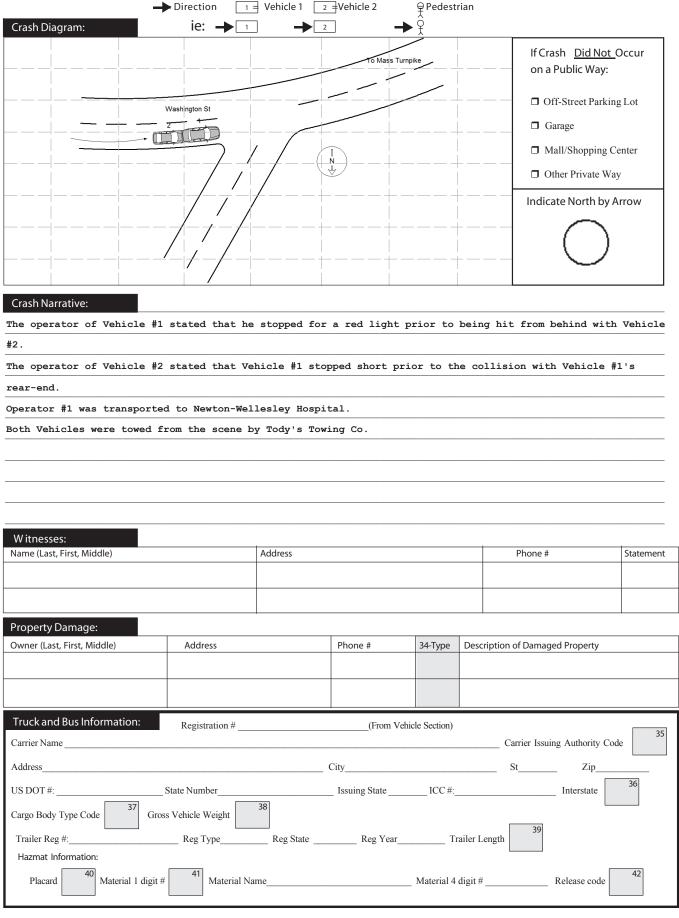
Į.		ce Use Only		Commo					ise1	tts						t Number		
	Date of Crash Time of Crash 05/04/2022 12:47		City/I NEWTON	l'own N	Motor Ve			sh	Nun Vehi				l Limit ide		- St	tate Police ocal Police IBTA Police		
	00/04/2022	24HR					Police Report						Longitude		Other:			
		AT INTER	< LO	OCATION > NOT AT INTERSECTION								ION:						
				WEST 275 WASHINGTON ST														
	Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street								eet			
\dashv	At						Feet 1	N S E	w of			_ •	(or				
	Route# Direction Name of Intersecting Roadway/Street									M	ile Mar	ker			Ez	xit Number	_	
	Also at Intersection with						Feet [N S E	W of		oute#	In	itersect	ting Ro	oadwa [.]	y/Street	-	
						_ -	Feet []	N S E	W of	•				Ü		•		
4	Route# Direction Name of Intersecting Roadway/Street												Lan	ndmark				
	XVehicle1	1_#Occupants	Hit/Ru	n Moped	Case Nun	nber		22	.00036	58								
	License#		St ^M	MA DOB/Age	R	eg# 87	гмј50			Re	д Туре	PAN		Rε	eg Stat	_e MA		
	Sex_M Lic. C	rlass D 18 18		19			r 2010	Vel	Mak							20	_	
\dashv		TRE Last		Endors	rsment		(Same as ope									,		
	Address 401 EN	Last NGAMORE LN	(apt. T2)	Midd			Las			Fir				Mide	dle		_	
	City NORWO			State MA Zip 0200											Zin		-	
	-			RANCE COMPANY		-	Action Prior to			21			-			le Up to Thr	_	
	_			esponding to Emerger				22 22	2	22 22	2 _		3		4			
_		ssued)		sponding to Emerger			armful Event	23				ſ	\coprod			10 Undercarr	riage	
				on 2: ChSec_			Contributing Co		24	. 24	1	-	9		O	11 Totaled		
							de/Override	25	<u> </u>	owed Y	8	Ų	7		6			
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						ie/Override [30 Eject	31	32 Injury	33 Fransp.			
	Name (Last Firs			Addı	Iress		Age/DOB	Sex I		27 28 afety Airbag ystem Status		Code		Status	Code	Medical Facili		
-	Operator			See Ab					1	l 4	4	0	0	9	2	NEWTON-WELLE	ESLEY H	
														\sqcup				
	Please Select O of the Followin	IX Vobiclo	2 <u>2</u> #Occupa	ants Non-Moto	orist A Type	14	Action	Loca	ition	16	Conditio	on _	17		Hit/Ru	ın Mop	oed	
	License# St MA DOB/Age						Reg# 1RGD51							Reg State MA			_	
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL						Veh Year 2009 Veh Make TOYOTA Veh Config. 1											
Operator KAPLAN MUHAMMED Endorsment BOZAN Last First Middle Middle					0	Owner (Same as operator) Last First Middle										_		
-	Address 439 W	ASHINGTON S	ST (apt. 2)	Mide		Address	Las			Fii	st			Mide	ile		_	
	City BRIGHTON State MA Zip 02135						CityStateZip											
	Insurance Company GOVERNMENT EMPLOYEES INSURANCE COMPA						Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)											
	Vehicle Travel Direction: NSEN Responding to Emergency? N ■						Event Sequence 1 22 22 22 22 3 4											
	Citation # (If Is				-		rmful Event	1 23				_ [Ť			10 Undercarr	riage	
	`	/	ec Violat	tion 2: Ch Sec			l Contributing Co		24	24		-	9		5	11 Totaled		
	Violation		ec Violat				de/Override	25	<u> </u>	wed Y	O		7	У	6			
Į				all occupants involv			[27 28 afety Airbag	29 Airbag	30 Eject	31 Trap	32 Injury	33 Transp.			
	Name (Last Fir			Add See Ab	dress		Age/DOB			System Statu	Switch	Code	Code	Status	Code 1	Medical Faci	ility	
-				oce Ar	70 V C			1 1 -	11	14	1.44	0	0	110		LIVOINE	- 1	
	BERBER, OSM	Non-Motorist						M 3	+	4		0	0		1	NONE		



DECLAN G HEALY 05/04/2022 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge# Department Precinct/Barracks Date