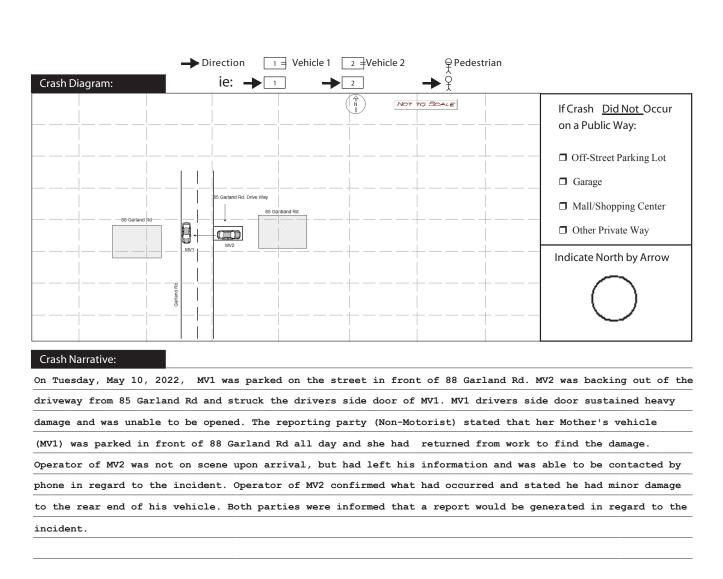
| | Poli | ice Use Only | | Commonweal | lth o | f Massa | achus | setts | | | RMY | / Docun | nent Number | |
|---------------|--|--------------------------------|----------------------|----------------------------|----------------|---|-------------|---------------------------|----------------------------|-----------------------------|----------------------------|------------------|---|----------|
| | Date of Crash 05/10/2022 | Time of Crash 18:17 24HR | NEWTON | MIOTOI | | icle Cra Report | sh [| Number /ehicles 2 | | ed Lati | ed Limi tude gitude_ | | State Police Local Police MBTA Police Other: | Xi |
| | | | RSECTION: | | OCAT | | > | | | | | | CTION: | 2 |
| | | | | | | SOUTH | 88 | | GAR | LAND R | .D | | | 2 |
| 1 1 | Route# Direc | tion | | oadway/Street | R | Route# Direction | on Addi | ress # | | Na | ıme of F | Roadway/ | Street | |
| | | | A | ı | - | Feet N | N S E V | of - | MG1. | Marker | _ | or | Exit Number | _ |
| | Route# Direc | etion 1 | Name of Intersecting | | <u> </u> | Feet N | N S E W | of | IVIIIE | Narker | | | Exit Number | _ |
| 2 | | | Also at Interse | ction with | | | NSEW | _ | Rout | e# | Intersec | ting Road | dway/Street | - - |
| 2 1 | Route# Direc | tion | Name of Intersect | ing Roadway/Street | - | reet [1 | 1 S E V |) oi | | | La | ndmark | | |
| 3 | X Vehicle 1 | 0 #Occupants | Hit/Run | Moped Case N | | | ••• | 2000 | | | Lu | Idiliai K | | \neg |
| | Veinere 1 | roccupants | | Case N | lumber | | 220 | 00386 | | | | | | |
| | License# | 18 1 | | | Reg # <u>3</u> | | | T.C | | | | | State MA 20 | - |
| | Sex Lic. | | Lic. Restrictions | CDL Endorsment | | ar 2012 | | | | | | Veh Co | nfig. 1 | |
| 4 1 | | | First | | | WHITLOCK Lass 1400 LOWEL | t | BAKBA | First | | | Middle | | - 1 |
| | | | | | | ONCORD | L KD | | | | | MA - | Zip 01742 | - |
| | | | | eZip | | | Consta | 2 | | | | | Circle Up to Thr | ee) |
| 5 | Insurance Com | 1 2 | | nding to Emergency? N | | Action Prior to | 22 22 | 22 | | 2 | 3 | 0040. (0 | 4 | |
| | | ssued) | | nding to Emergency? | | Sequence 2 2 2 2 2 2 2 | 23 | | | | \prod | \overline{A} | 10 Undercarr | riage |
| | ` | / | | · Ch Sec | | Contributing Co | 2 2 ode 1 | 24 | 24 | — | 9 | \bigcup | 5 11 Totaled | |
| 6_ | | | | | | ide/Override | 25 | Towe | ı N | 3 | C |) | 6 | |
| _ | Please fill out for operator and all occupants involved | | | | | lac/override [| Sea | | | 29 30 Ejec |) 31 t Trap | 32 Injury Tra | 33 Insp. | \dashv |
| | Name (Last Fir | st Middle) | <u> </u> | Address See Above | | Age/DOB | Sex Pos | s. \$ystem | Status Sv | vitch Code | e Code | Status Co | de Medical Facil | ity 2 |
| | - F | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | <u> </u> | |
| 1 | Please Select C of the Followi | I X Vehicle | 2 1_#Occupants | Non-Motorist A Type | 14 | Action 1 | 5 Locati | on | Con | ndition | 17 | Hit | t/Run Mop | oed |
| | License# | | St MA | DOB/Age | Reg#_ | 284GK9 | | | _Reg | Type_PA | N | Reg | State MA 20 | _ |
| | Sex_M_ Lic. | Class D 18 | Lic. Restrictions | 1 CDL | Veh Ye | ar_2011 | Veh ! | Make_St | JBARU | | | Veh Co | | |
| 8 1 | Operator RAI | Last | WLADIMIR | Middle | Owner . | (Same as open | rator) | | First | | | Middle | | - |
