- 1	Poli	ce Use Only		<b>Commonwea</b>	utn oi	MIASSA	ichuse	cus		RMVD		ıt Number		
	Date of Crash 05/12/2022	Time of Crash 14:09 24HR	NEWTON	Motor	Vehic lice R	cle Cra eport	sh Nu Vel	mber Num nicles Injur	ed Latit	d Limit <u>2</u> ude gitude	5 S L N O	tate Police ocal Police MBTA Police other:		
			RSECTION:		LOCATI		>	N(		INTER	SECT	ION:	1	
1						SOUTH	189		MS ST					
1	Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Street								
	Route# Direc	tion N	Name of Intersecting	r Roadway/Street		Feet N	SEW	of — — Mil	Marker	— or	E	xit Number		
	- Router Biree	1	Also at Inters	·	_	Feet N	SEW	of Rou	e# I	ntersecting	g Roadwa	av/Street	L	
2 1	Route# Direct	tion	Name of Intersec	ting Roadway/Street	-	Feet N	SEW						2	
3	_		I _							Landn	nark		1	
	Vehicle1	_1_#Occupants			Number		220003						4	
	License#	18 1		19		KZ270				N		20		
4	Sex_F Lic. 0 Operator SHI		Lic. Restrictions  ALEXANDRA	Endorsment		(Same as oper	-1			V	eh Config	g. 2	-	
1		CHLAND AVE	. (apt. 1)	Middle		Last		First			Middle		3	
	City_NEWTO	N	Star	te_MA Zip_02460							Zip			
	Insurance Com	pany_THE COM	MERCE INSURA	NCE COMPANY	Vehicle A	Action Prior to	Crash	1 21	Damageo	d Area Co	de: (Circ	ele Up to Three)	2 2 2 3	
5 <b>1</b>	Vehicle Travel	Direction: N	X E W Respo	onding to Emergency? N	Event Se	equence 2	22 22 23	22 22	<b>9</b>	3	4	10 Undercarriage		
	`	ssued)		2 GL G		rmful Event	2	24 24	•	9	5	11 Totaled	7	
<sup>6</sup> 1	1			2: ChSec 4: ChSec		ontributing Co	25	3	<b>3</b>	7	6			
-	Please 1	fill out for opera	ator and all occup		Onderrid	e/Override		27 28 Safety Airbag A	29 30 irbag Eject	31 3 Trap Inju	32 33 Transp.		1	
	Name (Last Fire	st Middle)		Address See Above		Age/DOB	Sex Pos.	System Status S	witch Code 1 0	Code Stat	cus Code 2	Medical Facility  NEWTON-WELLESLEY	╙	
													1	
7 <b>1</b>	Please Select C of the Followi	I A Vehicle	2 <u>0</u> #Occupants	Non-Motorist A Typ	pe 14	Action	Location	16 Co	ndition	17	Hit/Ru	un Moped		
	License#	18 1	St		Reg # <u>52</u>	3EF8		Reg	Reg Type PAN Reg State N			te MA		
	Sex Lic. 0		Lic. Restrictions		Veh Year	r 2019		ke_HONDA		V	eh Config			
8 !	OperatorLast First Middle					Owner         TREDDIN JR         JAMES           Last         First         Middle           Address         62 WESTMINSTER AVE								
2	l	Last	First	maic		Last	STER AVE	First						
2	Address	Last			-	62 WESTMIN	STER AVE	First				02472		
2	Address		Sta	teZip	City WA	62 WESTMIN		21	Damageo	_State_M	A Zip	02472 ele Up to Three)		
2	Address	pany_ARBELLA	State MUTUAL INSUE		City WA	62 WESTMIN ATERTOWN Action Prior to	Crash	11 21	Damageo	_State_M	A Zip			
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2	Address City Insurance Com Vehicle Travel Citation # (If Is	pany ARBELLA Direction: N	Star MUTUAL INSUE  X E W Resp	teZipRANCE COMPANY	City WA Vehicle A Event Se Most Han	62 WESTMIN ATERTOWN Action Prior to	Crash $\begin{bmatrix} 2 & 22 \\ 1 & 23 \end{bmatrix}$ de $\begin{bmatrix} 1 & 2 \\ 1 & 23 \end{bmatrix}$	11 21 12 22 22 22 22 24 24 24		State M d Area Co	A Zip de: (Circ	ele Up to Three)	نڌ	
2	Address City Insurance Com Vehicle Travel Citation # (If Is Violation Violation	pany ARBELLA Direction: N ssued) n 1: Ch Se n 3: Ch Se	Star MUTUAL INSUE  X E W Resp ee Violation ee Violation	RANCE COMPANY  conding to Emergency? N  2: Ch Sec 4: Ch Sec	City WA Vehicle A Event Se Most Hai	62 WESTMIN ATERTOWN Action Prior to equence 1  rmful Event [	Crash	11 21 22 22 22 22 24 24 24 24 24 24 24 24		_State_M_d Area Co	A Zip de: (Circ	ele Up to Three)	÷	
<sup>8</sup> 2	Address City Insurance Com Vehicle Travel Citation # (If Is Violation Violation Ple Name (Last Fi	pany ARBELLA Direction: N ssued) n 1: Ch So n 3: Ch So ease fill out for st Middle)	Star MUTUAL INSUE  X E W Resp ee Violation ee Violation	RANCE COMPANY  conding to Emergency? N  12: Ch Sec 14: Ch Sec occupants involved Address	City WA Vehicle A Event Se Most Har Driver C Underrid	Last 62 WESTMIN ATERTOWN Action Prior to equence 1 2 rmful Event  ontributing Co e/Override  Age/DOB	Crash	11 21 22 22 22 22 24 24 24 24 24 24 24 24	29 30 Eject	State M  Area Co	A Zip de: (Circ 4 6 6 22 33 gry Fransp.)	10 Undercarriage  Totaled	2	
