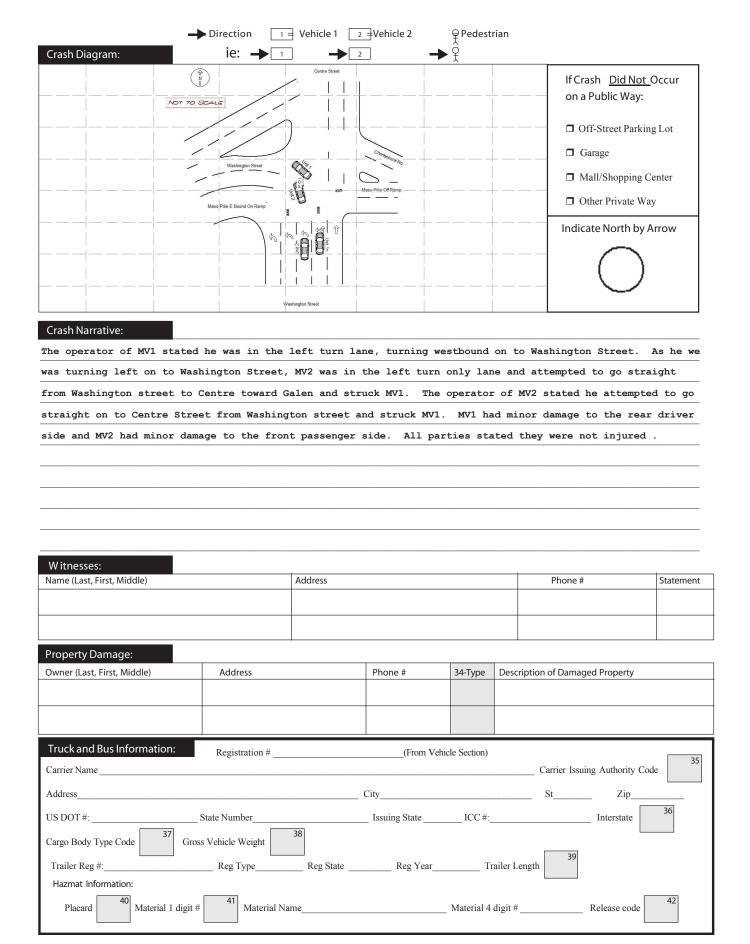
	Poli	ice Use Only		Commor	ıwealtl	n of	Massa	ach	use	etts			RM	IV Doc	cumen	ıt Number			
	Date of Crash	Date of Crash Time of Crash City/Town 04/21/2022 21:03 NEWTON		own M	Motor Vehicle Crash			sh						eed Limit <u>35</u>		State Police Local Police MBTA Police			
	04/21/2022	21:03 24HR	NEWTON		Police	e Ro	eport		2		0		ongitude			ABTA Police Other:			
		AT INTER	LO	CATI	ON :	>	NOT AT I					INTERSECTION:				2			
	NOR	TH CENTR	E ST														⊦	2	
1 4	Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street									eet	_	2 10	
	WEST WASHINGTON ST					- -	Feet [N S E W of					•	orExit Number			-		
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Mile Marker Exit Number Feet N S E W of										\dashv			
	Also at Intersection with						Route# Intersecting Roadway/Street										- -	11	
2 1	Route# Direction Name of Intersecting Roadway/Street						Feet NSEW of												
3	Routen Bree	T	Landmark											\dashv					
	XVehicle1	#Occupants	Hit/Rur	Moped	Case Num	ıber		2	20003	329							-		
	License # St MA DOB/Age						Reg # 1AC574 Reg Type PAN Reg State MA												
	Sex_M Lic.		Veh Year 2017 Veh Make HONDA Veh Config. 1 20																
4		nent	Owner (Same as operator)											-	1 12				
3	Operator GILBERT PETERSON Last First Middle 20 CHANNING ST. (apt. 2)						Las							Mi	ddle		_ -	1	
	City NEWTON State MA													е	7in		-		
						-	Action Prior to			21	_					ele Up to Thr	_		
5	Insurance Company THE STANDARD FIRE INSURANCE COMPANY Vehicle Travel Direction: N S E M Responding to Emergency?							22 2		22		2			4	r			
1				ponding to Emergenc			quence	2.								10 Undercarr	riage		
		ssued)					mful Event	1		24	24	1	• <u> </u>	9	5	11 Totaled			
6	1			n 2: ChSec		river Co	ontributing Co		1			8		,	ഽ)			
⁶ 1	Violation 3: ChSec Violation 4: ChSec						Underride/Override Towed N											- 1	
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	Seat Pos.	27 Safety A System	28 Airbag A Status S	29 Lirbag E witch C	30 3 ject Trap ode Code	Injury Status	Transp. Code	. Medical Facil	ity	1 ¹³	
	Operator			See Above						1		4 0	0	10	1				
						-													
7																			
3	Please Select C of the Followi		2 <u>2</u> #Occupa	Non-Motori	st A Type	14	Action 1	Loc	ation	1	Co	ndition	17		Hit/Ru	un Mop	ed		
	License # St A2			AZ DOB/Age Reg			Reg # 9CR862				Reg	Type_F	AN	Reg State MA					
	Sex_M Lic.		Veh Year 2019 Veh Make VOLKSWAGON Veh Config. 1									20							
8	Sex_M Lic. Class D Lic. Restrictions 1 CDL Operator BAE JOONHYUNG Last First Middle						Same as oper	rator)						_					
2	Address 100 N			Las	it			First			Mi	ddle		_					
	City CHANDLER State AZ Zip 85226												Stor	е	7in		-		
							City State Zip Damaged Area Code: (Circle Up to Three)										ee)		
		nsurance Company GOVERNMENT EMPLOYEES INSURANCE						22 2		22		2	ged 7 He		4	- P 22 7.11	-/		
	Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec						quence 1	2.3								10 Undercarr	riage		
							Most Harmful Event 1 24 1 5 11 Totaled												
	Violatio		Driver Contributing Code 9																
	Violatio			nderride	e/Override		1	owed_	N		30 2	22							
		Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 Seat Pos.	27 Safety A System	28 Airbag A Status	29 Lirbag E Switch	30 31 ject Trap Code Cod		Transp. S Code	Medical Faci	lity		
	Operator/	Non-Motorist		See Abov						1	4	4 0	0	10	1				
	KIM, SALLY J	I WHO		DE SABLA RD (apt 34 AN MATEO, CA 9440		-		F	3	1	4	4 0	0	10	1				
				-,															
	I							1		1				- 1	1	1			



SEAN STAKE 04/21/2022 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date