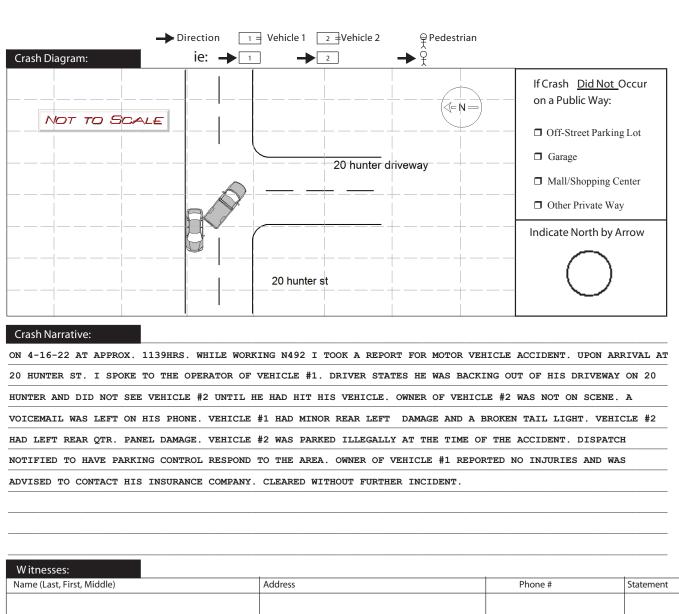
Date of Crash 04/16/2022 11:39 NEWTON NEWTON Police Report 11:39 NEWTON NEWTON Police Report 2 Number Vehicles 2 Number	Police Na Police
AT INTERSECTION: AT INTERSECTION NOT AT INTERSECTION	2
Route# Direction Name of Roadway/Street Route# Direction Address # Name of Roadway/Street	
At Feet NSEW of • or	
Feet NSEW of or	2
Route# Direction Name of Intersecting Roadway/Street	mber
Also at Intersecting with Feet N S E W of Route# Intersecting Roadway/Str	et
The state of the s	et 3
Landmark	
Wehicle 1 #Occupants	
License # St MA DOB/Age Reg # K19701 Reg Type CON Reg State M/	20
Sex_M_ Lic. Class D Lic. Restrictions 1 CDL Veh Year 2019 Veh Make FORD Veh Config. 2	
Operator SACHS PETER Owner (Same as operator) Last First Middle Last First Middle Address 4 Address 4 Address 4 Address 5	
Address 20 HUNTER ST Address City NEWTON State MA Zip 02465 City State Zip	
Damaged Area Code: (Circle Un	
Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 2 22 22 22 23 3 4	
	dercarriage
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 24	taled
Violation 3: ChSec Violation 4: ChSec Underride/Override	
Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Dos System Status Witch Code Code Status Code Med	cal Facility 2
Operator See Above1 4 4 0 0 10 1	
Please Select One of the Following: Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run 15 Location 17 Condition 17	Moped
License # St DOB/Age Reg # 7HN397 Reg Type PAN Reg State M2	20
Sex Lic. Class Lic. Restrictions CDL Veh Year 2013 Veh Make HONDA Veh Config	
Operator Owner GOLDSMITH CRISTOPHER Last First Middle Last First Middle	
Address 47 (apt. 2) LEWIS ST	
City State Zip City NEWTON State MA Zip 02450 Unsurence Company COMMERCE Vehicle Action Prior to Crash Damaged Area Code: (Circle Up	
insurance company venicle Action Prior to Clash 11 22 22 22 23 3 4	to Timee)
Citation # (If Issued) Most Harmful Front 2 23	dercarriage
Citation # (If Issued) Most Harmful Event 2 Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24	taled
Violation 2: ChSec Violation 4: ChSec Underride/Override	
Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.	
	ical Facility
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Mee Operator/Non-Motorist See Above	1
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Med	
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Med	



Witnesses:							
Name (Last, First, Middle)	Address				Phone :	#	Statement
Dranarty Damaga							
Property Damage: Owner (Last, First, Middle)	Address	Pho	one #	34-Type	Description of Dama	ged Property	
				71		<u> </u>	
Truck and Bus Information:	Registration #		(From Vehic	le Section)			
Carrier Name					Carrier Issu	uing Authority Coo	le 35
Address		City_			St	Zip	
US DOT#:	State Number	Issu	ing State	ICC#:		Interstate	36
37	38						
3 31	s Vehicle Weight				39		
Trailer Reg #:	Reg Type Reg S	tate	_ Reg Year	Tr	railer Length		
Hazmat Information:						_	
Placard 40 Material 1 digit #	Material Name			Material 4	digit #	_ Release code	42

THOMAS P WALSH			NEWTON POLICE DEPARTM		04/16/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date