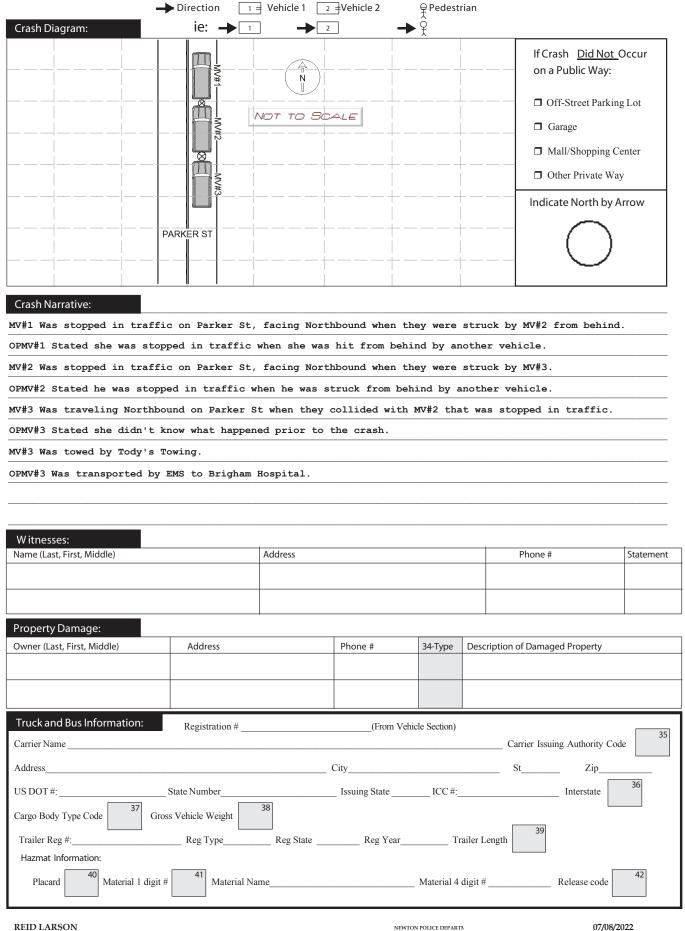
	Poli	ice Use Only		Common	wealth	of Mass	achu	setts	5		RMV	V Docui	ment Number	r	
	Date of Crash 07/08/2022	Time of Crash 16:30	City/To	Mo Mo	tor Ve	hicle Cra	ash [Number Vehicles			ed Limi itude		State Police Local Police MBTA Police	<u>X</u>	
	07/00/2022	24HR			Police	Report		3	0		ngitude_		Other:	ce 🔲	
	AT INTERSECTION: <					LOCATION > NOT AT INTERSECTION:									
				SOUTH 335 PARKER ST											
1 1	Route# Direc	tion	Name of	Roadway/Street		Route# Direct	on Ad	dress #		N	ame of F	Roadway	/Street		
_	At					Feet NSEW of or									
	Route# Direc	etion N		Mile Marker Exit Number											
				rsection with		Feet	N S E	W of	Route	#	Intersec	ting Roa	idway/Street	_	
1				ecting Roadway/Street		Feet [N S E	W of	1000	•••		ing rea	ian ayr bareer		
	Route# Direc	tion		Landmark											
1	XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Numbe	er	22	000610							
_	License#		St M	A DOB/Age	Reg	# 2ECX33			Reg T	vne PA	N	Reg	State MA		
	Sex_F Lic. 0	18 1		19		Year 2017							20		
				Endorsme	nt		. \							'	
1	Address 411C	perator COOPER BARBARA Last First Middle 411C DEDHAM ST				Owner (Same as operator) Last First Middle Address									
	City NEWTO		St	ate MA Zip 02459									Zin	_	
			S STANDARD II			icle Action Prior t							Circle Up to T		
-				oonding to Emergency?			22 22		22 2	!	3		4		
2		ssued)				t Harmful Event	23					<u> </u>	10 Underca	~	
				1 2: ChSec		er Contributing C		24	24	-	9	$\langle $	11 Totaled		
1				1 4: Ch Sec		erride/Override	25				7		6		
	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 Fir	st Middle)		Address See Above		Age/DOB	Sex P	os. \$ysten		ritch Cod	le Code	\$tatus C	ode Medical Fa	cility	
	operator							99	7	9 0	-	10 1			
1	Please Select C of the Followi		2 <u>1</u> #Occupan	ts Non-Motorist	A Type	14 Action	Loca	ition	16 Cor	dition	17	Пн	it/Run Mo	oped	
	License # St MA DOB/Age					Reg # 105WMT Reg Type PAN Reg State MA								_]	
	Sex_M_ Lic.	Class D 18 1	Lic. Restriction			Year_2018	Veh	Make_A	UDI			Veh Co	onfig. 20		
2	Operator BUI	RD	JEFFREY First	Endorsmen	nt Own	er (Same as ope	erator)		First			Middle	e	_	
_	Address 1 WE	DGEMERE RO	AD		Add	ress								_	
	City W ROXBURY State MA Zip 02132					City State Zip									
	Insurance Company GARRISON PROP & CAS INS					Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel	Direction:	S E W Re	sponding to Emergency	?N Ever	nt Sequence 1	22 22	22	22	!	3		4		
	Citation # (If I	ssued)			Mos	t Harmful Event	1 23			_	9		10 Underca 5 11 Totaled	~	
	Violatio	n 1: ChSe	ec Violatio	on 2: ChSec	Driv	er Contributing C					VI	\sum)		
	Violatio	n 3: ChSe	ec Violatio	on 4: ChSec	Und	erride/Override	25	Towe			7 		6		
	Pl Name (Last Fi		operator and al	l occupants involved		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag Ai m Status S	29 Signature 29 Ejector 20 Ejecto	0 31 Trap		33 ansp. Code Medical Fa	acility	
		Non-Motorist		See Above				· 99		9 0	0	10 1			
						1	1 1	- 1	1 1		- 1	1 1			

