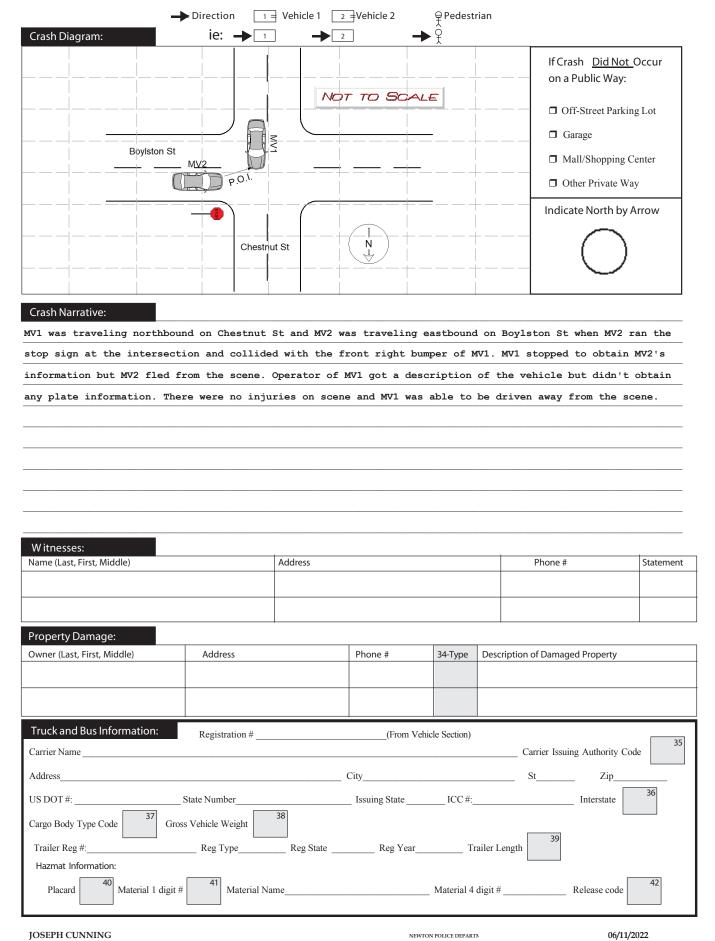
| | Poli | ice Use Only | | Commonwea | alth o | f Mas | ssac | huse | etts | | | RM | V Doc | umen | ıt Number | | |
|-----------------------|--|---|---|----------------------------|--------|---|-------------------------|--------------|--------------------|------------------------------|-------------------------------|------------------------|------------------------|-----------------|---|----------|--|
| | Date of Crash 06/11/2022 | Time of Crash 13:21 24HR | City/Tow NEWTON | 1410101 | | icle C Report | | Nu Ve | ımber hicles | Numb Injure 0 | d Lat | ed Limitude _ | | — N | tate Police ocal Police IBTA Police other: | N XI | |
| | | | | | | | LOCATION > | | | | | T AT INTERSECTION: | | | | | |
| | WES | T BOYLS | TON ST | | | | | | | | | | | | | 2 | |
| 1 | · | Route# Direction Name of Roadway/Street | | | | Route# Direction Address # | | | | | | Name of Roadway/Street | | | | | |
| | SOU | t | Feet N S E W of | | | | | of or | | | | | | 2 | | | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | Mile Marker Exit Nur | | | | | | | | | xit Number | | |
| | Also at Intersection with | | | | | Feet NSEW of Route# Intersecting Roadway/Street | | | | | | | | | y/Street | 3 | |
| 2 1 | Route# Direction Name of Intersecting Roadway/Street | | | | | Feet NSEW of | | | | | | | | | | | |
| 3 | | | | | | Landmark | | | | | | | | | | | |
| | XVehicle1 | Number 22000513 | | | | | | | | | | | | | | | |
| | License#St MA DOB/Age | | | | | Reg # 9CV256 Reg Type PAN Reg State MA | | | | | | | | | | | |
| | Sex_M_ Lic. Class D 18 18 Lic. Restrictions T 19 CDL_Endorsment | | | | | Veh Year 2014 Veh Make SUBARU Veh Config. 1 | | | | | | | | | | | |
| ⁴ 2 | Operator LIB | BY Last | Owner (Same as operator) Last First Middle | | | | | | | | | | | | | | |
| _ | | Address 17 ANITA CIR | | | | | Address | | | | | | | | | | |
| | City NEWTON State MA Zip 02468 | | | | | | | | | | | | | | | | |
| - | Insurance Company_USAA | | | | | Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three) | | | | | | | | | | | |
| 5 1 | Vehicle Travel | Direction: N | X E W Respo | nding to Emergency? N | Event | Sequence | 1 22 | 22 | 22 | 22 |) | 3 | $\overline{}$ | 4 | 10 I In donoonii | | |
| | ` | ssued) | | | Most I | Harmful Eve | nt 1 | | 24 | 24 | ← | 9 | | 5 | 10 Undercarri 11 Totaled | lage | |
| ⁶ 1 | 1 | | | 2: ChSec | Driver | Contributing | g Code | 25 | 24 | | | 1 | <u> </u> | ر 6 | | | |