| | Address 58 CI | | | | Address | S | | | | | | | | - |
| | City MEDFORD State MA Zip 02155 | | | | | StateZip | | | | | | | | - |
| | Insurance Company COMMERCE | | | | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) | | | | | | | | ree) |
| | Vehicle Travel Direction: $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | | | | | Event Sequence 2 22 22 22 22 2 2 3 4 10 Undercarriage | | | | | | | | riage |
| | Citation # (If Issued) | | | | | Most Harmful Event 2 9 9 11 Totaled | | | | | | | ge | |
| | Violation 1: ChSecViolation 2: ChSec | | | | | Driver Contributing Code 19 | | | | | | | | |
| | | | ec Violation | | Underri | ide/Override | | Towed | _N | |) 31 |] 32 | 33 | |
| | Name (Last Fi | irst Middle) | operator and all o | eccupants involved Address | | Age/DOB | Sex Po | 26 27 safety System | 28 Airbag A Status S | 29 Sirbag Ejec witch Coo |) 31 Trap de Code | Injury l'ra | ode Medical Faci | ility |
| | Operator/ | Non-Motorist | | See Above | | | | - 99 | 4 9 | 9 0 | 0 | 10 1 | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| | ice Use Only | | Commonw | | | | | 27 | | | | t Number | |
|---|---------------|----------------------|-------------------------|----------|---|--------------------------------|------------------|---|-------------------------|-------------------------------------|-----------------|--|-------|
| Date of Crash | Time of Crash | City/Tov | 141011 | | icle Cra | $\mathbf{sh} \mid_{V_0}^{N_1}$ | umber ehicles | Number Injured | Latitud | Limit le | | tate Police ocal Police IBTA Police | |
| | 24HR | | | Police F | | | | | | ude | O | ther: | _ |
| | AT INTER | RSECTION: | < | LOCAT | ION : | > | | NOT | AT II | NTERS | SECT | ION: | |
| | | | | | | | | | | | | | |
| Route# Direc | tion | | Roadway/Street | R | Route# Direction | n Addre | ess# | | Name | of Roady | way/Stre | eet | |
| 1 | | F | XI. | - | Feet [| N S E W | of – | | • - | or _ | | | _ |
| Route# Direc | etion 1 | Name of Intersecting | <u> </u> | | Foot D | N S E W | ا د | Mile M | arker | | Е | xit Number | |
| | | Also at Inters | ection with | - | | | , | Route# | Inte | ersecting l | Roadwa | y/Street | _ |
| Route# Direc | tion | Name of Intersec | eting Roadway/Street | | FeetN | N S E W | of | | | | | | |
| | | <u> </u> | <u> </u> | | | | | | | Landma | rk | | |
| Vehicle | #Occupants | Hit/Run | Moped | | | | | | | | | | |
| License# | | St | | Reg#_ | | | | _Reg Typ | ie | F | Reg Stat | :e | |
| Sex Lic. | Class 18 1 | | | Veh Ye | ar | Veh M | lake | | | Veh | Config | g. 20 | |
| Operator | Last | First | Endorsment | Owner | Last | t | | First | | м | iddle | | _ |
| | | | | | s | | | | | | | | _ |
| City | | Sta | teZip | City | | | | | | State | Zip | | _ |
| Insurance Con | npany | | | Vehicle | Action Prior to | Crash | 21 | Da | amaged A | Area Cod | e: (Circ | le Up to Thre | ree) |
| Vehicle Travel | Direction: N | S E W Respo | onding to Emergency? | Event S | Sequence 2 | 22 22 | 22 | 22 2 | | 3 | 4 | | |
| Citation # (If I | ssued) | | | Most H | Iarmful Event | 23 | • | 1 | - ` | 9 | | 10 Undercarr 11 Totaled | riage |
| Violation | 1: ChSec | c Violation | 2: ChSec | Driver | Contributing Co | ode | 24 | 24 | | | | | |
| Violation | Underri | ide/Override | 25 | Towed | 8 | | 7 | 6 | | | | | |
