2 rbag Airb Status Sw	9 30 ag Eject tch Cod	31 Trap le Code	32 Injury Status			lity
Operator	/Non-Motorist		Se	ee Above				-				\perp					
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	lice Use Only			nonweal				_								t Number	
Date of Crash 01/24/2022	Time of Crash 08:04	City/1 NEWTON	own	Motor					Numbe Vehicle			Latitu	l Limi ıde			tate Police ocal Police IBTA Police	X
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	AT INTER	RSECTION:		< L	OCAT	ION	>	·		N	TOI	AT 1	INTE	ERS	ECT	ION:	
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]	<u> </u>	N. CI.	. D. 1	/G	-	Fe	et N	SEV	V of								
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	fill out for opera				Cildein	Tace o verrie		Se	26 2' at Safet		29 Airbag	30 Eject	31 Trap Code	32 Injury Status	33 Transp.		
Name (Last Fi			Se	Address ee Above		Age/DO		Sex Po	s. \$yste	m Status	Switch	Code	Code	Status	Code	Medical Facil	ity
-		2	10 GROVE STR						-	1	00			10	_	N/A	
WEISS, OLIV	EK		NEWTON, MA	г				M 11	99	4	99	0	0	10	1	-	
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YAN, CHLOR	3		9 GROVE STRE IEWTON, MA	EET (apt 8)				F 11	. 99	4	99	0	0	10	1	N/A	
Please Select of the Follow	I Vehicle	e# Occupa	nts Non-I	Motorist A Type	2 14	4 Action	15	Locat	ion	16	Conditio	on	17		Hit/Ru	un Mop	ed
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Insurance Con						Action Pr				21	Daı	maged	l Area	Code	: (Circ	le Up to Thr	ee)
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Name (Last F	/Non-Motorist		Se	Address e Above		Age/DO			os. Syst	em Stati	is Switch	Code	Code	Status	Code	Medical Faci	lity
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Date of Crash 01/24/2022	Time of Crash 08:04	City/I NEWTON	14100	tor Veh			$\mathbf{h} \mid_{V\epsilon}^{N\iota}$	umber chicles	Nun Inju		peed Lii atitude			State Police Local Police MBTA Police	X
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1			Ai		F6	eet N	S E W	of -			•	or _		2 2 2 1	_
Route# Dire	ction N		ing Roadway/Street		F,	net N	S E W	of	MI	le Mark	er		ŀ	Exit Number	_
1		Also at Int	ersection with						Rou	ite#	Inters	ecting l	Roadwa	ay/Street	-
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[V]	F2 #0		I Dv I								1	andma	rk		┪
Vehicle	1 <u>52</u> #Occupants			Case Number			22000	0068							_
License#	18 1	St	DOB/Age		BU43164					Type_I			Reg Sta	te MA	_
Sex_M_ Lic.	Class B	Lic. Restriction	ons E CDL P	t	ear_2018			ake_TI	HOM/	AS		Veh	Config		
Operator DO		ADRIANO	A Middle	Owner	EASTER	Last	COMI		First			M	iddle		-
	BARTLETT STR				SS PO BOX							3.5.			-
City BROCK			tate MA Zip 02301		SOMERVII						Sta				-
┪	npany NATIONA				e Action Pr	rior to (3 22	22	Dama 2		ea Cod	` _	cle Up to Thr	ee)
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Name (Last Fi	rst Middle)	ator and an occ	Address		Age/DO		Sex Pos.	27 Safety System	28 Airbag Status	Airbag E Switch C	30 3 ject Trap ode Cod	1 32 Injury e Status	Transp Code	Medical Facil	ity
Operator		2	See Above 360 COMMONWEALTH AV	VENUE (apt 2-4)				-				-		27/4	
ZEESHAN, H	AFSA	N	EWTON, MA			I	11	99	4	99 (0	10	1	N/A	
ZHOU, BRAN	NDON		I CENTRAL STREET (apt EWTON, MA	191)		N	М 11	99	4	99	0	10	1	N/A	
LITVAK, MA	YA, NICOLE		EVERGREEN AVENUE EWTON, MA 02466			F	11	99	4	99 (0	10	1	N/A	
Please Select of the Follow	I Vehicle	e# Occupa	1_	A Type	14 Action	15	Location	n	16 Co	ondition	1′	7 -	Hit/R	un Mop	oed
License#		St	DOB/Age	Reg#					Reg	Туре_		F	Reg Sta		
