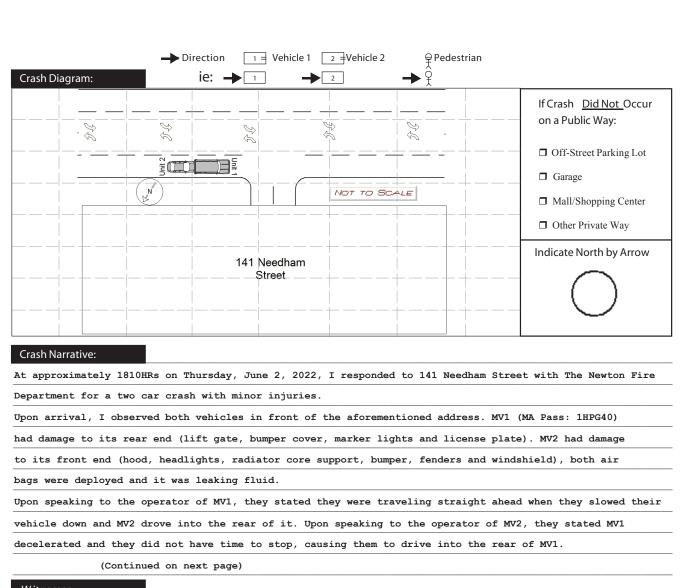
ļ		ce Use Only		Commo											t Number	
	Date of Crash 06/02/2022	Time of Crash 18:13	City/ NEWTON	Town M		ehicle C				Number Injured		ed Limi tude		- St	tate Police ocal Police IBTA Police	X
L	09042022	24HR				e Repor	t	2		0		gitude_			ther:	
		AT INTER	RSECTION	:	< LOC	CATION	>			NOT	AT	INTI	ERSI	ECT	ION:	
				SOUTH 141 NEEDHAM ST												
	Route# Direct	ion	Name	of Roadway/Street		Route# Dir	rection A	Addres	s #		Naı	me of F	Roadwa	ay/Stre	et	
┨				Fe	et N S F	E W	of —		_ •	_	or			_		
	Route# Direct	tion N		Mile Marker Exit Number  Feet N S E W of												
			Also at In	tersection with		Fee	et NSF	<u> </u>		Route#	I	ntersec	ting Re	oadwa	y/Street	_
	D	<del> </del>		Feet N S E W of												
	Route# Direct	ion	et	Landmark										_		
	XVehicle1	_1_#Occupants	Hit/Ru	ın Moped	Case Num	ber	:	220004	482							
ľ	License#		St <sup>1</sup>	MA DOB/Age	Re	eg# 1HPG40	,		F	Reg Typ	e PAN	N	Re	eg Stat	е МА	Ţ,
	Sex_M Lic. C	Class D 18 1	Lic. Restricti	ions 19 CDL	Ve	eh Year_ <b>2022</b>	V	eh Ma	ke VOL	vo			Veh (	Config	20	
$\neg$		Last	YENWEI	Endors	sment	wner (Same as										
_	Address 267 PI	EARL (apt. 1)	First	Middl		ddress							Mid	dle		
	City NEWTON			State MA Zip 0245		ity							:	_Zip_		
	Insurance Comp					ehicle Action Pri	ior to Crasl	h	21	Da	mage	d Area	Code:	(Circl	le Up to Thre	ree)
	Vehicle Travel	Direction: N	X E W R	esponding to Emergen	ncy? N Ev	vent Sequence	1 22 2		22 22	2 2		3	<u> </u>	<b>(4)</b>		
		ssued)				ost Harmful Eve	ent 1 2	23		<b>-</b>		9	$\langle    $		10 Undercarr	riage
	Violation	1: ChSec	c Violati	ion 2: ChSec	D <sub>1</sub>	river Contributin	ıg Code	1 2	24	24				၂ၑ	11 Totaled	
	Violation	3: ChSec	c Violati	Uı	nderride/Overrid	le 2	25	Towed 1			7		6			
		ill out for opera				26 Seat	27 Safety Airb System Sta	28 29 pag Airbag	30 Eject	31 Trap Code	32 Injury	33 Transp.				
-	Name (Last Firs	t Middle)		Addre See Abo		Age/DO		Pos.	1 1	tus Switch	0 Code	Code	Status 10	Code 1	Medical Facili	ity
_																
	Please Select O of the Followin		e2 <u>2</u> #Occup	ants Non-Motor	rist A Type	14 Action	15 Lo	cation	16	Condit	ion	17		Hit/Ru	ın Mop	oed
	License#		St <sup>1</sup>	MA DOB/Age	R:	eg # 2LF982				Reg Typ	e PAN	N	Re	eg Stat	<sub>e</sub> MA	
	Sex F Lic. Class D 18 18 Lic. Restrictions B CDL													20	_	
┪	Operator MUNRO REILLY Endorsment					Owner REDD CHARLES										
4	Address 96 GLENDOWER RD First Middle					Last First Middle Address 22 TOWER ST									_	
	City BOSTON State MA Zip 02131					City SOMERVILLE State MA Zip 02143									_	
	Insurance Company USAA					Damaged Area Code: (Circle Un to Three)										ee)
	Vehicle Travel Direction: N X E W Responding to Emergency? N					Event Sequence 1 22 22 22 22 23 3 4										
	Citation # (If Issued)					Most Harmful Event 23									riage	
	Violation 1: Ch Sec Violation 2: Ch Sec					Driver Contributing Code 5 24 24 5 11 Totaled										
	Violation			tion 4: Ch Sec		nderride/Overrid	2	25	Towed_N	<u>'</u> _0		7		6		
- 1				all occupants involv					27 2 Safety Airb		30 Eject	31 Trap	32 Injury	33 Transp.		
ľ	Name (Last Fir			Add	lress	Age/DC	OB Sex	Pos.	System St	atus Switc	h Code	e Code	Status	Code	Medical Faci	ility
-			1	Can Al.		I			4 .		10	0	10	4	1	
, - -		Non-Motorist	3	See Abo 30 HEWLETT ST (apt 2			М	3	1 4	4	0	0	10	1		



