Po	lice Use Only		Common	nwealth	of Massa	achus	etts		I	RMV Do	cumen	t Number		
Date of Crasl 05/19/2022	Time of Crash	n City/T	own M	otor Ve	hicle Cra	$sh$ $\begin{bmatrix} N \\ V \end{bmatrix}$		Number Injured		Limit <u>35</u> le	Si	tate Police ocal Police IBTA Police	□ Xi	
03/19/2022	15:27 24HR			Police	Report		3	2	Longit			IBTA Police other:		
	AT INTE	RSECTION:	<	LOC	ATION	>		NOT	AT I	NTERS	ECT	ION:	十	
					EAST	261	1	NAHAN	TON ST	Γ			-	
Route# Dire	ection		Route# Direction Address # Name of Roadway/Street							eet	_			
			At		Feet [	N S E W	of _		•_	or			_	
Route# Dir	ection	Name of Intersect	ing Roadway/Street		-		] 01	Mile Ma	arker	01	Е	xit Number		
			ersection with		Feet [1	N S E W	l	Route#	Inte	ersecting I	Roadwa	v/Street	-	
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Route# Dire	ection	Name of Inters	ecting Roadway/Street	•			-			Landma	rk			
XVehicle	1 1_#Occupants	s Hit/Rur	Moped	Case Numb	er	2200	0423							
License#		St N	IA DOB/Age	Rec	; # <b>17109</b>			Reg Typ	o PAN	F	en Stat	o MA	-	
Sex_F Lic	18		19		Year_2016							20	-	
	ACKS		Endorsn	nent	ner (Same as oper						Connig	ş. <u> </u>	_	
Address 235	NAHANTON S	First	Middle					First			iddle		-	
City NEWTO			tate_MA Zip_02465		dress						7in		1	
	mpany SAFETY		icle Action Prior to		21					le Up to Thre	· I			
_		I S W Per	sponding to Emergence		nt Sequence 1		22	<b>22</b> 2		0	4	•		
	Issued)	11-71	sponding to Emergence		st Harmful Event	23						10 Undercarri	iage	
	,		on 2: ChSec		ver Contributing Co	ode 4	24	24 1	←	9	5	11 Totaled		
			n 4: Ch Sec		derride/Override	25	Towed	v 8		7	6			
			upants involved	Unc	lerride/Override	26 Seat			30 Eject I	31 32 rap Injury	33 Transp.			
Name (Last 1	irst Middle)	1	Addres		Age/DOB	Sex Pos.		28 29 irbag Airbag tatus Switch		ode Status	Code	Medical Facilit	ty	
Operato	r		See Abo	eve			- 1 4	1	0	0 8	2	BETH ISRAEL		
Please Select of the Follov		le2 1_#Occupa	nts Non-Motori	st A Type	14 Action 1	5 Locatio	n 16	Condit	ion	17	Hit/Ru	ın Mop	ed	
License # St MA DOB/Age DOB/Age					Reg #         2CWR29         Reg Type         PAN         Reg State         N							e MA	_ ]	
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL					Veh Year 2016 Veh Make AUDI Veh Config. 1									
Operator Gl	ENSER	MAURICE	Endorsn	Ow	ner (Same as oper	rator)		First			iddle		_	
Address 195	OLD FARM RD	)	Middle		lress			riist		M	iddie			
City_NEWTO	ON	S	tate MA Zip 02459	0-3837 City	<i></i>					State	Zip			
Insurance Co	mpany PRIVILE	GE UNDERWRI	ΓERS	Vel	icle Action Prior to	Crash	1 21	Da	maged A	Area Code		le Up to Thre	ee)	
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Violati	on 3: ChS	Sec Violati	on 4: ChSec_	Uno	derride/Override	25	Towed_	$\overline{\mathbf{Y}}$		7	6			
		or operator and a	ll occupants involve			26 Seat	Safety Ai	28 29 irbag Airbag	30 Eject T	31 32 Trap Injury	33 Transp.		$\exists$	
Name (Last Operato	First Middle) r/Non-Motorist		Addre See Abo		Age/DOB	Sex Pos	- 1 3	Status Switc	h Code	Code Statu  0 8	s Code	Medical Facil	ity	
First							-			-	-		$\dashv$	
							++						$\dashv$	

Date of Crash	Time of Crash		Commony					Number		imit 35	St	t Number tate Police	_
05/19/2022	15:27	NEWTON	IVIO		iicle Cra Poport	l V	ehicles	Injured	Latitude			ocal Police IBTA Police	X
	24HR		<		Report TION	>   3	3	2 NOT	Longitu			ther:	
	ALINIER	RSECTION:		LOCA	MON			NUI	ALIN	TERS	EC I	ION:	_
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					Feet [1	S E W	of —	Mile Ma	• ırker	_ or	E	xit Number	_
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					Feet 1	N S E W		Route#	Inte	rsecting R	loadwa	y/Street	_
Route# Direc	tion	Name of Intersecting	ng Roadway/Street				_			Landmar	k		
XVehicle 3	1 #Occupants	☐ Hit/Run	Moped	Case Number	r	2200	0423						
_									DANI				
License#	18 1		19		5RV489					R		20	_
Sex_F Lic.		Lic. Restrictions YULIANA	CDL Endorsmer	nt.	Year 2021					Veh	Config	ş. <b>2</b>	
Operator BRI Address 26 D	Last ELL AVE		er (Same as open					Mi	ddle		_		
Address 20 D		State	MA 7: 02492		ess					tata	7:		-
-	npany PLYMOUT		City State Zip  Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)										
1	Direction: N		iding to Emergency?			22 22	2	22 2		3	4	¥	.,
	ssued)		ang to Emergency?		Harmful Event	23						10 Undercarr	riage
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		ator and all occupa			de, o verride	26 Seat			30 Eject Tr	31 32 ap Injury ode \$tatus	33 Transp.		
Name (Last Fin	rst Middle)		Address See Above		Age/DOB	Sex Pos.			Code Co		Code	Medical Facili	ity
							1	1		10	+		
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Please Select ( of the Followi		e# Occupants	Non-Motorist	A Type	14 Action 1	5 Locatio	n 16	Conditi	ion	17	Hit/Ru	ın Mop	oed
License#	J	St	DOB/Age	Pagi	4			Reg Tym	ρ.	p	eg Stot	re	
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l		State	Zip							tate	Zip		_
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Vehicle Travel			onding to Emergency			22 22	22 2	22 2		3	4		
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		ec Violation 4			rride/Override	25	Towed_			7	6		
		operator and all oc	*			26 Seat	27 Safety Air	28 29 rbag Airbag	30 Eject Tr	31 32 ap Injury	33 Transp.		
Name (Last F Operator)	Non-Motorist		Address See Above		Age/DOB	Sex Pos	System S	Status Switc	h Code C	ode Status	Code	Medical Faci	lity
					1	1 1	1 1	- 1	1 1		1 '		