| 1 | Violation 3: ChSecViolation 4: ChSec | | | | | ride/Override | | | Towed | | 20 3 |) 31 | 32 | 33 | T | | |
| | Please fill out for operator and all occupants involved Name (Last First Middle) Address | | | | | Age/DOE | Se: | Seat Pos. | | 28 Airbag Ai Status Sw | 29 30 bag Ejec itch Cod | 31 t Trap e Code | 32 Injury Status | Transp. Code | Medical Facilit | 1 1 | |
| | Operator | | | See Above NITA CIR | | | | | 1 | | 0 | 0 0 10 | | 1 | | | |
| | LIBBY, MELO | LIBBY, MELODY | | NEWTON, MA 02468 | | | | 4 | 1 | 4 1 | 0 | 0 | 10 1 | | | | |
| | LIBBY, CHAR | LES | | NITA CIR VTON, MA 02468 | | | М | 6 | 4 | 4 1 | . 0 | 0 | 10 | 1 | | | |
| ⁷ 2 | Please Select C | One Vehicle | # Occupants | Non-Motorist A Ty | no 1 | 4 Action | 15 | Location | | [6] Con | dition | 17 | | ∐i+/Dı | un Mope | od | |
| | of the Following: Vehicle#Occupant | | | Non-wotonsca Tyj | рс | Action | | | 1 | Condition | | | Hit/Run Moped | | | eu | |
| | License # St DOB/Age | | | | | Reg # Reg State | | | | | | | | te | - | | |
| | Sex Lic. Class Lic. Restrictions CDL | | | | | Veh Year Veh Make Veh Config. | | | | | | | | | g | | |
| 8 1 | Operator | OperatorLast First Middle | | | | | Owner Last First Middle | | | | | | | | | | |
| | Address | | | | | Address | | | | | | | | | | | |
| | City State Zip | | | | | City State Zip Damaged Area Code: (Circle Up to Three) | | | | | | | | | | - | |
| | Insurance Company | | | | | e Action Pric | | | 22 | | | ea Area 3 | | : (Circ | ie Op to Thre | ee) | |
| | Vehicle Travel Direction: NSEW Responding to Emergency? | | | | | Event Sequence 22 22 22 22 2 3 4 10 Undercarriage | | | | | | | | | | | |
| | Citation # (If I | · | | | | st Harmful Event | | | | | | 5 | 5 11 Totaled | | | | |
| | Violation 1: ChSecViolation 2: ChSec | | | | | Driver Contributing Code 8 7 6 | | | | | | | | | | | |
| | Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved | | | | | ride/Override | | | Fowed 27 | | 29 30 bag Ejec |) 31 t Trap | .32 | 33 | | \dashv | |
| | Name (Last Fi | rst Middle) | - Permor und un (| Address | | Age/DO | | ex Pos. | Safety . System | Airbag Air Status S | bag Ejec | t Trap de Code | Injury | Transp. Code | | .ty | |
| | Operator/ | Non-Motorist | | See Above | | | | | | | | | | | | \dashv | |
| | | | | | | | | | | | | | | | | \dashv | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |



CDP1 11 ·24·00

Police Officer Name (Please Print)