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Operator	Last	First	Endorsment	t Owner	r	Last			First			M	iddle		_
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Vehicle Travel	Direction: N	S E W	esponding to Emergency?	Event	Sequence	22		22	22	2		3	4	1011 1	
Citation # (If	Issued)			Most 1	Harmful Ev	ent	23		2.4	1	- \	9	5	10 Undercari 11 Totaled	ладе
Violatio	on 1: ChSe	ec Violat	on 2: ChSec	Driver	Contribution	ng Cod	e	24	24	8		\sum_{7}			
			on 4: ChSec	Under	ride/Overri	de _		Towed			20 -	1 20		1	
Name (Last F		operator and a	ll occupants involved Address		Age/D	ОВ	Sex Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Trap Code Co	1 32 Injury de Statu).	ility
Operator	/Non-Motorist		See Above			-									
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Date of Crash 01/24/2022	Time of Crash 08:04	City/ NEWTON	Town	Motor				sh		nber icles	Nun Inju	red I	Latitu	Limit de			tate Police ocal Police IBTA Police	X
	24HR				ice F				2		0			tude_		<u> </u>	ther:	_
	AT INTER	RSECTION		< L	OCAT	ION	>	>			N	OT A	T I	NTF	ERS	ECT	ION:	
Route# Direc	ction	Name	of Roadway/Stre	eet	R	loute# D	irection	n A	ddress	#			Nam	e of R	oadw	ay/Stre	eet	
1					-	F	eet N	SE	W o	f -	— —	le Mark	_ • .	(or		xit Number	_
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1		Also at III	ersection with				eet N		_		Rou	ite#	Int	tersect	ting R	oadwa	y/Street	-
Route# Direc	ction	Name of Inter	secting Roadway	y/Street	-	•			I °	1				Lan	dmar	k		_
X Vehicle 1	_52_#Occupants	☐ Hit/Ru	n Moj	ned G				_	20000									П
	*			cuse i	lumber				20000	68								
License#	18 1		19			3U43164						Type_					te MA	-
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Operator DO	Last BARTLETT STR	First	71	Middle		PO BO	Last	3 COI	VII		First				Mic	ddle		-
Address City BROCK		EET (up.: 2)	State MA 7	. 02301		OMERVI								Stat-	MA	7:	02143	-
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	fill out for opera	ator and all oc	upants involve						26 Seat	27 Safety	28 Airbag	29 Airbag	30 Eject	31 Frap	32 Injury	33 Transp.		
Name (Last Fin			Se	Address ee Above		Age/D)B	Sex	Pos. \$	System	Status 8	Switch	Code	Code	Status	Code	Medical Facil	ity
BRUNET, LIL	LIAN		34 AUBURN ST					F	11	99	4	99	0	0	10	1	N/A	
LIANG, BENJ	IAMIN	:	5 THURSTON					M	11	99	4	99	0	0	10	1	N/A	
			NEWTON, MA 1 ELLISON RO	AD													N/A	
ROSEN, KINI			NEWTON, MA		1/				11	99	4	99	0	0	10	1	IVA	
Please Select (of the Followi	I Vehicle	e# Occupa	nts Non-	Motorist A Type	14	Action	15	Loc	ation		Co	onditio	n	17		Hit/Ru	un Mor	oed
License#		St	DOB/Ag	ge	Reg#_						Reg	Type_			R	eg Stat		
Sex Lic.	Class 18 1	Lic. Restricti		CDL	Veh Yea	ar		Ve	h Mal	ке					Veh	Config	g. 20	
Operator	Last	First	I	Endorsment	Owner _		Last				First				Mic	ddle		_
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City			StateZip	·	City									State_		_Zip		_
Insurance Con	npany				Vehicle	Action P	rior to	Crash		21			aged		Code		le Up to Thi	ree)
Vehicle Travel	Direction: N	S E W	esponding to Er	nergency?	Event S	Sequence	22			22	22	2		3		4	10 Undercar	riaga
Citation # (If I	Issued)				Most H	armful Ev	ent	23	2	a 1 [24	1	_	9		- 1	11 Totaled	iiagc
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	on 3: ChS				Underri	de/Overri	de _		T	owed	28		30	31	32	33	1	
Name (Last F		operator and		Address		Age/I		Sex		27 Safety 2 System	Airbag / Status	29 Airbag Switch	Eject Code	31 Trap Code	32 Injury Status	Transp.		ility
Operator	/Non-Motorist		Se	ee Above														



