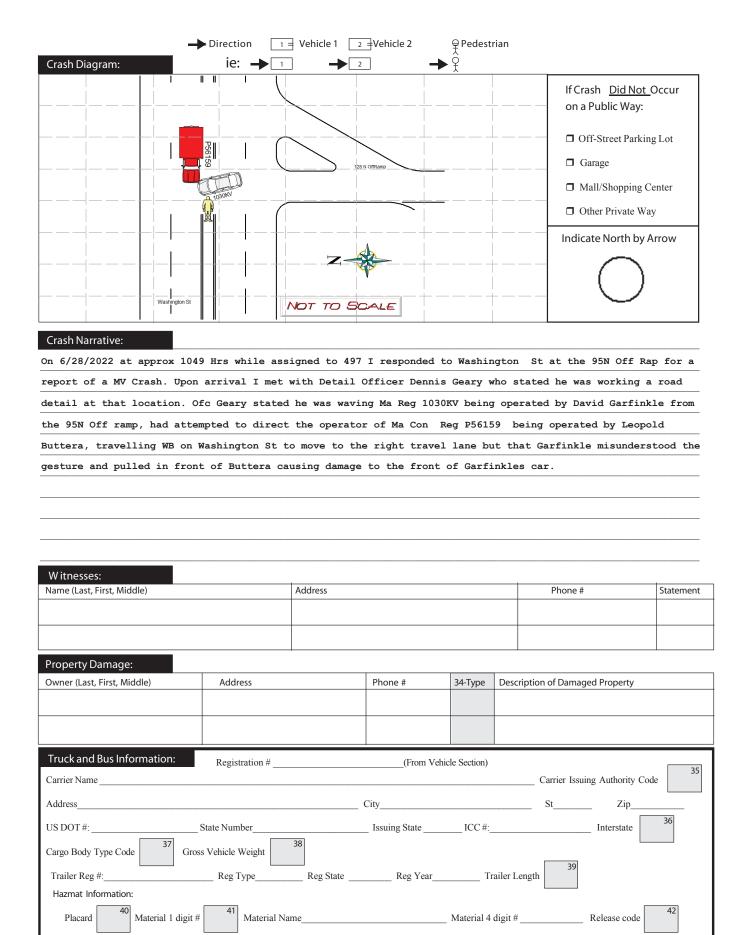
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Insurance Company SAFECO Vehicle Action Prior to Crash 3 Damaged Area Code: (Circle U	Up to Three)
Vehicle Travel Direction: NSEX Responding to Emergency? N Event Sequence 1 22 22 22 22 22 3 4	
Citation # (If Issued) Most Harmful Event 1 23	0 Undercarriage 1 Totaled
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24	Totaled
1 Violation 3: ChSec Violation 4: ChSec Underride/Override	
Please fill out for operator and all occupants involved Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33	Medical Facility 13
Name (Last First Middle) Address Age/DOB Sex Pos. \$ystem Status \$witch Code Code \$tatus Code Mode Code Status Code Status Code Status Code Mode Code Status Status Code Mode Code Status Code Status Code Mode Code Status Code Status Code Status Code Mode Code Status Code Sta	redical Facility 2
GARFINKLE, MICHELLE 27 BLOACKSMITH RD RAYNHAM, MA 02767 F 3 1 4 4 0 0 10 1	
HITTHING, WILL OLD OF	
7	
Please Select One of the Following: Vehicle 2 1_#Occupants	Moped
License # St MA DOB/Age Reg # P56159 Reg Type CON Reg State N	MA
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2003 Veh Make CHEV Veh Config.	13 20
8 Operator BUTERA JR LEOPOLD Endorsment Owner BUTTERA NICHOLAS	
Address 44 JEFFREY AVE Last First Middle Last First Middle Address 126 ADAMS AVE	
City WAYLAND State MA Zip 01778 City NEWTON State MA Zip 024	2465
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Violation 3: ChSec Violation 4: ChSec Underride/Override	
Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.	
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code M Operator/Non-Motorist See Above	Medical Facility



 JO A GOURDEAU
 NEWTON POLICE DEPARTM
 06/27/2022

 Police Officer Name (Please Print)
 Signature
 ID/Badge # Department
 Precinct/Barracks
 Date