Pol Date of Crash	Time of Crash		Commonwea Motor		i iviassa icle Cra	sh [Number	Number	Speed	RMV l		nt Number State Police
07/08/2022	16:30 24HR	NEWTON			Report	SII ,	Vehicles 3	Injured 0		ide itude		State Police Local Police MBTA Police Other:
		RSECTION:		LOCAT		>	3				RSECT	
Route# Direc	ction	Name of Roa	adway/Street	R	Route# Directio	n Add	ress #		Nan	ne of Ro	adway/St	reet
		At			Feet N	S E V	V of		•	OI		
Route# Direct	ction	Name of Intersecting R	oadway/Street		rect [N	(S E V	V 01 -	Mile M	arker	0I		Exit Number
		Also at Intersect		-	Feet N	SEV	of	Route#	Ir	ntersectio	ng Roadw	av/Street
 				-	Feet N	SEV	v of	reducen			ing resuum	ay/saver
Route# Direc	ction	Name of Intersecting	g Roadway/Street							Land	mark	
XVehicle3	1_#Occupants	Hit/Run	Moped Case N	Number		220	00610					
License#		St MA	DOB/Age	Reg#6	49JR1			_Reg Ty _l	e PAN	I	_ Reg Sta	ate_MA
Sex_F Lic.	Class D 18	Lic. Restrictions	1 CDL	Veh Ye	ar_ 2010	Veh	Make_NI	ss		\	Veh Confi	g. 20
Operator RIC	DS Last	DORIS	Endorsment	Owner .	(Same as oper	ator)		First			Middle	
Address 34 N	ANCY RD	* ****			S							
City DEDHA	M	State_	MA Zip 02026	City						_State	Zip)
Insurance Con	npany_VERMON	NT MUTUAL INS		Vehicle	Action Prior to	Crash	1 21			l Area C	`	cle Up to Three)
Vehicle Travel	l Direction:	S E W Respond	ling to Emergency? N	Event S	Sequence 1 2		22	22 0		3	4	
Citation # (If I	Issued)			Most H	armful Event	1 23			←	9	5	10 Undercarriag 11 Totaled
Violation	1: ChSe	ec Violation 2:	ChSec	Driver (Contributing Co					\bigcap		
	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					25	Towed	<u> </u>		, a,		
Please Name (Last Fi		rator and all occupan	ts involved Address		Age/DOB	Sex Se Po	26 27 at Safety s. System	28 29 Airbag Airba Status Swite	g Eject h Code	31 Trap In Code St	32 Jury Trans atus Code	Medical Facility
Operator			See Above				99	1 1	0	0 9	9 2	BRIGHA
Please Select (of the Followi	I Vehicl	e# Occupants	Non-Motorist A Type	e 14	Action 1:	Locati	ion	Condi	tion	17	Hit/F	Run Mopeo
License#		St	DOB/Age	Reg#				Reg Ty	ne		Reg Sta	ate
Sex Lic.	Class 18	Lic. Restrictions	19 CDL	-	ar						eh Confi	g. 20
Operator	Last	First	Endorsment	Owner .	Last			First			Middle	
Address	Last	1 1181	Mildie		S			1 1151			Middle	
City		State_	Zip	City						_State	Zip)
Insurance Con	npany			Vehicle	Action Prior to	Crash	21	D	amaged	l Area C	Code: (Cir	cle Up to Three)
Vehicle Travel	Direction: N	S E W Respon	iding to Emergency?	Event S	Sequence 2		22	22 2		3	4	
Citation # (If I	Issued)			Most H	armful Event	23	24	1	←	9	5	10 Undercarriag 11 Totaled
Violatio	on 1: ChS	Sec Violation 2:	ChSec	Driver (Contributing Co		24	24		<u> </u>		
			ChSec	Underri	de/Override	25	Towed		20	/		
Name (Last F		r operator and all occ	cupants involved Address		Age/DOB	Sex Po	26 27 at Safety 2 os. System	28 29 Airbag Airba Status Swit	g Eject ch Code	Trap In Code S	32 Trans Status Code	p.
Operator	/Non-Motorist		See Above									
									+			



07/08/2022 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date