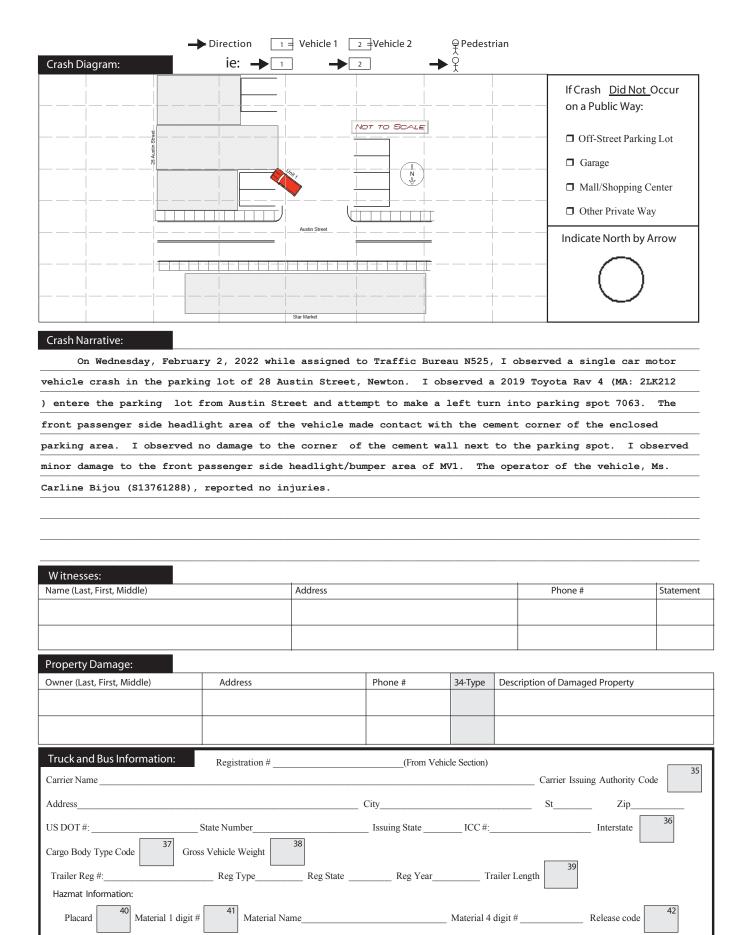
|          | Poli   | ice Use Only                   |                        | <u>Com</u> monweal        | lth o   | f Massa   | ach    | usett                       | S            |                    | RM                          | V Docur          | nent Number   |          |  |
|----------|--|--------------------------------|------------------------|---------------------------|---------|---|--------|-----------------------------|--------------|--------------------|-----------------------------|------------------|---|----------|--|
|          | Date of Crash 02/02/2022   | Time of Crash<br>13:34<br>24HF | NEWTON                 | Motor<br>Pol              |         | icle Cra<br>Report  | sh     | Numbe<br>Vehicle<br>1       |              | red La             | eed Limititude _<br>ngitude |                  | State Police<br>Local Police<br>MBTA Police<br>Other: | N<br>N   |  |
|          |  | AT INTE                        |                        | LOCATION > NOT AT INTERSE |         |   |        |                             |              | ERSE               | CTION:                      |                  |   |          |  |
|          |  |                                |                        |                           | EAS     |   |        |                             |              |                    |                             |                  |   |          |  |
|          | Route# Direction Name of Roadway/Street  At  |                                |                        |                           |         | Route# Direction Address # Name of Roadway/Street                           |        |                             |              |                    |                             |                  |   |          |  |
|          |  |                                |                        |                           |         | Feet NSEW of or<br>Mile Marker Exit Number                                  |        |                             |              |                    |                             |                  |   | -        |  |
|          | Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with                |                                |                        |                           |         | Feet N S E W of   |        |                             |              |                    |                             |                  |   |          |  |
|          |  |                                |                        |                           |         | Feet [  | N S E  | W of                        | Rou          | te#                | Intersec                    | ting Roa         | dway/Street   | 3        |  |
| <u> </u> | Route# Direction Name of Intersecting Roadway/Street   |                                |                        |                           |         |   |        |                             |              |                    | La                          | ndmark           |   |          |  |
|          | XVehicle1  | _1_#Occupants                  | s Hit/Run              | Moped Case N              | lumber  |   | 2      | 2000099                     |              |                    |                             |                  |   |          |  |
|          | License#   |                                | St MA                  | DOB/Age                   | Reg#2   | 2LK212  |        |                             | Reg          | Type PA            | AN                          | Reg              | State_MA  |          |  |
|          | Sex_F Lic.   | 18                             |                        | 1 19 CDL                  |         | ar 2019   |        |                             |              |                    |                             |                  | 20  |          |  |
| _        | Operator BIJO  |                                | CARLINE                | Endorsment                |         | (Same as ope  |        |                             | First        |                    |                             | Middle           |   | -   :    |  |
| 1        | Address 32 NEWMAN ROAD (apt. 3)  |                                |                        |                           |         | Las   |        |                             |              |                    |                             | iviidale         |   | _  -     |  |
|          | City MALDEN State MA Zip 02148   |                                |                        |                           |         | CityStateZip  |        |                             |              |                    |                             |                  |   |          |  |
|          | Insurance Company STANDARD FIRE  |                                |                        |                           |         | Vehicle Action Prior to Crash  4 21 Damaged Area Code: (Circle Up to Three) |        |                             |              |                    |                             |                  |   |          |  |
|          | Vehicle Travel   | Direction: N                   | Respond                | ling to Emergency? N      | Event S | Sequence 23   |        |                             | 22           | <b>O</b>           | 3                           |                  | 4   |          |  |
|          | Citation # (If I   | ,                              |                        |                           | Most H  | armful Event  | 23 23  |                             | 24           | 1                  | 9                           |                  | 10 Undercarr<br>5 11 Totaled                          | age      |  |
| 2        |  |                                |                        | ChSec                     |         | Contributing Co   | ode 25 | 97 24                       |              | 8                  | 7                           |                  | 6   |          |  |