2	Address City Insurance Com Vehicle Travel Citation # (If Is Violation Violation Ple Name (Last Fi	pany ARBELLA Direction: N ssued) n 1: Ch So n 3: Ch So ease fill out for	Star MUTUAL INSUE  X E W Resp ee Violation ee Violation	RANCE COMPANY  conding to Emergency? N  1 2: Ch Sec 1 4: Ch Sec occupants involved	City WA Vehicle A Event Se Most Har Driver C Underrid	Last 62 WESTMIN ATERTOWN Action Prior to equence 1 2 rmful Event 0 contributing Co e/Override 0	Crash	21 21 22 22 22 24 24 24 24 25 26 27 28 8afety Airbag A	29 30 Eject	State M  Area Co	A Zip de: (Circ 4	10 Undercarriage  Totaled		
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	ice Use Only	Ot: m	Commony								ment Numb		
Date of Crash 05/12/2022	Time of Crash 14:09	City/To	1410		icle Cra	l V	ehicles Ir	ijured	Speed Lii Latitude		State Poli Local Pol MBTA Po	lice X	
	24HR	1		Police 1	_		1 1		Longitud		Other:		
	ALINIE	RSECTION:	<	LOCA	HON	>	Γ	NOT A	ALINI	LEKSE	CTION:		
Route# Direct	tion		Roadway/Street At		Route# Direction	on Addre	ss#		Name of	f Roadway	//Street		
				Feet []	N S E W	of	 Mile Mar	• ·ker	or	Exit Num	her		
Route# Direc	tion 1	Name of Intersectin	· .		Feet 1	N S E W		1110 11101			Exit I valii	-	
Also at Intersection with					Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								
May 1 1 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										and nark			
Venicles	_ <del>0_</del> #Occupants	Hiykun	Moped	Case Number	7337WL	22000	0390						
License#	License # St DOB/Age											20	
Sex Lic. 0		Lic. Restriction		ıt .	ear_2015					Veh Co	onfig. 2		
Operator	Last	First		Owne	SIMMONS Las	t	PHILIP	irst	]	R Middl	e		
					SS 44 LOTHRO	P ST							
			ateZip	City_	NEWTON						Zip <u>02460</u>		
Insurance Com	Insurance Company SAFETY INSURANCE COMPANY					Crash	11 21		-		Circle Up to	Three)	
Vehicle Travel Direction: NXEW Responding to Emergency? N					Sequence 2	22 2 22	22 22	2		3	4		
Citation # (If Is	ssued)			Most	Harmful Event	2 23	2	_O <b></b>	<b>-</b>   [	9	10 Unde	ercarriage led	
Violation	1: ChSec	ec Violation	_ Driver	Driver Contributing Code 1 24 24 8 7 6									
		ec Violation	_ Under	ride/Override	25	Towed Y	_		<i>'</i>				
Please fill out for operator and all occupants involved  Name (Last First Middle)  Address					Age/DOB	Sex Pos.	Safety Airba System Statu	8 29 ag Airbag as Switch	30 3 Eject Trap Code Code	1 32 Injury Tr e Status C	33 ransp. lode Medical	Facility	
Operator			See Above				-						
Please Select C	)ne 🔀		<del></del>		14 1	15	16		17	7] .			
of the Followi	IX Vehicle	e4 <u>0</u> #Occupan	ts Non-Motorist A	A Type	Action	Location	n	Conditio	on		it/Run	Moped	
License#		St	DOB/Age	Reg#	2GRH68		R	eg Type	PAN	Reg	State MA		
Sex Lic. (		Lic. Restriction	ns CDL Endorsmen		Veh Year   2018   Veh Make   TOYOTA   Veh Config.   1							20	
Operator	Last	First	Owne	Owner PANAGGIO PASQUALE  Last First Middle									
Address			Addre	Address 181 (apt. 15) LEXINGTON ST									
City State Zip					City NEWTON State MA Zip 02466								
Insurance Company VERMONT MUTUAL INSURANCE COMPANY					Vehicle Action Prior to Crash  11 Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: $N \times W$ Responding to Emergency? $N$					Event Sequence 2 22 22 22 2 3 Q								
Citation # (If Issued)					Most Harmful Event 2 23 10 Undercarriage 3 11 Totaled								
Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 24								
Violatio	n 3: ChS	Sec Violatio	on 4: ChSec	Under	ride/Override [	25	Towed_N			7	Ç)		
Pl		r operator and all	l occupants involved		4/DOD	Sex Pos.	27 28 Safety Airba	3 29 ag Airbag tus Switch	30 Trap	1 32 Injury Tr	33 ransp.	l Facility	
Nama (I+ T	ist iviidale)				Age/DOB	Sex Pos.	. System Star	us switch	Code Cod	de Status (	Code Medica	11 racinty	
Name (Last Fi	Non-Motorist		See Above				-						
	Non-Motorist		See Above				-						
	Non-Motorist		See Above				-						

