SOUTH NOBLE ST		Poli	ice Use Only		Comn	nonweal	lth o	of Mass	sach	use	tts			RMV	/ Docu	ıment	Number		
AT INTERSECTION: Color				1	own	Motor	Veh	icle Cr	ash							Sta Lo	ate Police	□ X ì	
Note Description Name of Roadway/Street South Name of Roadway/Street Name of Roadway/Stree		02/04/2022		NEWTON		Pol	ice I	Report			neres					Ot	BTA Police her:		
WIST DERIVST			AT INTER	SECTION:		< L	OCAT	ΓΙΟΝ	>			NOT	AT 1	INTE	ERSE	CTI	ON:		
Rouse Direction Name of Readmay/Street Rouse Direction Name of Readmay/Street SOUTH NOBLE ST		WES	T DERBY	ST														├	
SOUTH NOBLE ST Roaded Direction Name of Intersecting Roadway/Street Feet NS E W of Roaded Intersecting Roadway/Street Intersecting Roadway/Street Intersecting Roadway/Street Intersection Roaded Intersecting Roadway/Street Intersection Roaded Intersecting Roadway/Street Intersection Roaded Intersection Roaded Intersecting Roadway/Street Intersection Roaded Intersecting Roadway/Street	1 1	Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street									et	_	
Route Direction Name of Intersecting Roadways/Street Feet N S E N of Intersecting Roadways/Street Feet N S E N of Intersecting Roadways/Street Feet N S E N of Intersecting Roadways/Street Feet N S E N of Intersecting Roadways/Street Feet N S E N of Route Intersecting Roadways/Street Feet N S E N of Route Intersecting Roadways/Street Feet N S E N of Route Intersecting Roadways/Street Feet N S E N of Route Intersecting Roadways/Street Feet N S E N of Route Intersecting Roadways/Street Feet N S E N of Route Intersecting Roadways/Street Feet N S E N of Route Intersecting Roadways/Street Feet N S E N of Route Intersecting Roadways/Street Feet N S E N of Route Intersecting Roadways/Street Feet N S E N of Route Intersecting Roadways/Street Intersecting Roadways/Street Feet N S E N of Route Intersecting Roadways/Street Intersecting Road		SOU	TH NOBLE	ST	110		-	Feet	N S I	W 0	f	Mile M	• • • • • • • • • • • • • • • • • • •	(or	E	it Nivash as	-	
Feet N S E W S E		Route# Direc	etion N			et		Foot	NEL	z w	.f	Mile M	arker			EX	at Number	_	
License # Solvanian His/Run Moped Case Number 22000106				Also at Int	ersection with		-			_	-	Route#	—II	ntersect	ting Ro	adway	//Street	- -	
License # Solvanian His/Run Moped Case Number 22000106	² 2	Poute# Direct	tion	Name of Inters	ecting Poodway/S	Straat		Feet	NSI	E W 0	of _								
License # Si XX DOB/Age Reg # ICTT99 Reg # Reg Type_PAN Reg State MA See M Lic Class 99 18 18 Lic. Restrictions 9 19 CDL Veh Year 2007 Veh Make TOYT Veh Config. 1 20 Operator ESTINOZA-FLORIS WILBIR City WALTHAM State MA Zip 02453 City State Zip City WALTHAM State MA Zip 02453 City State Zip City WALTHAM State MA Zip 02453 City State Zip Citation # (If Issued) Vehicle Travel Direction: NS E M Responding to Emergency/ N Citation # (If Issued) Violation 1: Ch Sec Violation 4: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Makibo) Sex M Lic Class D 18 18 Lic. Restrictions 9 19 CDL Vehicle Action Prior to Crash Sex M Lic Class D 18 18 Lic. Restrictions 9 19 CDL Vehicle Action Prior to Crash Sex M Lic Class D 18 18 Lic. Restrictions 9 19 CDL Loss Address Addr		Notice Direction Ivalue of intersecting roadway/street						Landmark											
Sex M Lie: Class 99 18 18 Lie: Restrictions 9 9 DL	³ 5	XVehicle1	#Occupants	Hit/Ru	n Mope	ed Case N	Number		:	220001	.06							-	
Sex M Lic Class 99 18 18 Lic Restrictions 9 19 CDL Veh Year 2007 Veh Make TOYT Veh Config. 1 20 Operator Estimozoarhorists Wilhers City WALTHAM Sante MA Zip 02453 City State Zip Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: NSEN Responding to Emergency? Note Hamful Event 1 22 22 22 22 22 22 22 22 22 22 22 22 2		License#		St X	X DOB/Age		Reg# 1	1CTT99				Reg Tyr	e PAN	1	Res	g State	MA		
Operator ESPINOZA-HORES WILBER Findestanced Address Typ ADAMS ST (apt. 1) Address Typ ADAMS ST (apt. 1) Address City WALTHAM State MA Zip 02453 City WALTHAM State MA Zip 02453 City Waltham Citation # (If Issued) Vehicle Travel Direction: NSER Responding to Emergency? N Vehicle Travel Direction: NSER Responding to Emergency? N Vehicle Travel Direction: NSER Responding to Emergency? N Citation # (If Issued) Vehicle Travel Direction: NSER Responding to Emergency? N Vehicle Travel Direction: NSER Responding to Emergency? N Please fill out for operator and all occupants involved Address Age: DOB See No.		Sex M Lic (Class 99 18 18		19				V	eh Mal							20	_	
Address 179 ADAMS ST (apt.1) Addres	4				En	dorsment												\vdash	
