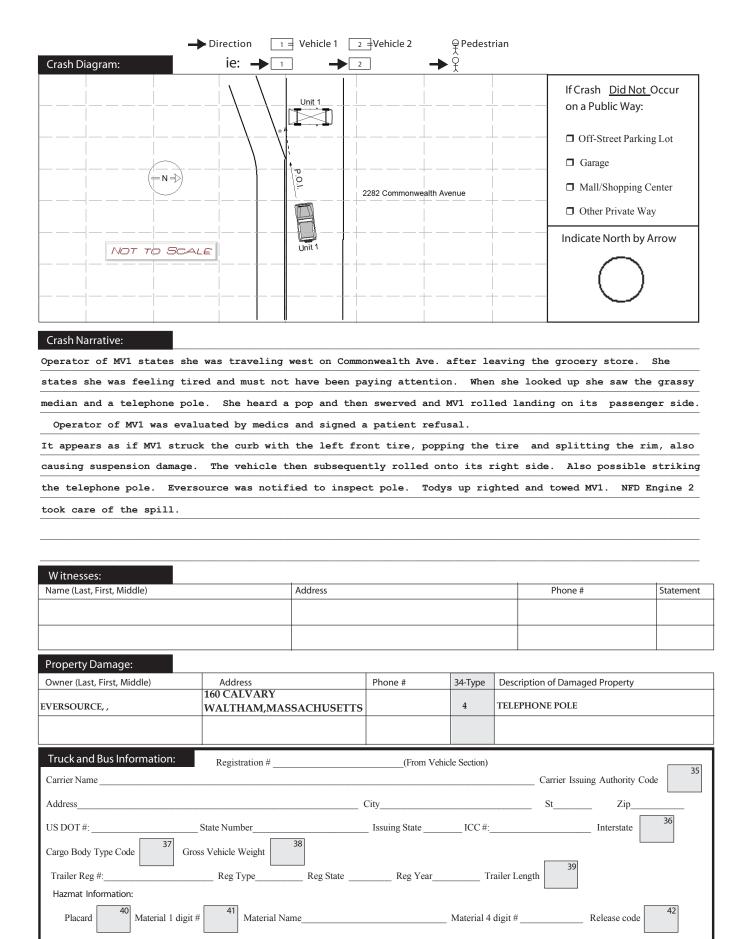
	Poli	ice Use Only		<b>Commonwea</b>	lth o	f Massa	achu	isetts	5				ient Number		
	Date of Crash 06/06/2022	Time of Crash 18:38	NEWTON	MIUIUI			sh	Number Vehicles	Injur	ed Lat	ed Limi itude		State Police Local Police MBTA Police	XI D	
ı		24HR	RSECTION:			Report	>	1	0 NO		gitude_		Other:	$\dashv$	
ı		ATINIE	KSECTION.	\ L	LOCATION > NOT AT INTERSECT							TION.			
4					30		228		COM		EALTH				
	Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Street								_	
		-	Feet NSEW of or Exit Number												
	Route# Direc	etion	Name of Intersecting l		<b>-</b>	Feet 1	N S E	W of	.,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Exit I valider		
_			Also at lineisec	don with			N S E		Route	<del>#</del>	Intersec	ting Road	lway/Street	╴┟	
	Route# Direc	tion	Name of Intersection	ng Roadway/Street		reet	1 5 E	01			Las	ndmark		-	
╗	[V]v. 1 · 1 · 4	1 110									Lai	iuiiai K		$\neg$	
_	Vehicle1	_1_#Occupants	Hit/Run	Moped Case N	Number		22	2000491						Ц	
	License # St MA DOB/Age  18 18 19 19					Reg # 9GK967 Reg Type PAN Reg State MA									
	Sex_F Lic.	Class D 18	Lic. Restrictions	B CDL	Veh Yea	ar_2021	Vel	n Make_JI	EEP			Veh Cor	nfig. 20		
	Operator GA		BERTHA	Middle		GARDNER Las		KYLE	First			Middle		_ [	
4	Address 47 YOUNG ST					Address 47 YOUNG RD									
	City WESTON	N	MA Zip 02493	City WESTON State MA Zip 02493									-		
	Insurance Company BANKERS STANDARD INSURANCE CO					Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel	Direction: N	S E X Respon	ding to Emergency? N	Event S	equence 20 <sup>2</sup>	22 22 22	43 22	22	2	<u> </u>		4		
┨	Citation # (If I	ssued)			Most Ha	armful Event	43 23			<b>—</b>	9	$\left\{ \mid \ \mid \right\}$	10 Undercarr 5 11 Totaled	riage	
4	Violation	1: ChSe	ec Violation 2:	ChSec	Driver (	Contributing Co	ode :	21 24 1	19 24						
	Violation 3: ChSec Violation 4: ChSec					de/Override	25	Towe	ed Y	9	7		6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex 1	26 27 Seat Safety Pos. System	28 Airbag Ai Status Sv	29 30 Ejec ritch Cod	0 31 Trap e Code	32 Injury Tran Status Coo	33 nsp. de Medical Facili	itv	
Ī	Operator	,		See Above				1		9 0	0	10 1	NONE		
-															
4					14		15		16		17				
_	Please Select C of the Followi	I Vehicl	e# Occupants	Non-Motorist A Type	e   14	Action		ation	Cor	dition	17	Hit	/Run Mop	ed	
	License#StDOB/Age					eg# Reg Type Reg State									
	Sex Lic.	18	19 CDL									20	_		
1	Endorsment Operator					wner									
	Last First Middle Address					Las	t		First			Middle			
						CityStateZip									
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel	Direction: N	S E W Respo	nding to Emergency?	Event S	equence 2	22 22	22	22 2	!	3		4		
	Citation # (If I	ssued)			Most Ha	armful Event	23				9	$\langle   \   \  $	10 Undercarr 5 11 Totaled	riage	
	Violatio	n 1: ChS	Sec Violation 2	2: ChSec	Driver (	ا Contributing Co	ode	24	24	1	/ T	$\bigvee$	J 11 Totalou		
	Violatio	n 3: ChS	Sec Violation	4: ChSec	Underrie	de/Override	25	Tower	i 8	3	7		6		
	Pl	ease fill out for	r operator and all o	ccupants involved				26 27 Seat Safety	28 Airbag Ai	29 30 rbag Ejec	) 31 t Trap	Injury Trai	33 nsp.	$\dashv$	
-	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB		Pos. System	m Status S	witch Co	de Code		ode Medical Faci	lity	
	1						+							$\dashv$	
-										+				$\dashv$	



ALLAN L CICCONE, III 06/06/2022 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date