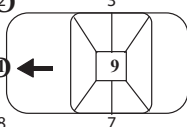
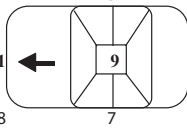


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 04/17/2022		Time of Crash 20:06 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9		
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				EAST 1887		COMMONWEALTH AVE						2		
				Route# Direction Address #		Name of Roadway/Street						10		
				Feet N S E W of		Mile Marker Exit Number								
				Feet N S E W of		Route# Intersecting Roadway/Street						11		
Feet N S E W of		Landmark						1						
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000315								
License # --- St MA DOB/Age ---				Reg # 1WSR67				Reg Type PAN				Reg State MA		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2013				Veh Make TOYOTA				Veh Config. 1 20		
Operator FANNING RYAN				Owner (Same as operator)										12
Address 27 ELLISON PARK				Address										
City WALTHAM State MA Zip 02452				City State Zip										
Insurance Company COMMERCE				Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 40 22 97 22 22 22 2								10 Undercarriage 5 11 Totaled		
Citation # (If Issued) T2014756				Most Harmful Event 97 23										
Violation 1: Ch 90/246 Sec Violation 2: Ch 90/246 Sec				Driver Contributing Code 97 24 24										
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y										
Please fill out for operator and all occupants involved												13		
Name (Last First Middle)				Address				Age/DOB				Sex		97
Operator				See Above				-----				---		
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped														
License # --- St DOB/Age ---				Reg # ---				Reg Type ---				Reg State ---		
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year ---				Veh Make ---				Veh Config. 20		
Operator ---				Owner ---										
Address ---				Address ---										
City --- State --- Zip ---				City --- State --- Zip ---										
Insurance Company ---				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E W Responding to Emergency? ---				Event Sequence 22 22 22 22 2								10 Undercarriage 5 11 Totaled		
Citation # (If Issued) ---				Most Harmful Event 23										
Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec ---				Driver Contributing Code 24 24										
Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---				Underride/Override 25 Towed ---										
Please fill out for operator and all occupants involved														
Name (Last First Middle)				Address				Age/DOB				Sex		
Operator/Non-Motorist				See Above				-----				---		

