	Polic	ce Use Only		<u>Com</u> mo	nwealth	of Mass	achus	etts					ment N		
	Date of Crash         Time of Crash           05/12/2022         01:39         NEWI		h City/ NEWTON	City/Town Motor Vel		hicle Cra	sh N	lumber ehicles	Number		d Limi ude		State Local	Police Police A Police	X
L	03/12/2022	01.59 24HF				Report		2	0		gitude_		Other	A Police	
ļ		AT INTE	RSECTION	< LOC.	LOCATION > NOT AT INTERSECTION								N:		
1					WEST 255 WASHINGTON ST										
7	Route# Direction Name of Roadway/Street					Route# Direction	on Addre	ess#		Nar	ne of R	Roadway	//Street		_
$\dashv$					Feet NSEW of or										
	Route# Direction Name of Intersecting Roadway/Street					-		]	Mile M	larker			Exit N	Number	_
ľ	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street									_
						Feet	N S E W	of							_
╣,	Route# Directi	ion	Name of Inter	et			-			Lar	ndmark				
	Wehicle 1	#Occupant	ts Hit/Ru	ın Moped	Case Numb	er	2200	0389							
7	License#		St	NY DOB/Age	Reo	# 2ZJW71			Reg Ty	e PAN	V	Reg	State N	ÍA	_
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 CDL					Reg # 2ZJW71         Reg Type PAN         Reg State MA           Veh Year 2005         Veh Make LEXUS         Veh Config.         1									
	Endorsment					ner (Same as ope	. \								-
	Operator WOLFSON LIBBY TALIA  Last First Middle  504 WARD ST					lress						Middl	e		_
- 1	City NEWTON State MA Zip 02459					7									_
	Insurance Company GEICO					icle Action Prior to		21						Jp to Thre	_
$\dashv$	Vehicle Travel Direction: N S E N Responding to Emergency? N						22 22	22	<b>22</b> 2		3		4	•	
	Citation # (If Is			esponding to Emergen		st Harmful Event	23		_ (		$\prod$	$ \mathcal{J} $	101	Undercarr	riage
		-		ion 2: ChSec		ver Contributing C	ode 1	24	24	←	9		5 11	Totaled	
٦			ec Violati		lerride/Override	25	Towed	N 8		O	)	6			
1				ccupants involved		lemde/Ovemde	2 Seat			30	31	32 Injury Ti	33		$\dashv$
-	Name (Last First			Addr		Age/DOB	Sex Pos.		28 29 irbag Airba Status Swite			Status C		edical Facili	ity
-	Operator			See Ab	ove			- 1 4	1 1	0	0	10 1	1		_
-										_					
	Please Select O of the Followin		cle2 <u>2</u> #Occup	pants Non-Motor	rist A Type	14 Action	Locatio	on 10	6 Condi	tion	17	Пн	lit/Run	Мор	oed
ſ	License# St MA DOB/Age					Reg # 1FZL18 Reg Type PAN Reg State						State_N	1A		
	Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL					Veh Year 2004 Veh Make CHEVY Veh Config. 1									
┪	Operator REMILLARD ALLISON Endorsment  Last First Middle					Owner (Same as operator)									
$\dashv$	Address 24 CH	IAPMANN ST	First	Midd		lress			First			Middl	е		_
-	City BEVERLY State MA Zip 01915					CityStateZip									
	Insurance Company GEICO					Vehicle Action Prior to Crash  S  Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: N S E X Responding to Emergency? N					Event Sequence 1 22 22 22 22 2 2 2 2 2 2 2 2 2 2 2 2									
	Citation # (If Is					Most Harmful Event 1 23						1	Undercarr Totaled	riage	
1	Violation	11: Ch	Sec Viole	ation 2: Ch Sec	Driv	ver Contributing C		24	24	•			5 11	Totaled	
	Violation		Sec Viola			lerride/Override	25	Towed_	N 8		7		6		
ľ	Ple	ease fill out fo	or operator and	all occupants involv	ed		20 Seat		28 29 irbag Airba	g 30 Eject	31 Trap	32 Injury Tr	33 ransp.		$\dashv$
	Name (Last Fire	rst Middle) Non-Motorist	.	Add See Abo		Age/DOB	Sex Pos	System - 1 4	Status Swi	ch Code	e Code	Status		ledical Facil	lity
r	Operator/1			Sec Au	J. U		1 1	1.1 14	ェ コンプ	I U	U	IIU	4		
-	TETRAULT, JE			51 BEALS ST (apt 11)			F 3	99 4		0	0	10 1	ı l		

