	Poli	ce Use Only		Common	wealth	of Mas	sach	usett	S				nent Number		
	Date of Crash 04/15/2022	Time of Crash 17:50	City/To NEWTON	own Mo		ehicle Cr		Numbe Vehicle			ed Limi tude		State Police Local Police - MBTA Police	N X	
l	0419/2022	24HR				Report		2	2		gitude_		Other:		
		AT INTER	RSECTION:	LOC	LOCATION > NOT AT INTERSECTION:										
					EAST 2014 WASHINGTON ST										
1	Route# Direction Name of Roadway/Street					Route# Direction Address# Name of Roadway/Street							Street		
┨	At					Feet N S E W of or									
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street									
٦						Feet	N S E	W of	reduce		mersee	ing read	.way/Bireet	_	
4	Route# Direction Name of Intersecting Roadway/Street					Landmark									
	XVehicle1	#Occupants	Hit/Run	Moped	Case Numb	er	2	2000312							
7	License #		St M	A DOD/A go == == ==	Pas	. # NE70CZ			Род Т	ıma PA	S	Dog (State MA		
	License # St MA DOB/Age					Reg # NE70CZ Reg Type PAS Reg State MA Veh Year 2018 Veh Make AUDI Veh Config. 2									
\neg	Sex_M_ Lic. Class D Lic. Restrictions 1 CDL												ing. 2		
	Operator 21 TE	Last ENNYSON RD		Owner (Same as operator) Last First Middle Address											
	Address 21 TENNYSON RD													-	
	City NEWTON State MA Zip 02465					y							Circle Up to Thr	_	
\neg	Insurance Company USAA CASUALTY Vehicle Travel Direction: NSWW Responding to Emergency? N					nicle Action Prior	22 2	1	22 6		3	,	4	cc)	
				oonding to Emergency		ent Sequence 1	-				$\overline{\bigcap}$	$\overline{\mathcal{I}}$	10 Undercari	riage	
		ssued)				st Harmful Even	t 1 -	24	24	—	9	$[\ \]$	5 11 Totaled	iuge	
\dashv				2: ChSec		ver Contributing	Code	1			$\frac{\sqrt{1}}{7}$		6		
4	Violation 3: ChSec Violation 4: ChSec					derride/Override		Tov	ed Y		21			_	
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 Seat Safet Pos. Syste	7 28 y Airbag Air m Status Sw	29 30 bag Ejec itch Code) 31 t Trap e Code	32 Injury Trai Status Coo		ity	
	Operator			See Abov	/e		-	1	1 4	0	0	9 1			
ŀ											+			\dashv	
_	Diago Cologo C) n a				14	15		16		17				
4	Please Select C of the Followin		2 <u>1</u> #Occupan	ts Non-Motoris	st A Type	Action	Loc	cation	Con	dition	17	Hit	/Run Mop	oed	
-	License#		St M	A DOB/Age	- Reg	_{z #} 237ELV			Reg T	ype PA	N	Reg S	State MA		
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL											20	_		
┨	Operator SCHNITT ELAINE K Endorsment					Owner (Same as operator)									
4	Last First Middle Address 116 PINE ST					Last First Middle Address									
	City NEEDHAM State MA Zip 02492					City State Zip									
	Insurance Company GREEN MOUNTAIN INS					Vehicle Action Prior to Crash State 21 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSWW Responding to Emergency? N					Event Sequence 1 22 22 22 22 3 4									
	Citation # (If Is		<u> </u>	sponding to Emergene		st Harmful Even	t 1 23	3				A)	10 Undercari	riage	
		·	Violetie	on 2: Ch Sec		ver Contributing		4 24	(J	+	9		5 11 Totaled		
						derride/Override	24	L	ed Y		7		6		
ļ	Violatio		coperator and al	on 4: ChSec l occupants involved		derride/Override		26 2' Seat Safet		29 30 bag Ejec	31 Trap] 32	33	\dashv	
-	Name (Last Fi	rst Middle)	operator and ar	Addres	SS	Age/DOB		Seat Safet Pos. Syst	y Airbag Air em Status Sv	bag Ejec vitch Coo	t Trap de Code	Injury [Frai	nsp. ode Medical Faci	ility	
-	Operator/	Non-Motorist		See Abov	/e			1	2 4	0	0	8 2	NEWTON-WELLE	SLEY	
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