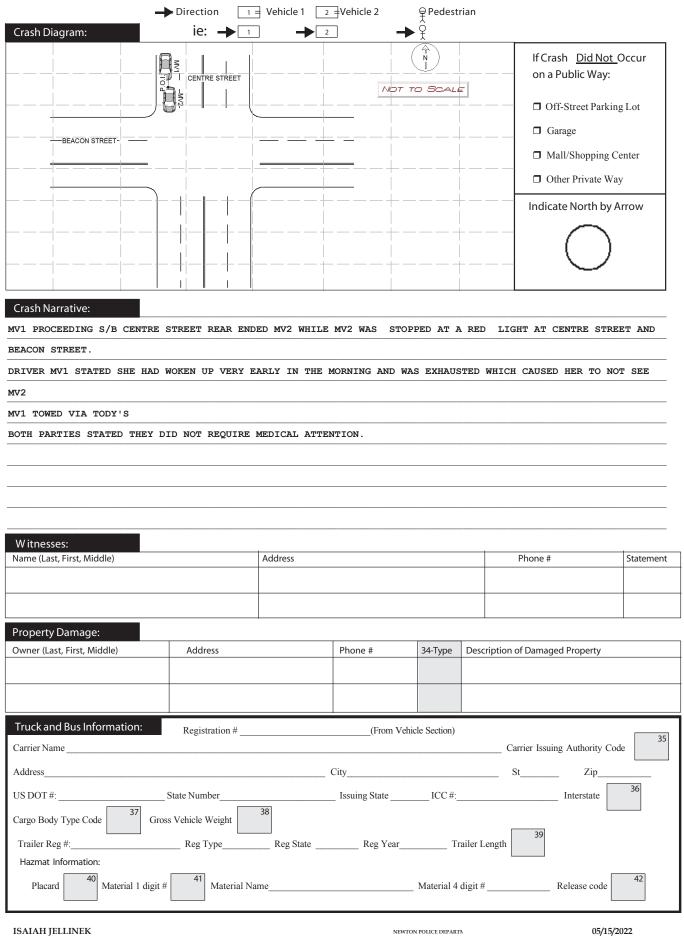
	Poli	ce Use Only		Commo	nweal	th o	f Mass	ach	uset	tts		I	RMV D	ocume	nt Number		
	Date of Crash 05/15/2022	Time of Crash 02:51	City/T NEWTON	own N	Aotor '	Vehi	icle Cra	sh	Num				Limit <u>2</u> ! le	5	State Police Local Police MBTA Police	□ X i	
	03/13/2022	02:51 24HR	NEWTON		Poli	ce F	Report		2	0		Longit			MBTA Police Other:		
		AT INTER	RSECTION:		< Lo	OCAT	TION	>		N	TOI	AT I	NTER	SEC	ΓΙΟΝ:		
		BEACO	N ST														
1 4	Route# Direc			f Roadway/Street		F	Route# Direction	on A	ddress	#		Name	of Roa	dway/St	reet		
	At CENTRE ST					Feet NSEW of or											
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number									_	
	Also at Intersection with						Feet NSEW of Route# Intersecting Roadway/Street									- L	
² 1							Feet	N S E	W of					,	,	1	
	Route# Direction Name of Intersecting Roadway/Street						Landmark										
3	XVehicle1	1_#Occupants	Hit/Rur	Moped	Case N	umber		2	200040)1							
	License#		St N	IA DOB/Age		Reg#1	JTG55			Re	σ Tyne	PAN		Reg St	ate MA		
	Sex F Lic. Class D Lic. Restrictions 1 CDL						Reg # 1JTG55 Reg Type PAN Reg State MA Veh Year 2018 Veh Make MAZDA Veh Config. 1										
4			REBECCA	Endor MARIA	rsment		(Same as ope	rator)							15.	_ -	
3	Address 268R	perator SCHWARTZ REBECCA MARIA Last First Middle ddress 268R MERRIMAC ST					Owner (Same as operator) Last First Middle Address										
	City NEWBURYPORT State MA Zip 01950																
	Insurance Company ARBELLA						City State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
5				sponding to Emerge	ncv? N			22 2	1		0_		3	4			
1		ssued)		ponding to Emerge			Iarmful Event	2.	3				Ц/		10 Undercari	riage	
				n 2: ChSec_			Contributing C		21 24	24	1	$\vdash \mid$	9	5	11 Totaled		
⁶ 2							ide/Override	25	7	owed Y	8	V	7	6			
_	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved						ide/override [27 28 afety Airbag stem Status		30 Eject I	31 3 rap Inju	32 3	3	\dashv	
	Name (Last First Middle) Operator See Above						Age/DOB	Sex	Pos. Sy	stem Status	Switch	Code C		us Code	Medical Facil	ity	
	Орегатог			Sec At	bove								10	1			
⁷ 2	Please Select C of the Followi		2 <u>1</u> #Occupa	nts Non-Moto	orist A Type	14	4 Action	Loc	eation	16	Conditio	on	17	Hit/F	Run Mop	oed	
	License# St MD DOB/Age					Reg#_1	KXN84	Reg Type_PAN					Reg State_MA				
	Sex_M Lic. Class C 18 18 Lic. Restrictions 19 CDL					Veh Year 2016 Veh Make TOYOYA Veh Config. 1								ig. 20			
8 2	Operator CAMPOSOUZA LUCAS Endorsment						(Same as ope			Fir	no t			Middle		_	
	Address 160 CHARLESBANK ROAD Middle					Address	S			rii				Middle			
	City NEWTON State MA Zip 02458					City State Zip											
	Insurance Company GEICO						Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel	Direction: N	X E W R	esponding to Emerge	ency?N	Event S	Sequence 1	22 2	2 2	2 22	2		3	4			
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled											
	Violatio	n 1: ChSe	ec Violati	on 2: ChSec	:	Driver	ں Contributing C	ode	1 24	24							
	Violatio	n 3: ChSe	ecViolati	on 4: ChSec	;	Underri	ide/Override	25	To	wed_N	8		7)		
			operator and a	ll occupants involv					26 Seat Sa	27 28 afety Airbag	29 Airbag	30 Eject T	31 3	2 33 ry Trans	p.		
	Name (Last Fi Operator/	rst Middle) Non-Motorist		Ad See Ab	oove		Age/DOB	Sex		ystem Statu	s Switch	Code	0 10	itus Code		ility	
	орыны	T (OII 1/10/OIII)							1				0 10	+			
							-		\dashv							\dashv	



CDP1 11 ·24·00

Police Officer Name (Please Print)