City WALTHAM State MA Zip 02453 City WALTHAM State MA Zip 02453 City WALTHAM State Zip Vehicle Cravel Direction: N S E M Responding to Emergency? N Event Sequence Vehicle Cravel Direction: N S E M Responding to Emergency? N Event Sequence Vehicle Cravel Direction: N S E M Responding to Emergency? N Event Sequence Vehicle Cravel Direction: N S E M Responding to Emergency? N Event Sequence Vehicle Cravel Direction: N S E M Responding to Emergency? N Event Sequence Vehicle Cravel Direction: N S E M Responding to Emergency? N Event Sequence Vehicle Cravel Direction: N S E M Responding to Emergency? N Event Sequence Vehicle Cravel Direction: N S E M Responding to Emergency? N Event Sequence Vehicle Cravel Direction: N S E M Responding to Emergency? N Event Sequence Vehicle Cravel Direction: N S E M Responding to Emergency? N Event Sequence Vehicle Cravel Direction: N S E M Responding to Emergency? N Event Sequence Vehicle Cravel Direction: N M E M Responding to Emergency? N Endownment State M Zip 02339 City State N Responding to Emergency? N Event Sequence Vehicle Cravel Direction: N M E M Responding to Emergency? N Event Sequence Vehicle Cravel Direction: N M E M Responding to Emergency? N Event Sequence Vehicle Travel Direction: N M E M Responding to Emergency? N Event Sequence Vehicle Travel Direction: N M E M Responding to Emergency? N Event Sequence Vehicle Cravel Direction: N M E M Responding to Emergency? N Event Sequence Vehicle Travel Direction: N M E M Responding to Emergency? N Event Sequence Vehicle Travel Direction: N M E M Responding to Emergency? N Event Sequence Vehicle Action Prior to Crash Vehicle Action Prior to Cra	2	Address 179 A	Last DAMS ST (apt.	First 1)		Middle									Midd	le		-	
Insurance Company GECO					tota MA 7: 0	02453										7:		-	
Vehicle Travel Direction: NSEN Responding to Emergency? Note than full Event 1 23 22 22 22 22 22 23 24 10 Undercarriage Citation # (If Issued)					Demond And Codes (Circle U.							_							
Venice fraver Directions N/S E/S Nest Maddle Nest Hamful Event 1 23 10 10 10 10 10 10 10 1	5		F J	~ [-] -]		_ NT			22		1		ugu		cout.	`	· op w m		
Violation 1: Ch Sec Violation 2: Ch Sec Diver Contributing Code 1 Ad 24 Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N 7 6 Please fill out for operator and all occupants involved Address AgeDOB Sex For Sex Plants First Middle Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped Override 18 St. MA DOB/Age Reg # 163KA8 Reg Type PAN Reg State MA Sex M Lic Class D 18 18 Lic. Restrictions 9 19 CDL Veh Year 2017 Veh Make GMC Veh Config 2 0 Owner (Same as operator) Departor ELLIS RAYMOND Endorsment Last First Middle Non-Motorist A Type 10 Owner (Same as operator) Address 15 MEADOW DR State MA Zip 02339 City Motorial First Middle Note Prior to Crash 2 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: NX EW Responding to Emergency? Note Harmful Event 1 23 Towed Note Please fill out for operator and all occupants involved Name (Last First Middle) Address Fill out for operator and all occupants involved Name (Last First Middle) Address Fill out for operator and all occupants involved Name (Last First Middle) Address Fill out for operator and all occupants involved Name (Last First Middle) Address Fill out for operator and all occupants involved Name (Last First Middle) Address Fill out for operator and all occupants involved Name (Last First Middle) Address Fill out for operator and all occupants involved Name (Last First Middle) Address Fill out for operator and all occupants involved Name (Last First Middle) Address Fill out for operator and all occupants involved Name (Last First Middle) Address Fill out for operator and all occupants involved Name (Last First Middle) Address Fill out for operator and all occupants involved Name (Last First Middle) Address Fill out for operator and all occupants involved Name (Last First Middle) Address Fill out for operator and all occupants involved Name (Last First Middle) Address Fill out for operator and all occupants involved Name (Last First Middle) Address Fill out for operator and all occupants involved Name (Las	1				sponding to Emer	rgency?_N		^						Ť	\overline{A}		10 Undercer	riage	
Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override		· ·					Most H	Harmful Event	1		4		←	9				ilage	
Please fill out for operator and all occupants involved Address AgeDOB Sex	6	Violation	1: ChSec_	Violatio	on 2: ChSe	ec	Driver	Contributing (1		$\square_{\mathbf{a}}$		$\angle \downarrow$	\sum)			
