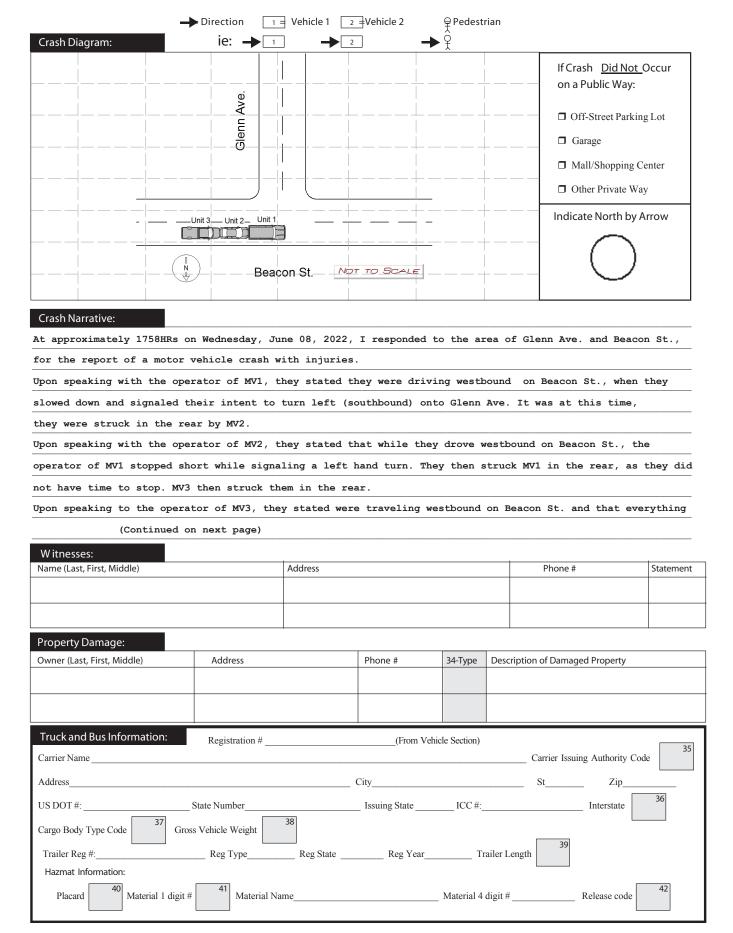
| Date of Crash Time of Crash O6/08/2022 Time of Crash NewTON NEWTON Police Report Time of Crash Number | Local Police MBTA Police Other: |
|--|---------------------------------------|
| 24HR Police Report 3 1 Longitude AT INTERSECTION: < LOCATION > NOT AT INTI WEST BEACON ST 1 Route# Direction Name of Roadway/Street Route# Direction Address # Name of Roadway/Street | Other: |
| WEST BEACON ST 1 Route# Direction Name of Roadway/Street Route# Direction Address # Name of Figure 1. | RSECTION: |
| Route# Direction Name of Roadway/Street Route# Direction Address # Name of F | 1.1 |
| Route# Direction Name of Roadway/Street Route# Direction Address # Name of F | |
| At Realest Fledicis F | padway/Street 2 |
| SOUTH GLEN AVE Feet N S E W of • | r |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet N S E W of | Exit Number |
| Route# Intersec | ng Roadway/Street |
| 1 Route# Direction Name of Intersecting Roadway/Street Feet N S E W of | 2 |
| 3 Lai | lmark |
| Wehicle 1 1 #Occupants Hit/Run Moped Case Number 22000506 | |
| License# — St MA DOB/Age — Reg # 4NAZ81 Reg Type PAN | Reg State MA |
| Sex_F_ Lic. Class D 18 18 Lic. Restrictions T 19 CDL_ Veh Year_10 Veh Make FORD Endorsment | |
| Operator O'CONNOR HAYLEY Owner (Same as operator) | Middle 1 |
| Address 25 EMERSON RD Address | |
| City WELLESLEY State MA Zip 02481 City State | Zip |
| insurance Company venicle Action Prior to Clash 1 | Code: (Circle Up to Three) |
| Vehicle Travel Direction: NSEN Responding to Emergency? N Event Sequence 2 22 22 22 22 3 | (9 |
| Citation # (If Issued) Most Harmful Event 1 23 9 | 10 Undercarriage 5 11 Totaled |
| Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 8 7 | 6 |
| 1 Violation 3: ChSec Violation 4: ChSec Underride/Override Towed N | |
| Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Ag | 32 33 Transp. Code Medical Facility 1 |
| Operator See Above1 4 4 0 0 | 10 1 |
| | |
| | |
| | |
| 7 3 Please Select One of the Following: Vehicle 2 1_#Occupants Non-Motorist A Type | Hit/Run Moped |
| License # St CT DOB/Age Reg # 275RNP Reg Type PAN | Reg State_CT |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2003 Veh Make HONDA | Veh Config. 1 |
| 8 Operator BIBBER KAILEY Endorsment Owner BIBBER KIRK | |
| Address 84 TAYLOR AVE (apt. 2) Last First Middle Last First Address 84 (apt. 2) TAYLOR AVE | Middle |
| | CT Zip 06854 |
| Insurance Company GEICO Vehicle Action Prior to Crash 1 Damaged Area | Code: (Circle Up to Three) |
| Vehicle Travel Direction: N S E Responding to Emergency? N Event Sequence 1 22 22 22 22 22 23 3 | 4 |
| Citation # (If Issued) Most Harmful Event 1 23 | 10 Undercarriage 11 Totaled |
| Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 5 24 24 | Jan Totaled |
| Violation 3: ChSec Violation 4: ChSec Underride/Override | 6 |