On Monday, January 24, 2022, while assigned to Traffic unit N525, I responded to the Brown Middle School for a report of a crash involving a City of Newton contracted school bus. The school bus was involved in a crash on the Boylston Street (Rt.9) Eastbound offramp at Parker Street. Boylston Street and Parker Street are both public ways in the City of Newton. The weather at the time of the crash was clear and sunny. The road Surface was dry.

I spoke with Officer Durickas of the Newton Police Department in front of Brown Middle School. Officer

Durickas stated he witnessed a City of Newton contracted school bus sideswipe a National Grid contractor's

vehicle on the Boylston Street (E) offramp just before Parker Street. Officer Durickas stated the

school bus was filled with students headed to the Brown Middle School. Officer Durickas collected information

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	#	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Dama	ged Property	
Truck and Bus Information: Carrier Name			(From Vehic			Carrier Issu	uing Authority Coc	35 le
			·····				-	le
Carrier Name			City			St	Zip	le
Carrier NameAddressUS DOT #:	State Number		City			St	Zip	le
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le
Carrier Name Address US DOT #: Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le
Carrier Name	State Numberss Vehicle WeightReg Type	38 Reg State	City Issuing State	ICC #:	railer L	St	ZipInterstate	le

MICHAEL R GAUDET			NEWTON POLICE DEPARTM		01/24/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction	ı ⊨ Vehicle 1	2 =Vehicle 2	♀ Pedestrian	
Crash Diagram:	ie: →□	1 → [2	₽Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
		<u> </u>			☐ Off-Street Parking Lot
į		į	į į		☐ Mall/Shopping Center
		- 	++		☐ Other Private Way
			++ + +	+ +	Indicate North by Arrow
Crash Narrative:	hicle that was hi	t and escor	ted the school	bus to the Br	own Middle School.
At Brown Middle School,	I also spoke Pr	inciple Kim	Lysaght. The	48 students t	hat were on the school bus
were escorted to the au	ditorum of the so	chool by sta	ff on arrival.	They were al	l accounted for and evaluated
by the school nurse. N	o injuries were r	reported and	the students	were released	to attend classes. Brown
Middle School provided	me with a roster	of the stud	ents on the scl	hool bus at th	e time of the crash.
I spoke with the operat	or of the school	bus, Mr. Ad	riano Docanto	(S08942704). M	r. Docanto stated he was
operating a 2018 Thomas	School Bus (MA E	BUN: BU43164) at the time of	of the crash.	Mr. Docanto stated he
was attemtping to make	a right turn fro	om the Boyls	ton Street (E)	offramp onto	Parker Street, when the
rear passenger side of	his bus made cont	act with the	e front driver	side of a pic	k up truck parked on the right
(Continue	d on next page)				
W itnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type Desc	ription of Damaged Property
Truck and Bus Information:	_ =			ehicle Section)	Carrier Issuing Authority Code
Carrier Name					
Address US DOT #:					36
Cargo Body Type Code 37	Gross Vehicle Weight	38	issuing State	ICC#	Interstate
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer L	ength 39
Hazmat Information:					
Placard 40 Material 1 o	ligit # 41 Material 1	Name		Material 4 digit #	Release code 42

MICHAEL R GAUDET NEWTON POLICE DEPARTA 01/24/2022

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

	→ Direction 1	■ Vehicle 1	2 =Vehicle 2	Pedestrian	
Crash Diagram:	ie: 🕕 🛚 1	→	2	→ ♀	
					If Crash <u>Did Not</u> Occur on a Public Way:
		<u> </u>	<u> </u>		☐ Off-Street Parking Lot
				<u> </u>	☐ Garage
	į	į		į į	☐ Mall/Shopping Center
	- — — — — — —			 	Other Private Way
		 		<u> </u>	Indicate North by Arrow
				<u> </u>	
Crash Narrative:					
					to the rear passegner side
					ted by the City of Newton.
I spoke with the owner he is a contactor for N					
happened for a reported					
unoccupied on the Boyls					
Nowlan stated the rear					
approached Parker Stree	t. I observed da	mage to the	front drive	side door/fender/l	oumper area of MV2.
Photos were taken of bo	th vehicles and s	ubmitted to	the IT Bure	au.	
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:		-		-	
Owner (Last, First, Middle)	Address		Phone #	34-Type Descript	ion of Damaged Property
Truck and Bus Information:	Registration #		(F	- Waliala Castian)	
Carrier Name				n Vehicle Section)	Carrier Issuing Authority Code 35
Address					
US DOT #:					36
37	Gross Vehicle Weight	38			
Trailer Reg #:		Reg State	Reg V	ear Trailer Leng	39
Hazmat Information:	Reg Type	Reg State	Keg 1	m Hanci Leng	
Placard 40 Material 1 d	igit # 41 Material N	Jame		Material 4 digit #	Release code 42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

01/24/2022

Date

Precinct/Barracks

MICHAEL R GAUDET

Police Officer Name (Please Print)