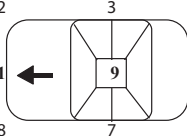
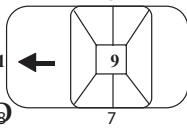


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																			
Date of Crash 10/17/2019	Time of Crash 14:36 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>20</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>																																																																
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:																																																																			
<div>11</div> <div>Route# Direction Name of Roadway/Street At</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>19</div> <div>EAST PROSPECT ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet <div>N S E W</div> of _____ • _____ or _____ Mile Marker Exit Number</div> <div>Feet <div>N S E W</div> of _____ Route# Intersecting Roadway/Street</div> <div>Feet <div>N S E W</div> of _____ Landmark</div>																																																																							
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AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:				
1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____						9	
2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____						10	
3 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____									11	
3 <input type="checkbox"/> Vehicle ____ #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 1900001059							
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CHATALIAN, CHRISTIAN			13 WRENDALE CT LEOMINSTER, MA 01453							