Operator See Above Non-Motorist A Type Matter Mark Matter Matter	4						Underr	ide/Override] 1		IN		•					
Operator See Above Non-Motorist A Type Matter Mark Matter Matter				ator and all occ				Age/DOB	Sex	Seat S Pos. S	27 Safety Air System St	28 29 rbag Airba atus Switch	g Eject Code	Trap Code	32 Injury T Status C	ransp.	Medical Facil	itv	
Address Is MEADOWDR City HANOVER Insurance Company SAFECO Vehicle Travel Direction: North Make Sex Most Harmful Event Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) North Machine Individual Action Individual			,																
Address Is MEADOWDR City HANOVER Insurance Company SAFECO Vehicle Travel Direction: North Make Sex Most Harmful Event Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) North Machine Individual Action Individual																			
Address Is MEADOWDR City HANOVER Insurance Company SAFECO Vehicle Travel Direction: North Make Sex Most Harmful Event Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) North Machine Individual Action Individual																			
Address Is MEADOWDR City HANOVER Insurance Company SAFECO Vehicle Travel Direction: North Make Sex Most Harmful Event Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) North Machine Individual Action Individual																			
Address Is MEADOWDR City HANOVER Insurance Company SAFECO Vehicle Travel Direction: North Make Sex Most Harmful Event Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) North Machine Individual Action Individual	7																		
Sex_M_Lic. Class D 18 18 Lic. Restrictions 9 19 CDL	3			2 <u>1</u> #Occupa	nts Non-M	otorist A Type	e 1		15 Lo	cation	16	Condi	tion	17	۱	lit/Ruı	n Mop	oed	
Sex_M_Lic. Class D Lic. Restrictions 9 CDL Veh Year 2017 Veh Make GMC Veh Config. 2 Operator ELLIS RAYMOND Operator Is Maddle State								163KA8	Reg Type PAN					Reg State MA			_]		
Operator ELLIS RAYMOND Address 15 MEADOW DR Address 5 MEADOW DR City HANOVER State MA Zip 02339 City City Citation # (If Issued) Vehicle Travel Direction: NX E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 4: Ch Sec Violation 4: Ch Sec Please fill out for operator and all occupants involved Name (Last First Middle) Address Owner (Same as operator) Last First Middle Address Owner (Same as operator) Address Address Address Address Owner (Same as operator) Address Address Address Address Address Owner (Same as operator) Address First Middle Address Address Address Address Address Age/DOB Sex Pos. System Status Switch Code Code Medical Facility		Sex_M_ Lic. Class D Lic. Restrictions 9 CDL																	
Address 15 MEADOW DR City HANOVER State MA Zip 02339 City City HANOVER State MA Zip 02339 City State Zip Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: NX EW Responding to Emergency? N Citation # (If Issued) Sec Violation 2: Ch Sec Driver Contributing Code 99 24 24 Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility	8	Operator ELLIS RAYMOND Endorsment						(Same as op	erator)										
City HANOVER State MA Zip 02339 City State Zip Insurance Company SAFECO Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: NX EW Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	1	Address 15 M	Last EADOW DR	First		Middle	Addres					First			Midd	le			
Insurance Company SAFECO Vehicle Action Prior to Crash Vehic														State		Zip		_	
Vehicle Travel Direction: NXEW Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 22											21	Da	amaged					ree)	
Veince Haver Direction. Name (Last First Middle) Nesponding to Energency: Nesponding to Energency: Nesponding to Energency: Nost Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility				Y E W D	esnonding to Ema	ergency?N										`	-		
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 24 24				<u> </u>	esponding to Effic	agency:		,	2	23				$\setminus I$	A	- 1		riage	
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 7 6 Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility		`	,		2. Cl	7				2	4	24	←	9		5	11 Totaled		
Violation 3: ChSec Violation 4: ChSec Underride/Override								Č	L	99		~ Q		<u> </u>	لل	ر 6			
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility	1						Underr	nde/Override		To			30	31	32	33		_	
Operator/Non-Motorist See Above				operator and a				Age/DOB	Sex		Safety Air System S	rbag Airba Status Swit	Eject ch Code	Trap Code	Injury I	ransp.	Medical Fac	ility	
		Operator/	Non-Motorist		See	Above			-		1 4	4	0	0	10	1			
													+		\vdash				