witnesses:							
Name (Last, First, Middle)		Address			Phone #	ŧ	Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			35
Carrier Name					Carrier Issu	ning Authority Code	e
Address			City		St	Zip	
US DOT#:S			Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gross	Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42

	Direction	_1 <del> </del> V	ehicle 1	2 #Vehicle	2	Pedestr	ian					
Crash Diagram:	ie: <b>→</b> [	1	<b>→</b>	2	<b>→</b>	Ŷ						
	ie: ->[							If Crash Did Not on a Public Way:  Off-Street Parkin Garage Mall/Shopping C Other Private Wa	g Lot enter			
Crash Narrative:												
All parties involved signe	ed patient res	fusals	s. NFD c	leaned up	the le	aked flu	id. T	ody's Services remove	d MV2			
from the roadway and MV1 o	drove away und	der it	ts own p	ower. I c	omplete	d and fi	lled	an NPD Towed Motor Ve	hicle			
Form.												
Witnesses:												
Name (Last, First, Middle)		Ac	ddress					Phone #	Statement			
Property Damage:												
Owner (Last, First, Middle)	Owner (Last, First, Middle) Address					34-Туре	Descri	ption of Damaged Property				
Truck and Bus Information:	Registration #				From Vehi	cle Section)						
Carrier Name			(					Carrier Issuing Authority Code 35				
<u> </u>				a.								
Address				City				St Zip	26			
US DOT#:	_ State Number			Issuing S	State	ICC #:_		Interstate	36			
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38										
Trailer Reg #:	Pag Typo		Pag Stata	D	og Voor	Tr	nilar I ar	39				
Hazmat Information:	Keg Type		reg State	K	g 1 cal	1	anci Lei	ıgıı				
40	41								42			
Placard Material 1 digit	# Materia	l Name_				Material 4	digit#_	Release code				
CHRISTOPHER G HOWES			20	8804		N POLICE DEPART		06/02/2				

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)