| Please fill out for operator and all occupants involved Seat Safety Airbag Safety Airbag Seat S | 32 33 njury Transp. |
| Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Operator/Non-Motorist See Above | Status Code Medical Facility 8 2 |
| | |
| | |
| | |

| | | ce Use Only | | | nonwea | | | | | | | | | | | t Number | |
|--|-----------------------------|------------------------|-------------------------------------|--|-------------------|--|-------------------|---------|------------------|--------------------------|------------------------------------|-----------------------------|-------------------|------------------------|-----------------------|---|--------|
| 1 | Date of Crash 06/08/2022 | Time of Crash 17:55 | City/To NEWTON | own | Motor | | | ash | | mber nicles | Numbe Injured | | ed Limi tude _ | | | tate Police ocal Police IBTA Police | . XI |
| L | | 24HR | | | | | Report | | 3 | | 1 | | gitude_ | | 0 | ther: | |
| L | | AT INTER | RSECTION: | | < I | LOCAT | ION | > | | | NO | AT | INTI | ERS | ECT. | ION: | |
| | | | | | | | | | | | | | | | | | |
| - | Route# Direct | tion | | Roadway/Stree | t | R | oute# Direc | tion | Address | s # | | Na | me of F | Roadw | ay/Stre | eet | |
| 1 | | | | At | | - | Feet | N S | E W c | of – | | • | _ | or | | | |
| - | Route# Direc | etion N | Name of Intersection | | eet | | Foot | N S | E W | ·f | Mile | 1arker | | | E | xit Number | |
| | | | Also at Inte | rsection with | | - | | | | | Route | | Intersec | ting R | oadwa | y/Street | _ |
| - | Route# Direct | tion | Name of Interse | cting Roadway/ | Street | - | Feet | N S | E W c | of | | | | | | | |
| ┡ | | | I _ | T | 1 | | | | | | | | Laı | ndmar | k | | |
| L | XVehicle3 | #Occupants | Hit/Run | Mop | ed Case N | Number | | | 220005 | 506 | | | | | | | |
| | License# | | St M | | | Reg#S | 15127 | | | | _Reg Ty | pe_CO | N | R | eg Stat | | _ |
| : | Sex_M Lic. 0 | Class D 18 1 | Lic. Restriction | ns 19 C | DL | Veh Yea | ar_2017 | V | eh Ma | ke_FO | RD | | | Veh | Config | 2 20 | |
| 1 | | RANJAM | WILLIAM | E | Middle | Owner _ | (Same as op | erator) | | | First | | | Mic | ddle | | |
| ١. | Address 7 SAM | NBORN AVE | | | | Owner (Same as operator) Last First Middle Address | | | | | | | | | | | _ |
| 1 | City W ROXB | URY | St | ate_MAZip_ | 02132 | City | | | | | | | _State | | _Zip_ | | |
| | Insurance Com | pany_SELECTIV | /E INS. CO. OF | THE SOUTHEA | AST | Vehicle | Action Prior | to Cras | h | 1 21 | I | amage | d Area | Code | : (Circ | le Up to Th | iree) |
| ١ | Vehicle Travel | Direction: N | S E X Res | onding to Eme | ergency? N | Event S | equence 1 | | | 22 | 22 2 | | 3 | $\overline{}$ | 4 | | |
| 1 | Citation # (If Is | ssued) | | | | Most H | armful Event | 1 | 23 | | | + | 9 | $\left\{ \right\}$ | | 10 Underca 11 Totaled | rriage |
| | Violation | 1: ChSec | c Violation | n 2: ChS | ec | Driver (| Contributing | | 5 | 4 | 24 | | $\sqrt{1}$ | $\sqrt{}$ | | | |