| Please | | ator and all occup | oants involved Address | | Age/DOB | Sex Pos. | Safety A | 28 29 Airbag Airbag Status Switch | 30 Eject I Code C | 31 32 Trap Injury Code Status | Transp. Code | Medical Facili | litv |
| Operator | | | See Above | | | | - | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | _ | | | | | | | | |
| Please Select (| One 👝 | | T | 14 | 1 1 | 5 | 1 | 6 | | 17 | | | |
| of the Followi | Vehicle | e# Occupants | Non-Motorist A | Type 97 | Action 97 | Location | ⁿ 99 | Condit | ion 1 | | Hit/Ru | un Mop | oed |
| License# | | St | DOB/Age | Reg#_ | | | | _Reg Typ | ie | F | Reg Stat | | _ |
| Sex_F Lic. | | Lic. Restrictions | S CDL Endorsment | Veh Ye | ar | Veh M | lake | | | Veh | Config | 20 | |
| Operator WH | Last | MONICA First | Endorsment | Owner | Last | t | | First | | M | iddle | | _ |
| Address <u>1400</u> | LOWELL RD | | | | s | | | | | | | | _ |
| City CONCORD State MA Zip 01742 | | | | | City State Zip | | | | | | | | _ |
| Insurance Company | | | | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) | | | | | | | | ree) |
| $\label{thm:continuous} \mbox{Vehicle Travel Direction:} \boxed{ \mbox{N} \mbox{S} \mbox{E} \mbox{W} } \qquad \mbox{Responding to Emergency?} $ | | | | | | | | | | | | | |
| Citation # (If Issued) | | | | | Most Harmful Event 23 10 Undercarriage 5 11 Totaled | | | | | | | | |
| Violation 1: ChSec Violation 2: ChSec | | | | | Driver Contributing Code 24 24 | | | | | | | | |
| Violatio | on 3: ChS | ec Violation | n 4: ChSec | Underri | ide/Override | | Towed | 8 | | / | 6 | | |
| Pl Name (Last Fi | | operator and all | occupants involved | | Age/DOB | Sex Pos. | Safety A | 28 29 Airbag Airbag Status Swite | g Eject T | 31 32 Trap Injury Code Statu | | Medical Faci | ilitv |
| | Non-Motorist | | See Above | | | | - | 5 | 2000 | 10 | 1 | The state of the s | |
| | | | | | | | | | | | | | |
| | | | | | + | \vdash | + + | | | | | | |
| | | l l | | | | | | | | - 1 | | | |



| Witnesses: | | | | | | | | |
|-------------------------------|------------------|-----------|-----------------|--------------|-----------|----------------|-------------------|-----------|
| Name (Last, First, Middle) | | Address | | | | Phone # | | Statement |
| | | | | | | | | |
| | | | | | | | | |
| Property Damage: | | | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Descri | ption of Damag | jed Property | |
| | | | | | | | | |
| | | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vehic | ele Section) | | | | 25 |
| Carrier Name | | | | | | Carrier Issui | ing Authority Cod | e 35 |
| Address | | | City | | | St | Zip | |
| US DOT #: | State Number | | _ Issuing State | ICC #:_ | | | _ Interstate | 36 |
| Cargo Body Type Code 37 Gross | s Vehicle Weight | 38 | | | | 39 | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | ailer Ler | | | |
| Hazmat Information: | | | | | | | | |
| Placard 40 Material 1 digit # | 41 Material Na | me | | Material 4 | digit#_ | | Release code | 42 |
| | | | | | | | | |

| JEREMY FAY | | NEWTON POLICE DEPARTM | 05/10/2022 | | |
|------------------------------------|-----------|-----------------------|------------|-------------------|------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |