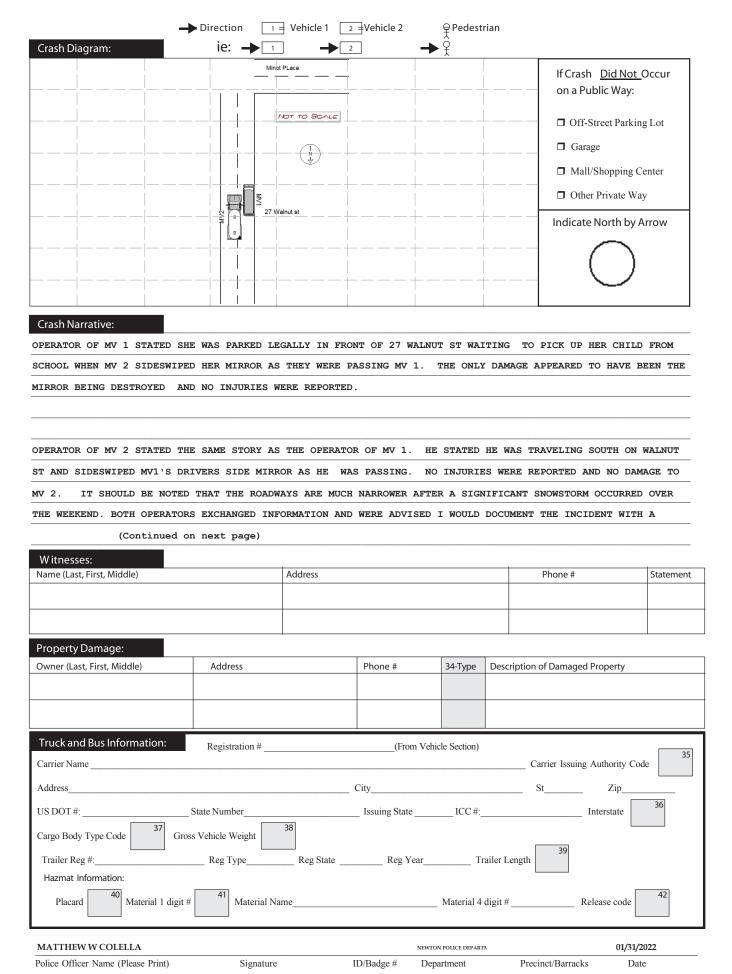
	Pol	ice Use Only		Commonw	ealth	of Mass	achı	usett	S		RM	V Docun	nent Number	
	Date of Crash 01/31/2022	Time of Crash 14:42 24HF	NEWTON	17100		hicle Cra Report	ash	Number Vehicle 2		ired La	eed Lim titude _ ngitude		State Police Local Police MBTA Police Other:	XI D
		AT INTE		LOCATION > NOT AT INTERSECTION:										
						SOUTI	н 27		WA	LNUT S	Γ			
1 1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street Feet NSEW of								
														-
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of								_
1						Route# Intersecting Roadway/Street Feet N S E W of								
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								
,	XVehicle1	_1_#Occupant	s Hit/Run	ase Numbe	r	2	2000088						╛	
	License # St MA DOB/Age					LV18590			Reg	Type_P	AS	Reg	State MA	_
	Sex_F Lic.	Class D	Lic. Restriction			Year 2017			FORD			_Veh Co		
4 1	Operator FUI	Last	NICOLE	Middle		THE SALVA		AR	Firs	t		Middle		- 1
	Address 65 FALMOUTH RD City NEWTON State MA Zip 02465					Address 25 SHAWMUT RD								
				City CANTON State MA Zip 02021 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)										
5	1	Insurance Company ZURICH AMERICAN Vehicle Travel Direction: N X E W Responding to Emergency? N					Event Sequence 1 22 22 22 22 3 4							
	Citation # (If I	ssued)			Most	Harmful Event	1 23	3		1 4	9	$\langle \ \ $	10 Undercarr 5 11 Totaled	riage
<u> </u>	Violation	1: ChSe	ec Violatio	n 2: ChSec	Drive	er Contributing C		1 24	24					
1		3: ChSe	Unde	Underride/Override										
	Please Name (Last Fir		erator and all occ	Address		Age/DOB		26 2' Seat Safet Pos. Syste	y Airbag m Status	29 Airbag Eje Switch Co	30 31 Frap de Code	32 Injury Tra Status Co	33 Insp. ode Medical Facili	_{ity} 1
	Operator			See Above				1	4	99 0	0	10 1		
7														
1	Please Select One of the Following: Whicle 2 1_# Occupants Non-Motorist A Type				Туре	14 Action 15 Location 16 Condition 17 Hit/Run 1						t/Run Mop	ed	
	License# St MA DOB/Age DOB/Age					Reg # L41408 Reg Type CON Reg State Marg						State MA	_	
	Sex_M_ Lic. Class D 18 B 18 Lic. Restrictions 1 19 CDL X Fundament					h Year 2006 Veh Make FREIGHT Veh Config. 13								
8 1	Operator GIPSON GARRETT Endorsment THEODORE Last First Middle					Owner LANE INC KERIVAN Last First Middle								
	Address 13 WOODFALL RD					Address 30 CHARLES ST								-
	City MEDFIELD State MA Zip 02052					City NEEDHAM State MA Zip 02494 Vehicle Action Prior to Creek 21 Damaged Area Code: (Circle Up to Three)								ee)
	Insurance Company IMPERIUM Vehicle Travel Direction: N X E W Responding to Emergency? N					venicie Action Phot to Classi 1 22 22 22 2 3 4								
	Citation # (If Issued)					Most Harmful Event 2 23								riage
	· `	7					Driver Contributing Code 19 24 24 5 11 Totaled							
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6								
		Please fill out for operator and all occupants involved me (Last First Middle) Address				Age/DOB Sex		26 27 28 Seat Safety Airbag Pos. System Status		29 Airbag Eje Switch C	30 31 Trap ode Code	Injury Tra	sp. de Medical Facilit	lity
		Non-Motorist		See Above				1	4	99 0	0	10 1		
									+					



CDP1 11 ·24·00

	Direction	1 =	Vehicle	1 [2 =Vehicle 2		Pedestr	ian		
Crash Diagram:	ie: →[1	-	→ [2	→	Ŷ			
Crasii Diagialii.							X		If Crash Did Not Coon a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	Lot
Crash Narrative:										
POLICE REPORT.										
Witnesses:										
Name (Last, First, Middle)			Address						Phone #	Statement
Property Damage:										
Owner (Last, First, Middle)	Address				Phone #		34-Type	Desc	ription of Damaged Property	
o mer (zasy msy maare)	7.00.035				1110110 #		5ypc	5 6 5 6	p.io or bamagea respecty	
Tours I are all Door In Comment's a										
Truck and Bus Information:		(From Vehicle Section)							35	
Carrier Name									Carrier Issuing Authority Code	e
Address					_ City				St Zip	
US DOT#:	State Number				Iccuing State		ICC#:		Interstate	36
27	Г		38		issuing state		100#		interstate	
Cargo Body Type Code	Bross Vehicle Weight								[
Trailer Reg #:	Reg Type_		Reg St	ate _	Reg Ye	ear	Tra	ailer L	ength 39	
Hazmat Information:			-							
40	41 Matania	1 3 7					Makedala	10. 22.79	p.1	42
Placard Material 1 dig	Materia	ıı ıvan	ne				iviaterial 4 (uigit #	Release code	
MATTHEW W COLELLA						NEWTON	POLICE DEPARTS		01/31/20)22

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)