| | Violation | 3: ChSec | Underride/Override 25 Towed N 8 7 6 | | | | | | | | | | | | | | |
| | Please 1 | | ator and all occu | | d Address | | Age/DOB | Sex | Seat S Pos. S | 27 Safety A | 28 2 Airbag Airb Status Swit | 9 30 ag Eject ch Code | Trap Code | 32 Injury Status | 33 Transp. Code | Medical Fac | ility |
| | Operator | · | | See | Above | | | - | | 1 | 4 4 | 0 | 0 | 10 | 1 | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | Please Select C |)ne 👝 | | 15 | | 14 | | 15 | | 1 | 6 | | 17 | | | | |
| l | of the Followi | Vehicle | e# Occupan | ts Non-M | lotorist A Type | е | Action | Lo | ocation | | Conc | ition | | | Hit/Ru | ın Mo | ped |
|] | License# | | St | | e | Reg#_ | Reg TypeReg State | | | | | | _ | | | | |
| ŀ | Sex Lic. 0 | Class 18 1 | Lic. Restriction | | DL | Veh Yea | ar | V | eh Ma | ke | | | | Veh | Config | 20 | |
| 1 | Operator | Last | First | | Middle | Owner | 1 | ast | | | First | | | Mic | ddle | | _ |
| | Address | | | | | Address | S | | | | | | | | | | _ |
| City State Zip | | | | | City | | | | | | | _State | | _Zip_ | | _ | |
| | Insurance Com | pany | | | | Vehicle | Action Prior | to Cras | | 21 | | amage | | Code | ` | le Up to Th | rree) |
| Vehicle Travel Direction: NSEW Responding to Emergency? Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec | | | | Most Harmful Event 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 24 24 | | | | | | | | | rrioca | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | L | | | ec Violatio | |
| L | Plo Name (Last Fi | | operator and al | l occupants inv | volved Address | | Age/DOB | Sex | | 27 Safety A System | 28 2 Airbag Airb Status Sw | 9 30 ag Eject tch Cod | Trap le Code | | Transp. Code | Medical Fa | cility |
| Ĺ | | Non-Motorist | | See | Above | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | I | 1 | 1 1 | | | | 1 | 1 | I | I | |



| | Direction 1 | ı = Vehicle 1 | vehicle 2 | Pedestr | ian | |
|--|---------------------|---------------|-----------------|------------------|---|-----------|
| Crash Diagram: | ie: → 🛚 | → 2 | → | Ŷ | | |
| | | | | | If Crash <u>Did Not</u> on a Public Way: | _Occur |
| | | | | | ☐ Off-Street Parki | ng Lot |
| | | | | | Garage | |
| | | į į | į | į | ☐ Mall/Shopping (| Center |
| | | | | + | Other Private W | av |
| | | | | | | |
| | | į į | į | į | Indicate North by | Allow |
| | | | | | | |
| Crash Narrative: | | | | | | |
| happened so fast, that the | | | | | | |
| I noted damage to the rig | | | | | | |
| | tire from unde | rneath the ve | enicle became d | | ; an NFD firefighter plac | ea it in |
| T noted outonsive demand | to the front on | d man of MIZ | /CM Dagg: 275B | ND) and | that it was leaking flui | |
| | | | | | that it was leaking flui ghts, fenders and hood we | |
| | - | | | | was dragging and its tru | |
| quarter panels and tail 1 | | | | marrice | | |