|          | Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved |                                |                        |                           |         | ide/Override  |        | Tow<br>26 27<br>Seat Safety | ed N         | 29 3               | 30 31<br>ect Trap           | 32<br>Injury Tra | 33<br>ansp.   | $\dashv$ |  |
|          | Name (Last Fir   |                                |                        | Address See Above         |         | Age/DOB   | Sex    | Pos. Syste                  | n Status S   | witch Co           | de code                     | Blatus CC        | Medical Facili  | ity 2    |  |
|          | Operator   |                                |                        | See Above                 |         |   |        | 1                           | 4            | 99 0               | 0                           | 10 1             | IVA.  |          |  |
|          |  |                                |                        |                           |         |   |        |                             |              |                    |                             |                  |   |          |  |
|          |  |                                |                        |                           |         |   |        |                             |              |                    |                             |                  |   |          |  |
|          |  |                                |                        |                           |         |   |        |                             |              |                    |                             |                  |   | _        |  |
| 1        | Please Select C<br>of the Followi  | I Vehic                        | le# Occupants          | Non-Motorist A Type       | 2 14    | Action  | Loc    | eation                      | 16 Co        | ndition            | 17                          | □ні              | t/Run Mop   | ed       |  |
|          | License# St DOB/Age  |                                |                        |                           |         | g # Reg Type Reg State  |        |                             |              |                    |                             |                  |   | _        |  |
|          | Sex Lic. Class 18 18 Lic. Restrictions 19 CDLEndorsment  |                                |                        |                           |         | YearVeh MakeVeh Config.   |        |                             |              |                    |                             |                  |   |          |  |
| 2        | OperatorLast First Middle  |                                |                        |                           |         | Owner Last First Middle   |        |                             |              |                    |                             |                  |   |          |  |
|          | Address  |                                |                        |                           |         | Address   |        |                             |              |                    |                             |                  |   |          |  |
|          | CityStateZip   |                                |                        |                           |         | CityStateZip  |        |                             |              |                    |                             |                  |   |          |  |
|          | Insurance Company  Vehicle Travel Direction: NSEW Responding to Emergency?                     |                                |                        |                           |         | Vehicle Action Prior to Crash  Event Sequence  22 22 22 22 22 23 4          |        |                             |              |                    |                             |                  |   |          |  |
|          | Citation # (If I   |                                | S E W Respon           | iding to Emergency?       |         | armful Event  | 2.     |                             |              |                    | $\Lambda$                   | $\overline{A}$   | 10 Undercarr  | riage    |  |
|          | `  | ·                              | Sec Violation 2        | : Ch Sec                  |         | Contributing Co   | ode    | 24                          | 24           | 1                  | 9                           |                  | 5 11 Totaled  |          |  |
|          |  |                                |                        | ChSec                     |         | ide/Override  | 25     | Towe                        |              | 8                  | 7                           | Y/               | 6   |          |  |
|          | Pl   | ease fill out fo               | or operator and all oc | cupants involved          |         |   |        | 26 27<br>Seat Safety        | 28<br>Airbag | 29 3<br>Airbag Eje | 30 31<br>Trap               |                  | 33<br>ansp.   |          |  |
|          | Name (Last Fi  | Non-Motorist                   |                        | Address<br>See Above      |         | Age/DOB   | Sex    | Pos. Syste                  | em Status    | Switch Co          | ode Code                    | Status C         | Code Medical Faci                                     | iity     |  |
|          |  |                                |                        |                           |         |   |        |                             |              |                    |                             |                  |   |          |  |
|          |  |                                |                        |                           |         |   |        |                             |              |                    |                             |                  |   |          |  |
|          |  |                                |                        |                           |         |   |        |                             |              |                    |                             |                  |   |          |  |



MICHAEL R GAUDET 02/02/2022 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date