| I noted damage to the gri | - | | mer of MV3 (MA | Con: S1 | 5127) | |
| | on next page) | | - | | | |
| Witnesses: | | | | | | |
| Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| 2 | | | | | | |
| Property Damage: Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Damaged Property | |
| Owner (Easy, Hist, Middle) | Address | | THOIC # | 311ypc | Description of Burnagea Froperty | |
| | | | | | | |
| | | | | | | |
| Truck and Bus Information: Carrier Name | Registration # | | (From Vehi | | Carrier Issuing Authority Co | nde. |
| Address | | | City | | | |
| | | | | | | 36 |
| US DOT #: | | 38 | issuing State | 1CC#:_ | Interstate | |
| Cargo Body Type Code G | ross Vehicle Weight | | | | 39 | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | ailer Length | |
| Hazmat Information: Placard 40 Material 1 digi | t # 41 Material N | Name | | Material 4 | digit # Release code | 42 |
| | | | | | | |
| CHRISTOPHER G HOWES | | 38804 | l NEWTO | N POLICE DEPARTM | 06/08/ | 2022 |

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

| _ | Direction | Vehicle 1 | 2 #Vehicle 2 | ₹ Pedestr | ian | |
|--------------------------------|-------------------|----------------|---------------|----------------------|---|------------------|
| Crash Diagram: | ie: →□ | → | 2 | → ♀ ́ | | |
| Crash Diagram: | | | | | If Crash Did Not on a Public Way: Off-Street Parking Garage Mall/Shopping Garage Indicate North by | ng Lot Center |
| Crash Narrative: | | | | | | |
| The operator of MV2 was tr | ansported to t | the hospital w | ith injuries | s to their | face, neck and left knee | and MV2 |
| was removed from the roadw | ay by Tody's S | Services; thei | r airbag dic | d not deploy | y. I completed and filed | an NPD |
| Towed Motor Vehicle Repor | | | | | - | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Witnesses: | | 1 | | | | 1 |
| Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Property Damage: | | | T = 1 | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Damaged Property | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Truck and Bus Information: | Registration # | | (From V | Vehicle Section) | | 35 |
| Carrier Name | | | | | Carrier Issuing Authority Co | ode |
| Address | | | City | | St Zip | |
| US DOT #: | State Number | | Iccuing State | ICC#: | Interstate | 36 |
| 37 | | 38 | issuing state | icc# | interstate | |
| Cargo Body Type Code Gro | ss Vehicle Weight | | | | 20 | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | r Tra | niler Length | |
| Hazmat Information: | | | | | | |
| Placard 40 Material 1 digit is | # 41 Material N | Jame | | Material A.c | ligit # Release code | 42 |
| ividucitai i digit i | - Iviatorial I | | | | Telease code | |
| | | | | | | |
| CHRISTOPHER G HOWES | | 38804 | 1 | EWTON POLICE DEPARTS | 06/08/ | 2022 |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)